

2013-2017

**Le Sueur-Waseca
Community Health Board**

**Community Health Improvement Plan
FEBRUARY 2015**



Le Sueur County Public Health

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Public Health
Prevent. Promote. Protect.

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Message from the Leadership Team

Dear Community Members,

As the Public Health Directors of Le Sueur and Waseca Counties, it is our charge to assure the health of all populations in our communities. Through our five year Local Public Health Assessment and Planning Process, we were given many opportunities to take a closer look at the health trends in our population and research proven prevention strategies. We are pleased to offer the Community Health Improvement Plan as a starting point in implementing best prevention practices. As a part of the process a mission statement and values were created. These will be intertwined in all of the work we do for the public in keeping them healthy.

Mission

In partnership, the Le Sueur-Waseca Community Health Board protects, promotes, preserves and enhances the health of our community. (March 13, 2013)

Values

Integrity - We are honest, trustworthy and transparent in all we do. We strive to do the right things to achieve the best public health outcomes.

Respect - We demonstrate and uphold a standard of conduct that recognizes and values the contributions and diversity of all. We earn and preserve trust through our behavior and the quality of our work.

Efficiency – We use our time, effort and financial resources effectively for the intended tasks and purposes of Public Health.

Competency – We deliver compassionate services of the highest quality using standards research has proven effective.

Collaborate – We value the diversity and unique contributions of our employees and partners. Teamwork and partnerships produce cost effective health outcomes by bringing people, resources and organizations together to achieve common goals.

Thank you for your partnership in helping us to achieve the goal of healthy communities. Together we can make a difference!

Sincerely,

Cindy Shaughnessy
Le Sueur County Public Health Director

Amy Roggenbuck
Waseca County Public Health Director

The State of Health in Le Sueur and Waseca Counties

Demographics

Le Sueur County was home to 27,677 people in 2012, making it the 38th largest county (out of 87) in the state of Minnesota. Le Sueur County is in a fortunate geographic location for population growth, almost entirely surrounded by metropolitan and micropolitan areas. Waseca County was home to 19,237 people in 2012, making it the 50th largest county (out of 87) in the state of Minnesota. Though rural, Waseca County is mostly surrounded by metropolitan and micropolitan areas.

The Le Sueur-Waseca Community Health Board is a multi- county Community Health Board (CHB) governed under Minnesota Statute Chapter 145A. In 1977 a Joint Powers Agreement was signed by Le Sueur County and Waseca County establishing the Le Sueur – Waseca Community Health Board. The membership includes the five Le Sueur County Commissioners and the five Waseca County Commissioners. Le Sueur County Public Health and Waseca County Public Health are separate and distinct agencies, each serving the population of their respective counties. Both agencies are guided by the Six Areas of Public Health Responsibility and have developed and maintained programs over the years to meet the needs of their population. There are similarities in the programs in each agency, for example both public health agencies provide WIC, Family Home Visiting, Immunizations, DP&C and Environmental Health Services and Statewide Health Improvement Program activities. Waseca County is the lead agency for the county's waived services case management activities for AC (Alternative Care) and EW (Elderly Waiver). Le Sueur County is the lead for the county's AC, EW, CADI (Community Alternatives for Disabled Individuals), CAC (Community Alternative Care) and BI (Brain Injury) waivers. Le Sueur County also has a robust Medicare Certified Home Health Care program.

Individuals 65 years of age and older comprised a marginally higher percentage of the population in Le Sueur/Waseca Counties in 2011 (14.7% compared to 13% in the state of Minnesota). Therefore, it is important to note that both counties are experiencing an aging population.

Health Inequities

When looking at diversity in race amongst people in Le Sueur/Waseca Counties, they are less diverse when compared to the State. The counties are composed of predominately White (96.44%) and has a Latino population (5.39%), an African American population (1.21%), an Asian population (.72%), and an American Indian population (.57%). However, it is important to note that it has been observed through our services that there is a transient population of minorities, which is not captured through the statistics we rely on.

The average percentage of those living in poverty in the two counties from 2007-2011 was 8.7% compare to the statewide average of 10.7%. The average income per person averaged \$37,834 annually in 2011, compared to \$44,560 statewide. Overall, Le Sueur/Waseca counties boast a higher graduation rate when compared to the state for the years 2008-2012 (an average of 86.8 graduates per 100 population). This is much higher that the statewide average rate of 77.6 graduates per 100 population.

2014 County Health Rankings & Roadmaps

The assumption of public health is that where we live matters for our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. People who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduce heart disease risk. However, health varies greatly across communities, with some places being much healthier than others. We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces and neighborhoods. The County Health Rankings provide information on the overall health of our community. Ranking the health of nearly every county across the nation illustrates what we know when it comes to what is making communities sick or healthy. The County Health Rankings are used as one of many sources of information to conduct our Community Health Board Assessment and Planning Process. As part of this planning process we determine what the top community health issues are in Waseca and Le Sueur Counties. A Community Health Improvement Plan, Organizational Strategic Plan and Quality Improvement Plan are created to most effectively serve citizens in our counties. We work with our partners in our Counties to implement changes and programs in our counties to improve the Health Factors which in turn directly affect the Health Outcomes of the Counties.



Health Factors:

- Health Factors are based on four types of factors:
 - Behavioral (tobacco use, diet and exercise, alcohol use, sexual activity)
 - Clinical care (access to care, quality of care)
 - Social and economic factors (education, employment, income, family and social support, community safety)
 - Physical environment (environmental quality, built environment)

Top Counties	Nearby Counties	Bottom Counties
Olmsted	4. Nicollet	Mille Lacs
Washington	13. Rice	Cass
Carver	19. Blue Earth	Beltrami
Nicollet	37. Brown	Clearwater
Scott	57. Sibley	Mahnomen

Le Sueur County ranked 31 out of 87 in Health Factors in the State
Waseca County ranked 46 out of 87 in Health Factors in the State

Health Outcomes:

- Health Outcomes are the measures that describe the current health status of a County
- Health Outcomes are influenced by a set of Health Factors
- Health Outcomes are based on Mortality (length of life) and Morbidity (quality of life)

Top Counties	Nearby Counties	Bottom Counties
Carver	9. Nicollet	Wadena
McLeod	21. Rice	Traverse
Waseca	22. Brown	Mille Lacs
Steele	30. Blue Earth	Cass
Nobles	33. Sibley	Mahnomen

Waseca County ranked 3 out 87 in Health Outcomes in the State
Le Sueur County ranked 11 out of 87 counties in Health Outcomes in the State

Purpose and Background

The purpose of the *Le Sueur-Waseca Community Health Board Community Health Improvement Plan* is to provide a framework for a long-term systematic effort to address public health problems in a community. The development of a Community Health Improvement Plan (CHIP) every five years is a customary practice of public health departments across Minnesota. We also have created accompanying Strategic Plan and Quality Improvement Plan that have gone through CHB approval.

