A healthy, equitable community for all people to live, work and play

RAMSEY COUNTY

Community Health Improvement Plan

2014 - 2018 (updated December 2018)

RAMSEY COUNTY
Saint Paul – Ramsey County Public Health

Ramsey County Community Health Improvement Plan (CHIP) Committee Member Organizations

African American Leadership Forum Health and Wellness Group

Allina Health

American Cancer Society, Inc.

American Indian Policy Center

Blue Cross and Blue Shield of Minnesota Center for Prevention

Bethel University

Children's Hospitals and Clinics of Minnesota

City of Falcon Heights

CLUES - Comunidades Latinas Unidas En Servicio

Community Action Head Start & Early Head Start

Community Action Partnership of Ramsey & Washington Counties

Minnesota Da'wah Institute

Gloria Dei Lutheran Church

Greater Frogtown Community Development Corporation

HealthEast Care System

HealthPartners

Hmong American Partnership

Holy Trinity Episcopal Church

Horton Holding, Inc.

Karen Organization of Minnesota

Lao Family Community of Minnesota, Inc.

Lifetrack

Minnesota Army Reserve

Minnesota Department of Health

Minnesota Department of Human Services

Minnesota Pollution Control Agency

Medica

Metropolitan Area Agency on Aging

Mississippi Watershed Management Organization

Mounds View Public Schools

Neighborhood House

Northeast Youth & Family Services

Office of Mayor Chris Coleman

Saint Paul Children's Collaborative

Ramsey County Community Corrections

Ramsey County Detoxification Center

Ramsey County Parks and Recreation, Active Living Ramsey Communities

Ramsey County Sheriff's Office

Ramsey County Workforce Solutions

St. Mary's Health Clinics

Saint Paul - Ramsey County Community Health Services Advisory Committee

Saint Paul Police Department

Saint Paul Public Housing Agency

Saint Paul Area Council of Churches

Saint Paul Public Schools

Saint Paul - Ramsey County Public Health

School District 622 North St. Paul-Maplewood-Oakdale

Suburban Ramsey Family Collaborative

Twin Cities Medical Society

UCare

United Hospital

United States Tennis Association

University of Minnesota Extension

University of Minnesota School of Public Health

YMCA of the Greater Twin Cities

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The Community Health Improvement Planning (CHIP) process was convened and coordinated by Saint Paul - Ramsey County Public Health. Related documents can be found online at www.healthyramsey.org.

This is a December 2018 update to the CHIP that was originally approved and published in May 2014. History of revisions can be found on page 59.

Executive Summary

Community Health Improvement Plan Committee Vision and Values

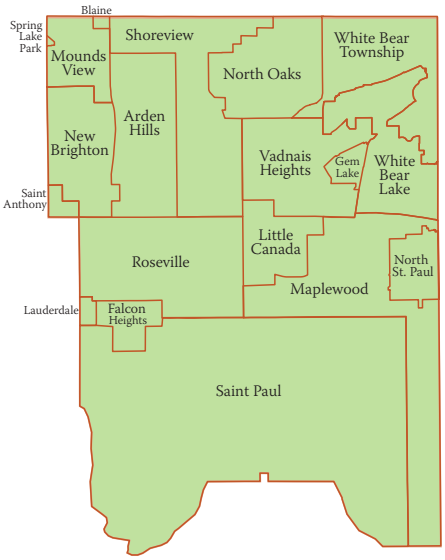
VISION:
A healthy, equitable community for all people to live, work and play.

VALUES:
We acknowledge and embrace the diversity that makes up our communities;

We strive to ensure that our community is welcoming, open, and accessible;

We are committed to fostering mutual respect and trust as we act in a transparent and collaborative manner;

We work together in positive ways that will benefit our community.



Established in 1849, Ramsey County is home to 508,640 residents (2010 census) and is the most densely populated and racially diverse county in Minnesota. The City of Saint Paul, the county seat and capital of Minnesota, is one of 19 cities located within the county (See Appendix A).