The health status of a community is a dynamic indicator of a community's social and economic prosperity. It is important to monitor the health status of all residents of those we serve on a regular basis. The Community Health Assessment is a collection and analysis of data collected from several sources and was most recently published in January 2014. This assessment was used in a collaborative process to develop this Community Health Improvement Plan.

The Community Planning Process

The process used to complete the plan was derived from the Minnesota Department of Health and included the four part process below.



Community Engagement

Collaboration with our community hospitals was demonstrated by participating in their Community Health Needs Assessments (CHNA). Mayo Clinic Health System (MCHS) New Prague hospital invited Le Sueur County Public Health to be on the CHNA Advisory Committee and meetings were held 6-14-12 and 7-26-12. Minnesota Valley Health Center (MVHC) Le Sueur hospital invited Le Sueur County Public Health to participate on the Task Force for development of their CHNA and meetings were held 1-23-13 (Identify Critical Health Issues) and 5-20-13 (CHNA Intervention Planning). The report was published 6-14-13.

Le Sueur County Public Health and Waseca County Public Health both partnered with Mayo Clinic Health System (MCHS) to administer a random sample survey in September of 2013. The response rate was 34.3% in Le Sueur County and 30.3% in Waseca County for a total of 774 surveys completed.

During this process, the Community Health Assessment results were shared and discussed with the following groups: the area Hospitals, Emergency Services group, the entire Community Health Board, SHIP (Statewide Health Improvement Program) Staff, and all Public Health Staff. In efforts to prioritize the top health focus areas, the top ten health issues that were identified in the Community Needs

Assessments were presented at both the All Staff Meeting of the two Public Health Departments and the Community Health Board meeting. After the issues were presented by the Health Directors, a prioritization activity was conducted, which in turn gave the results of the health focus areas to concentrate on. This is not to say that the other health focus areas were not important, but rather gave a starting point as to which issues to begin addressing initially.

Health Focus Areas

The Prioritization Process:

The 10 Most Important Community Health Issues

The Le Sueur – Waseca Community Health Board’s Community Health Assessment published in 2014 was given to the Commissioners at a CHB meeting for their review. A power point presentation summarizing some of the data specifically on the top ten health issues that were identified was given to the members by administration. This same presentation was given to all staff at our first ever joint staff meeting on March 25, 2014. The Commissioners also participated in the same Prioritization Activity that was completed by staff at the joint staff meeting. The Commissioners were able to see the prioritization results from the staff and were given the opportunity to designate their top 10 issues. The results from both the staff and commissioners are noted in the table below.

Health Issue	Staff	Commissioners
Physical Activity	30	7
Healthy Eating	26	7
Cancer	21	3
Tobacco Use	21	6
Alcohol Use	18	6
Oral Health	13	1
Cardiovascular Disease	10	5
Diabetes	4	0
Injury	1	0

Identification of the Top Community Health Issues

- Physical Activity
- Healthy Eating
- Tobacco Use



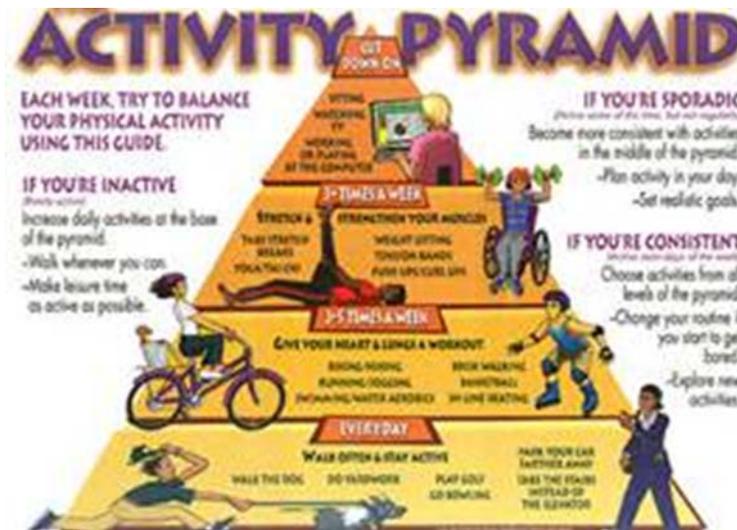
Improving Community Health

Health Focus Area #1

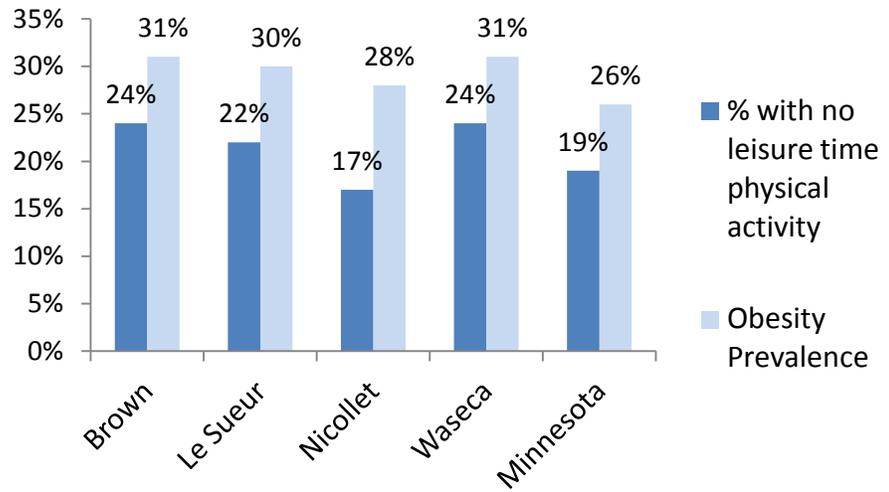
Physical Activity

- People who are physically active tend to live longer and have lower risk for heart disease, stroke, type 2 diabetes, depression, and some cancers
- If physical activity were a pill, it would be the most widely prescribed medication in America

When we take a look at the information gathered for the Statewide Health Improvement Program (SHIP) that is now *Healthy Together*, the following graphs reflect physical activity habits of adults. It is important to note that Brown and Nicollet Counties are also reflected on these graphs, as they are in partnership with Le Sueur and Waseca Counties through *Healthy Together*.



Percent of adults aged 20 and over reporting no leisure time physical activity



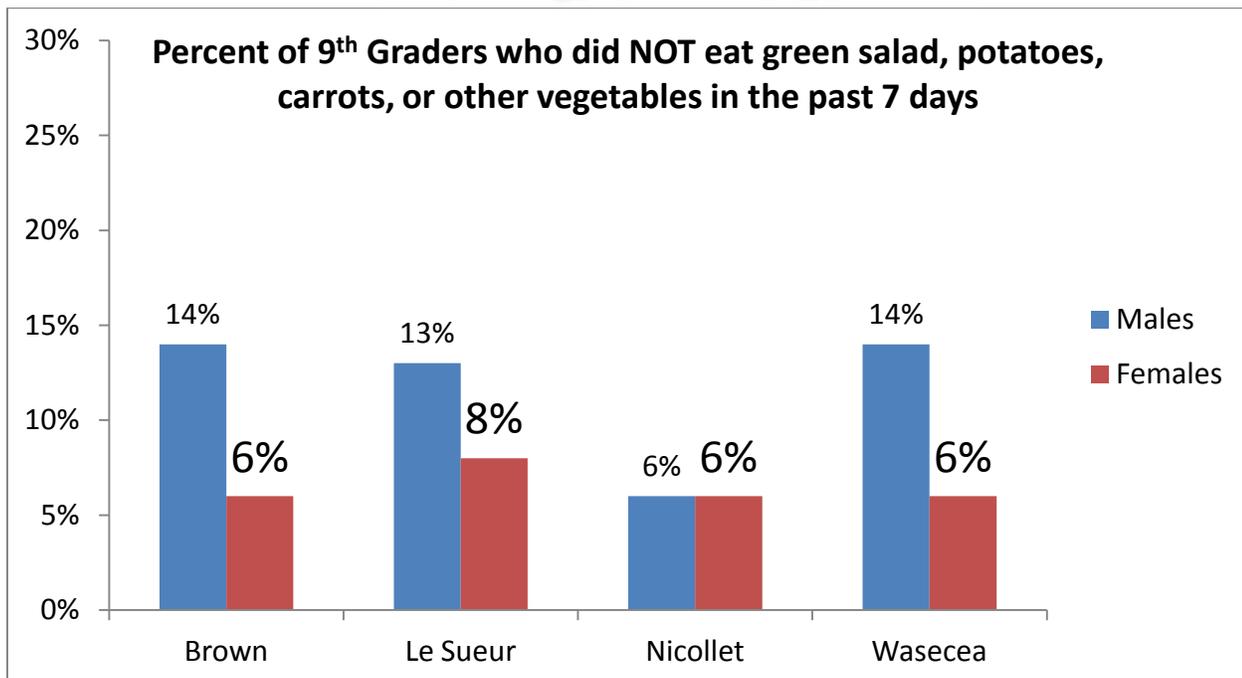
Wilder Research: 2010 Southwest/South Central Adult Health Survey www.wilder.org/reporthtml?id=2357



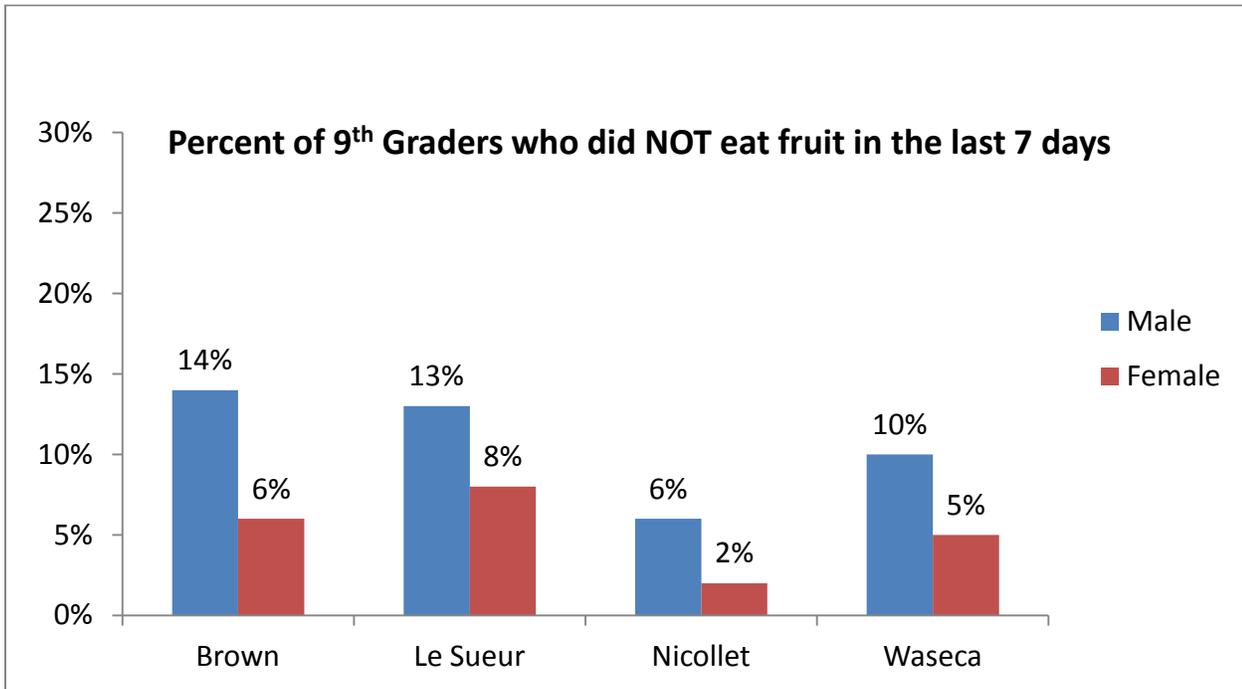
Health Focus Area #2 Healthy Eating

- Eating a balanced diet is one of the most important ways of improving overall health
- People who eat more fruits and vegetables as a part of a healthy diet are less likely to suffer from chronic diseases and conditions

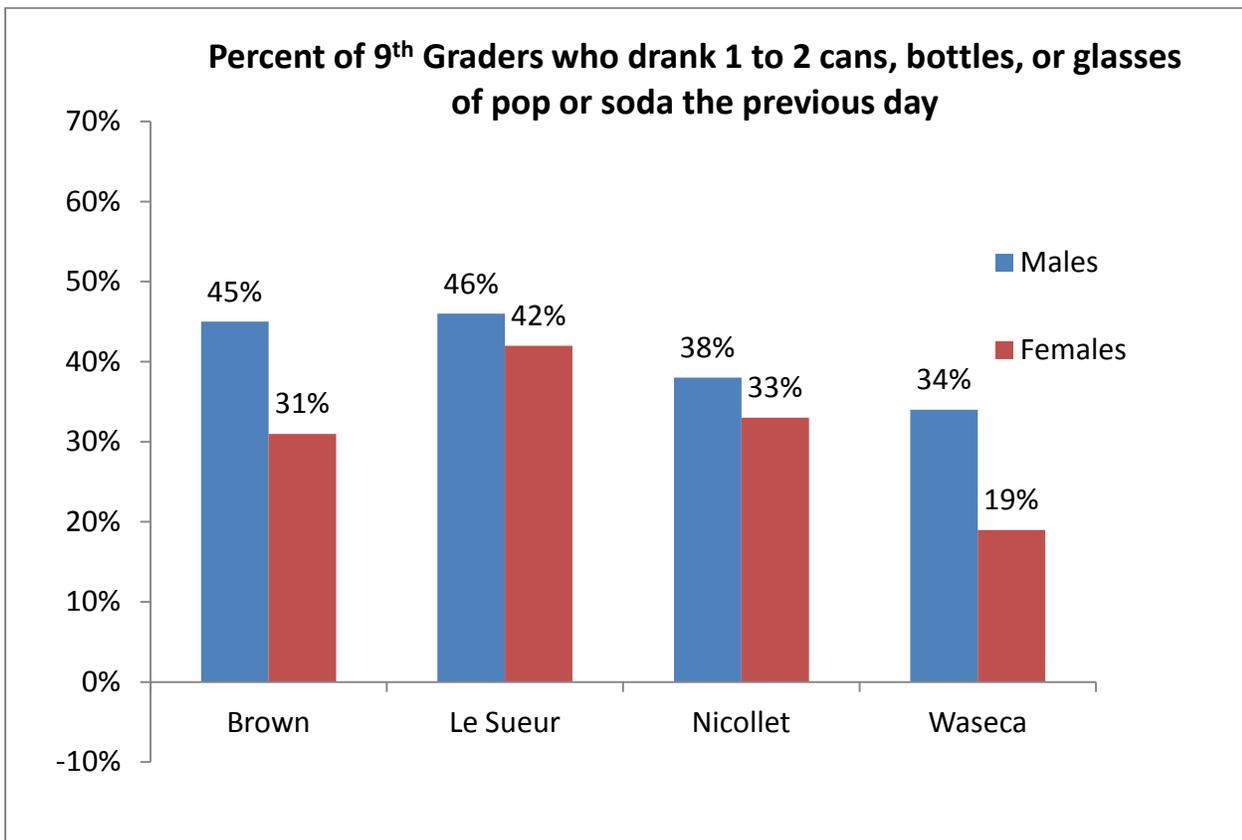
When we take a look at the information gathered for the Statewide Health Improvement Program (SHIP) that is now *Healthy Together*, the following graphs reflect eating habits of 9th grade students that took the most recent Minnesota Student Survey. It is important to note that Brown and Nicollet Counties are also reflected on these graphs, as they are in partnership with Le Sueur and Waseca Counties through *Healthy Together*.



Minnesota Student Survey Selected Single Year Results by County, 1998-2010



Minnesota Student Survey Selected Single Year Results by County, 1998-2010

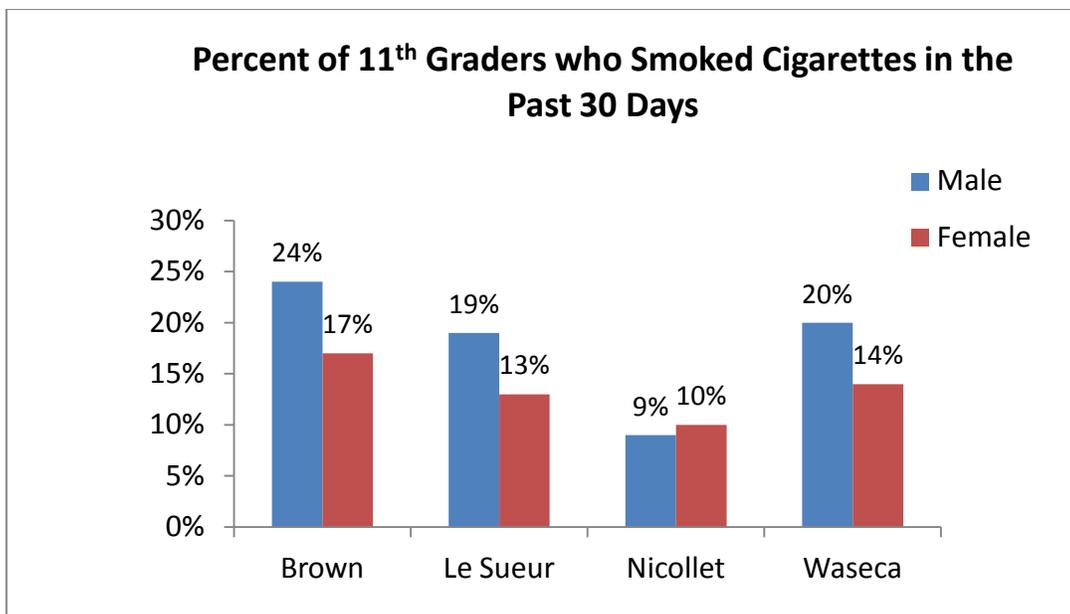


Minnesota Student Survey Selected Single Year Results by County, 1998-2010

Health Focus Area #3 Tobacco Use

- The risk of developing lung cancer is about 23 times higher among men who smoke cigarettes and about 13 times higher among women who smoke cigarettes compared with never smokers
- Cigarette smoking increases the risk for many types of cancer, including cancers of the lip, oral cavity, pharynx, esophagus, pancreas, larynx (voice box), lung, uterine cervix, urinary bladder, and kidney

When we take a look at the information gathered for the Statewide Health Improvement Program (SHIP) that is now *Healthy Together*, the following graph reflects tobacco habits of 11th grade students that took the most recent Minnesota Student Survey. It is important to note that Brown and Nicollet Counties are also reflected on these graphs, as they are in partnership with Le Sueur and Waseca Counties through *Healthy Together*.

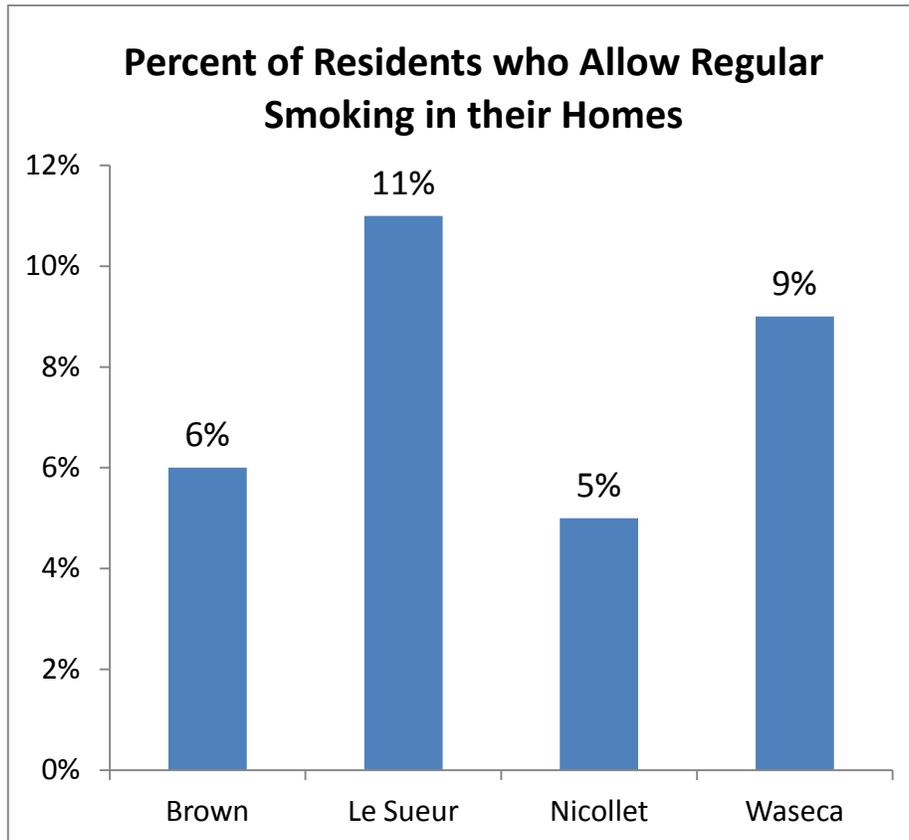


Minnesota Student Survey Selected Single Year Results by County, 1998-2010



2010 Southwest/South Central Adult Health Survey showed:

- 14.8% of Adults are Smokers in Le Sueur County
- 14.0% of Adults are Smokers in Waseca County



Wilder Research: 2010 Southwest/South Central Adult Health Survey www.wilder.org/reporthtml?id=2357

At Work...

About one-third of workers in Waseca County report that people smoke in outdoor smoking areas that are at least 20 ft. from doors, as well as just outside their workplace door.

In Le Sueur County, over one-quarter report the same.

Over 30% of workers in Brown County report that people smoke just outside their workplace door, and 30% of workers in Nicollet County report the same.

Opportunities for Growth

Community Assets and Resources

A community asset brainstorming exercise was conducted by the Community Leadership team (CLT) for Healthy Together – Brown, Nicollet, Le Sueur and Waseca SHIP (Statewide Health Improvement Program) on March 6, 2014. Assets included people, physical structures, relationships, and organizations. The group looked at strengths and barriers/ gaps for all SHIP strategies however, only the top three focus areas for CHIP (Physical Activity, Healthy Eating and Tobacco Use) will be summarized here.

		Strengths	Barriers/Gaps
Physical	Activity	<ul style="list-style-type: none"> • SHIP funding • Safe Routes to School (SRTS) plans started in Le Sueur, Montgomery and Le Center • City of Waseca Trail • Parks and Trails in Le Sueur (L) and Waseca (W) counties • Numerous campgrounds in (L) and (W) • Indoor pools in (L) and (W) • City of Le Sueur Active Living Plan • Region 9 Parent Aware Initiative to promote obesity prevention training to child care staff 	<ul style="list-style-type: none"> • No school requirement for physical education • Car congestion at school drop off and pick up sites • Lack of SRTS plans in some communities • Parent fear to allow students to walk to school • Limited sidewalks • No traffic light to cross the highway in Waseca • Lack/limited safe street crossings or marked cross walks • Lack of benches along walkable routes • Decreased understanding of benefits of Complete Streets • Limits/lack of funding • Limited transportation to parks
Healthy	Eating	<ul style="list-style-type: none"> • SHIP funding • Region 9 Parent Aware initiative promotes nutrition education to staff • Summer Read and Feed programs • Sustainability of prior SHIP grant projects of Healthy Snack carts and School Gardens • Farmer’s Market in many communities • Food Shelf in many communities • Waseca County Food Shelf collaboration with Walmart and HyVee provides fresh fruit and vegetables • Large Hmong Farmer’s Market in Montgomery 	<ul style="list-style-type: none"> • Cost of fresh fruits and vegetables • Locations with limited access to fresh fruits and vegetables • Lack of transportation to Summer Food programs • Money/funding for healthy snacks in school • Funding • Limited number and size of some community Farmer’s Markets

Tobacco

<ul style="list-style-type: none">• Minnesota Smoke Free Laws• SHIP funding• Sustainable prior SHIP work for Tobacco Free Campus policy, Le Sueur County• Waseca County Tobacco Free campus policy• Interested apartment building managers in the Tobacco Free Multi Unit Housing initiative• Many resources including Association for Nonsmokers Minnesota, LIVE SMOKE FREE toolkits and resources	<ul style="list-style-type: none">• E-Cigarette controversy• Outdoor spaces and transition to smoke free• E-Cigarette rapidly growing market• Big Tobacco companies targeting Youth
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Community Strengths and Resources

The following lists are resources that may be available to contribute to or support community health initiatives. Community resources are an important source of knowledge, skills, and connections that will be very useful in developing and implementing community health improvement strategies.

Organizations

- Non-profits (e.g. CAP Agency, Aging Services for Communities, Catholic Charities)
- Schools
- Libraries
- Faith organizations
- Hospitals and health clinics
- Food shelves
- Senior centers
- Cities, including police and fire
- Social clubs (e.g., Elks, Moose, Lions)
- Youth-serving organizations (e.g., 4-H, Scouts, athletic associations)
- Apartment and housing complexes
- Interest groups (e.g., biking clubs)
- Professional and business associations
- Local media, including local cable access, local newspapers, radio stations, school newsletters, and social media

Places

- Community events
- Sporting events
- Businesses
- Restaurants and bars
- Schools
- Community centers

People

- Political leaders
- Boomers and “young seniors”
- Retired people
- Mentors

Community initiatives

- City and county staff for outreach
- Current city and county groups and projects
- Neighborhood associations

Overall Goals, Objectives, and Outcomes

Le Sueur and Waseca Counties are involved in a collaborative effort with Brown and Nicollet Counties called *Healthy Together*, which is under the overall statewide umbrella of the Statewide Health Improvement Program (SHIP). The goals, objectives and outcomes to address our three health focus areas of: physical activity, healthy eating and tobacco use will be derived from the *Healthy Together* initiative and align perfectly with the planned strategies to engage the communities.

The following information in the table below reflects the strategies that will be used to address the health focus areas.





Le Sueur-Waseca-Brown-Nicollet

SHIP Implementation

Strategies

The Statewide Health Improvement Program (SHIP) works to help Minnesotans live longer, healthier lives by decreasing obesity and tobacco use and exposure, the leading causes of chronic disease, disability and death. SHIP supports the use of proven, research-based strategies and focuses on sustainability. SHIP strategies include changing established systems to make it easier to make healthy choices, incorporating health into organizational policies and changing the environments in which we live, work, learn, and play to allow easier access to healthy food, physical activity and clean air. We aim to use SHIP funding to make lasting change that will affect large segments of the population, with a priority for those with greater need: diverse populations, low income groups, and persons over 60. SHIP grantees are required to work on the following strategies.

Childcare

Providing mini-grants for childcare centers to implement healthy eating, active day and breastfeeding supports

Healthy Eating

Focusing on community gardens as well as helping food shelves and community meals increase their healthy food offerings through mini-grants. Also, develop a network of folks invested in furthering this strategy.

Active Living

Contracting with Region 9 to provide Technical Assistance to communities interested in increasing their capacity for multi-modal transportation. Including Montgomery, and New Prague.

Schools

Partnering with schools that have at least 40% of their students receiving free or reduced price lunches. Interested schools will work on increasing activity during the school day or offering more healthy food throughout the school day.

Worksite Wellness

Primary focus will be each county's worksites. Each county will receive \$1,000 to help implement active workday, healthy eating or breastfeeding supports. With supplemental funding, we plan to expand with a pilot project partnering with Waseca Area Chamber of Commerce.

Health Care

Work in this strategy will focus on finding clinics ready to work on reform strategies with support through a contract with a healthcare consultant. Mini-grants are 2/3 of the budget.

Tobacco Free Living

Multi-unit housing is the focus and the work is self-promulgating currently. Funds will be used to assist interested apartments to get appropriate signage.

**Health Focus Area #1
Physical Activity**

**Goal #1: Increase physical
activity within the schools**

Objective	Strategy
Identify schools	Letter of intent, including required and preferred criteria, sent to all schools
School Health Council is formed	Assist school staff in forming or strengthening school health council
School Health Council has conducted a needs assessment	<p>SHIP staff will be available to schools who need assistance in forming a School Health Council</p> <p>SHIP staff will provide the MDH approved assessment tool to the School Health Council and be available to assist the school in completing the assessment</p> <p>Set up an account on the Healthy Schools Program Inventory website</p> <p>Assign roles re: which staff is completing the assessment tool</p> <p>Use the Healthy School Program tool for pre-assessment.</p>
Active School Day Action plan developed/written	<p>Action plan will be based on pre-assessment results</p> <p>Will use action plan created from Alliance of Healthier Generation Assessment</p> <p>Prioritize assessment findings</p> <p>Include steps to increase opportunity to access healthy food at school</p> <p>Will include step of improving or developing new</p>

	policies
Grant application submitted and mini grants awarded	<p>Mini grant applications submitted</p> <p>Mini grant applications reviewed and scored</p> <p>Based on available and funding and criteria selected schools will be awarded mini grants</p>
School staff, teachers and other community partners have received training	<p>Coordinate trainings for school staff utilizing MDH resources as needed</p> <p>Attend MDH approved training(s)</p>
Action plan is implemented	<p>Active school day action plan presented to students, parents and staff</p> <p>Education around PSE change related to active school day provided to students, parents and staff</p> <p>Opportunity for feedback</p> <p>Purchase supplies and make environmental changes (i.e. painting lines for active recess)</p> <p>Implement new curriculum and roll out policies</p> <p>Adjust work plans as policies are rolled out</p>
Support schools with MNDOT Safe Routes to School Grants	<p>Continue to attend SRTS meetings for Le Sueur-Henderson schools and Tri City United schools</p> <p>Serve as representatives on the SRTS Team for North Mankato and New Ulm school districts to assist in walking audits, school observations, and planning for non-infrastructure projects.</p>
Efforts are sustained	<p>MDH approved post-implementation assessment completed.</p> <p>Active school day policy and system change adopted.</p> <p>School Health Council will meet on a regular basis (best practice is at least quarterly).</p> <p>Active school day action plan is updated as needed.</p>

**Health Focus Area #1
Physical Activity**

**Goal #2: Increase active living
in the communities**

Objective	Strategy
Identify partner communities	<p>City administrators and superintendents received short surveys to gauge community interest and experience in active living planning</p> <p>Follow up meetings regarding the SHIP/Region 9 Active Living Survey</p>
Meet with local champions	<p>Arrange & plan activities for each project kickoff meeting in communities</p> <p>Identification of stakeholders</p>
Complete community assessments	<p>Map current conditions in the community</p> <p>Identify pedestrian and bicycle facilities in the community</p> <p>Research community policies and procedures</p> <p>Identify possible community destinations</p>
Hold kick off meetings with Communities	<p>Education on importance of active living</p> <p>SWOT Analysis (strengths, weaknesses, opportunities, threats)</p> <p>Use maps of existing conditions to prioritize connections and missing links</p> <p>Walking audits of the community to experience the community like a pedestrian</p> <p>Formation of stakeholder group/active living group</p>

Conduct community surveys	<p>Surveys distributed to gain community input on walking and biking and where priorities and investments should be made</p> <p>Analysis of survey results</p>
Complete draft strategies memo	Develop recommendations and action steps for the community based off of the community assessment, SWOT analysis, missing links, and survey
Develop final Active Living Document for communities	<p>Hold review meeting to gain feedback on the proposed strategies, recommendations, and action steps</p> <p>Stakeholders prioritize draft strategies</p>
Conduct strategic encouragement and education activities	<p>Traffic Safety 101 Course (SHIP Staff)</p> <p>Traffic Safety 101 Course (in each County)</p> <p>Coordinate active living education and encouragement activities with community partners (i.e. Heart of New Ulm (HONU))</p> <p>Support and assist community partners in existing walk/bike projects (i.e. St. Peter Traverse de Sioux Mountain Bike Trail; mapping walking routes and formation of community walking group in St. Peter)</p>
Efforts sustained	<p>Continued stakeholder group meetings and/or formation of formal active living committee</p> <p>Stakeholder group follows plans and timelines for applying for further funding</p>

**Health Focus Area #2
Healthy Eating**

**Goal #1: Increase access to healthy foods in
the schools**

Objective	Strategy
Identify schools	Letter of intent, including required and preferred criteria, sent to all schools
School Health Council is formed	Assist school staff in forming or strengthening school health council
School Health Council has conducted a needs assessment	<p>SHIP staff will provide the MDH approved assessment tool to the School Health Council and be available to assist the school in completing the assessment</p> <p>Set up an account on the Healthy Schools Program Inventory website</p> <p>Assign roles re: which staff is completing the assessment tool</p> <p>Use the Healthy School Program tool for pre-assessment</p>
Healthy School Food Action plan developed/written	<p>Action plan will be based on pre-assessment results</p> <p>Will use action plan created from Alliance of Healthier Generation Assessment</p> <p>Prioritize assessment findings</p> <p>Include steps to increase opportunity to access healthy food at school</p> <p>Include step of improving or developing new policies</p>

Grant application submitted and mini grants awarded	<p>Mini grant applications submitted</p> <p>Mini grant applications reviewed and scored</p> <p>Based on available and funding and criteria selected schools will be awarded mini grants</p>
School staff, teachers and other community partners have received training	<p>Coordinate trainings for school staff utilizing MDH resources as needed</p> <p>Attend MDH approved training(s)</p>
Action plan implemented	<p>Healthy School Food Action Plan presented to students, parents and staff</p> <p>Education around PSE change related to healthy school food provided to students, parents and staff</p> <p>Opportunity for feedback</p> <p>Purchase materials, build gardens, etc.</p> <p>Roll out policies</p> <p>Adjust work plans as policies are rolled out</p>
Efforts are sustained	<p>Healthy school food policy and system change adopted</p> <p>MDH approved post-implementation assessment completed</p> <p>School Health Council will meet on a regular basis</p> <p>Healthy school food action plan is updated as needed</p>

**Health Focus Area #2
Healthy Eating**

**Goal #2: Increase access to healthy foods in
the communities**

Objective	Strategy
Convene local food stakeholders	Localized meetings for LPH, Community Garden managers, Social Services, Food Shelf Staff/volunteers, Ministerial Assoc., LSS, Senior Centers, U of MN Extension, Dieticians, Medical Clinics, CSA farmers, Farmers Market Managers, Summer Food Program, Breastfeeding groups, Community Ed. Directors, and local co-ops and markets (including ethnic food stores).
Assessment done of current community nutrition environment	Assessment of available resources of grocery store and clinic dieticians, screening services, breastfeeding groups and lactation counselors, food shelves, benefit programs (including FRPL), Community gardens, Summer food programs, WIC referrals to food resources, Evidence based lifestyle change programs, and community education programs. Additionally, findings from the MN Food Charter will be reviewed for applicability.
Identify gaps and barriers in local healthy food delivery	Collation/advisory group is formed to identify barriers and gaps in coordination between organizations. Gaps will be identified with an emphasis on healthy food availability and referral networks to connect the food insecure with healthy options where they exist, as well as targeting locations where healthy options can be made more prevalent and easier to access.
Resource and referral network formed	Stakeholder group focusing on network begins problem solving around gaps identified, including policies surrounding resource and referrals for food insecure individuals to healthy eating options.

Efforts are sustained and/or regionalized	Sustainability plan is created by advisory group for follow-up assessment, planning for next steps, and updating existing or newly developed resource directories.
Identify local partners for mini-grants	Invite by letter of intent local food shelves, meal programs and community gardens, focusing on sites which address disparate populations
Action plan, including a policy component, is written by stakeholder team that will result in improved access to fruits and vegetables and/or decreased access to sodium, saturated fat, added sugars	SHIP team work with partners to develop action plans and policies for mini-grant proposals from Community Gardens and Food Shelves, assessment of individual sites conducted, policy development is an intrinsic part of the assessment and intent process
Action plan, including a policy component is implemented to increase access to fruits and vegetables and/or decrease access to sodium, saturated fat, added sugars	Grant applications received and reviewed, partner sites chosen, projects implemented to include increased access to healthy food, policy reinforcement of access and food insecure component of partner site.
Efforts are sustained and/or regionalized	Follow-up assessment after implementation of action plan

**Health Focus Area #3
Tobacco Use**

Goal #1: Comprehensive Tobacco Policies are passed and implemented by cities and counties

Objective	Strategy
Seek resource materials and information regarding Point of Sale/Retail (be informed).	1)MDH tobacco related webinars, trainings, conference calls, Base Camp, Counter Tools, CDC, Youth Tobacco, Public Health Law 2)Consult with other counties and entities working in this area.
Community Contact List	1)Compile list of all communities (cities, towns) in our 4 county area and their corresponding city/county officials. 2)Find current tobacco policy/ ordinance for communities.
Comprehensive policy examples, drafts reviewed.	1)Search for examples of comprehensive policies of communities comparable to ours (rural). 2)Draft suggested best practice policy/ordinance. Look to Public Health Law for suggestions, advice.
Assemble youth team members, advocates. Prepare information to send to officials.	1)Contact schools. Ask for youth groups interested in tobacco work. 2)Present SHIP info to youth, proposal of tobacco work and purpose, goal of involving youth. 3)Set up youth meetings to plan community approach and prepare presentation for communities.
Send information out to community leaders (officials). Review responses.	1)Send brief email to introduce tobacco policy proposed work. Include youth statistics and message from youth (educate officials). 2)Request copy of current tobacco policy/ordinance. 3)Follow up calls after sending email. Prioritize interested communities based on responses.
Meet with community officials.	1)Set up meetings to discuss work in person. Invite youth as appropriate to specific community. 2)Address policy enforcement. 3)Discuss requirement of public hearing.
A comprehensive policy is passed	1)Set timeline for when policy is adopted and effective. 2)Assist with information to be sent to community members, media.

**Health Focus Area #3
Tobacco Use**

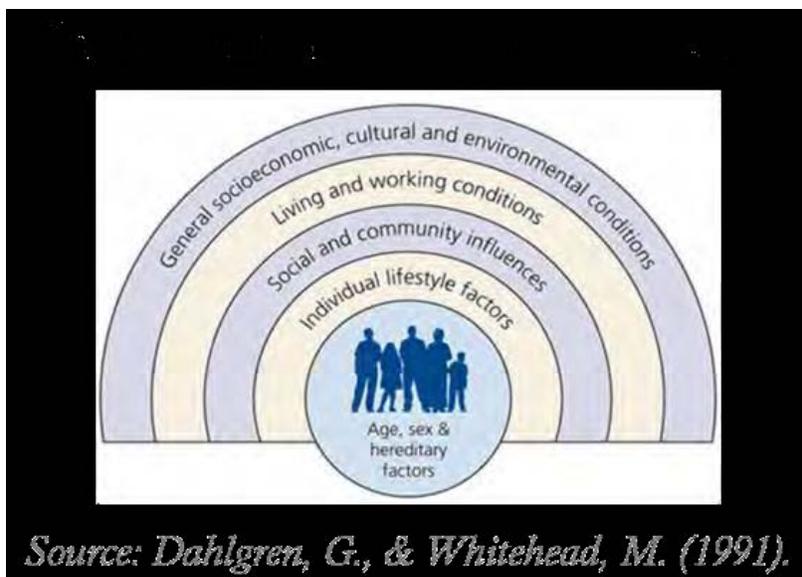
**Goal #2: Increase availability of smoke free
multi-unit housing in the communities**

Objective	Strategy
<p>Review of existing training modules and recommended reading list in SFH Guide Complete</p>	<p>1) Webinar: Electronic cigarettes .2) Webinar: Smoke Free Housing- Updates and Hot Topics. Webinar: Tobacco Control Legal Consortium.</p> <p>3) Tobacco Regional Training, Marshall</p> <p>4) Reviewed “Developing a Smoke-free Multi-Unit Housing Program: A Guide for Tobacco Control Professionals” manual. Created a reference guide based on LIVE SMOKE FREE manual for manager/tenant meetings. 5) Reviewed new Clearway QUITPLAN website.</p> <p>6)Tobacco Control Regional Learning meeting, Windom</p> <p>7) Follow local, state & national messages (emails, news) tobacco issues, legislation- including E-cigarettes and marijuana.</p>
<p>Community Housing Assessment Complete</p>	<p>1) Consult with ALA to discuss their areas of tobacco site focus and avoid duplication of effort. 2) Consult with MDH to discuss potential SFMUH sites and Public Housing Authority (PHA) map. 3) Utilized PHA map.</p> <p>4) Reviewed “Smoking Status of Le Sueur County Multi-Unit Housing Buildings” assessment. 5) Reviewed Heart of New Ulm SFMUH assessment. 6) Reach out to city rental building inspectors.</p> <p>7) Reach out to landlord/building managers to assess status (existing policy, challenges, barriers, interest in policy development or strengthening existing policy). Create priority housing list for each county based on assessment findings.</p>

Identify tobacco-related disparities in community	1) Continued reading and data search about relationship between low income housing, low socioeconomic status and tobacco use.
Housing targets/priorities determined	1) Reviewed priority populations SFMUH guide. 2) Reach out to multi-unit landlords/building managers (HUD –Section 8, HRA, PHA) to determine sites interested and ready for policy work (from prioritized housing assessment).
Work with identified sites to develop and/or strengthen policy	1) Held first meeting with multi-unit housing manager and tenants in Le Center (Le Sueur Co.) Utilized reference guide presentation materials. Provided education, sample policies, tenant letters and surveys, enforcement guidelines. 2) Create action plan with timeline for tenant meetings and surveys with implementation date goal and method in mind. Tailor/prepare materials to individual building manger’s needs. Communicate with property owners and board members as requested.
Prepare tenants at identified policy implementation sites	1) Work with building/property managers to conduct tenant surveys. 2) Facilitate tenant meetings: share survey results, provide benefits and reasons for smoke free units/grounds, and answer frequently asked questions. 3) Provide cessations service information to managers and tenants (QUITPLAN, Call It Quits).
Implement new or updated policies at identified sites	1) Board member, property management approval. 2) Policy is written and adopted. Include clear enforcement language. 3) Tenants sign policy/policy addendum. 4) Signage ordered, installed (LIVE SMOKE FREE- policy copy/exchange - free signage).
Celebrate policy adoptions	1) Encourage celebrations among building management, tenants and community. 2) Invite local press. Advertise smoke free units.
Efforts monitored and sustained	1) Add new policy adoptions to appropriate websites tracking policy information. 2) Provide technical assistance for enforcement issues. Document SFMUH environmental changes for individual sites.

Overview of “The Health of Minnesota”

Minnesota’s statewide health assessment was prepared under the auspices of the Healthy Minnesota Partnership, a multi-sector group of community leaders. The partnership is charred with developing innovative public health priorities, goals, objectives and strategies to improve the health of all Minnesotans, and to ensure ownership of these priorities and strategies in communities across the state. *The Health of Minnesota* is the first step toward fulfilling this charge and provides the basis for creating a Healthy Minnesota 2020 statewide health plan. The Partnership hopes that assessing and addressing a broad array of health-related conditions and factors will change the conversation around health, energize the public, private and nonprofit sectors, and create a groundswell of community efforts to improve health in every Minnesota community. *The Health of Minnesota* presents an assessment of health in Minnesota, in the broadest sense of that concept. Health is defined by the World Health Organization as “ a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This kind of health is not just about individuals, but includes families, communities and systems, and is the result of the interaction of complex networks of conditions and factors. This kind of health starts long before illness is manifest: it begins in homes and schools, in jobs and workplaces, and in communities.



Overview of Healthy People 2020

Framework

The Vision, Mission, and Goals of *Healthy People 2020*

The vision, mission, and overarching goals provide structure and guidance for achieving the *Healthy People 2020* objectives. While general in nature, they offer specific, important areas of emphasis where action must be taken if the United States is to achieve better health by the year 2020. Developed under the leadership of the Federal Interagency Workgroup (FIW), the *Healthy People 2020* framework is the product of an exhaustive collaborative process among the U.S. Department of Health and Human Services (HHS) and other federal agencies, public stakeholders, and the advisory committee.

Vision

—A society in which all people live long, healthy lives.

Mission

—*Healthy People 2020* strives to:

Identify nationwide health improvement priorities; Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress; Provide measurable objectives and goals that are applicable at the national, state, and local levels; Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge; and Identify critical research, evaluation, and data collection needs.

Overarching Goals

Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death. Achieve health equity, eliminate disparities, and improve the health of all groups. Create social and physical environments that promote good health for all. Promote quality of life, healthy development, and healthy behaviors across all life stages.

References

Minnesota Department of Health. (2012) *The Health of Minnesota*. Retrieved from www.health.state.mn.us.

U.S. Department of Health and Human Services (2010) *Healthy People 2020*. Retrieved from www.healthypeople.gov.