The Ramsey County Community Health Improvement Plan (CHIP) was created by a highly engaged and focused CHIP Committee (CHIPC) that met from April through November 2013 to answer these key questions:

- What can we do collectively to foster conditions in which people can be healthy?
- How can we collectively achieve measurable improvement and confront health inequities?

Over 80 residents and community leaders from the private, public and nonprofit sectors shared their expertise and resources during these meetings. Saint Paul - Ramsey County Community Health Services Advisory Committee (CHSAC) members devoted their regular meeting time to CHIP work and were key participants in the planning process.

Working as a team, the CHIPC:

- Created a shared vision and set of value statements;
- Analyzed and reviewed extensive data (See Appendix B);
- Examined external "forces of change" that impact health (See Appendix C);
- Brainstormed community assets and strengths (See Appendix D);
- Identified priority health issues and themes;
- Designed goals, measurable objectives and strategies; and
- Committed to implementation, evaluation and sharing success with the community through the creation of action teams.

From the beginning, the CHIPC realized that health must be understood in relation to the social and physical environment that surrounds us. For example, Ramsey County has the highest percentage of residents living in poverty among all Twin Cities metro area counties. A staggering 36 percent of all children in Saint Paul live in poverty compared to 15 percent of Minnesota children. In addition, the county has one of the oldest built environments in the state, which impacts health at home, work and play. Many residents have limited access to health care and other community resources that support healthy choices and healthy living.

The CHIPC believes that we all have an important role to play in improving health outcomes by addressing the direct causes of preventable disease, disability and early death, as well as the range of personal, social, economic, and environmental factors that influence health status in Ramsey County. Saint - Paul Ramsey County Public Health convened, facilitated and participated in the CHIP process. Community partners on the CHIP committee developed this plan and are committed to acting on its recommendations.

We invite Ramsey County residents and community leaders to use this plan as a resource and a platform for action.

Community Health Improvement Goals

Aligned with the vision, the CHIPC created the following five priority goals, with supporting objectives and preliminary strategies, to help transform the health of the community.

Health in All Policies

Create social and physical environments that promote equity and good health for all people in Ramsey County.

Healthy Eating, Active Living and Tobacco-free Living

Promote proper nutrition, healthy body weight and tobacco-free living for all people in Ramsey County.

Access to Health Services

Ramsey County residents will access the appropriate level of health care services at the appropriate time.

Mental Health/Mental Disorders/Behavioral Health

Improve mental health/mental disorders/behavioral health through prevention and by ensuring access to appropriate, quality mental health/mental disorders/behavioral health services for all people in Ramsey County.

Violence Prevention

Prevent violence and intentional injuries, and reduce their consequences for all people in Ramsey County.

Goal 1:

Create social and physical environments that promote equity and good health for all people in Ramsey County.

Health in All Policies

To improve health in a sustainable way, we need to impact the root causes of poor health – inequities in living and working conditions that affect health, such as employment, income, education, housing and transportation.

Health Equity and the Social Determinants of Health Defined

"Health equity" means attaining the highest level of health possible for all people in Ramsey County. More than disparities or differences in health and safety outcomes, inequity describes unfairness and the systematic nature of disparities.

Studies show that for certain populations in the county, there are persistent, significant, and socially determined differences in the conditions that create health and the opportunity to be healthy. These social determinants of health are described in the 2013 Minnesota Department of Health report: Advancing Health Equity in Minnesota: Report to the Legislature:

> "Social determinants of health include living and working conditions that influence individual and population health, e.g., place of residence, race and/or ethnicity, occupation, gender, religion, education, income, sexual orientation, and health insurance status. Inequities in the distribution of these social conditions in the population lead to population-based differences in health outcomes (i.e., health inequities)."

Ramsey County has embarked on an economic prosperity initiative aimed at combating areas of concentrated poverty in the county. The social determinants goal in this plan will support the county initiative and address these questions: What can be done to reduce the number of people, including children, living in poverty in the county? How can groups collectively work to address housing, employment, transit and graduation outcomes?

Why This Is A Priority Issue

Some key data points from the Ramsey County Community Health Assessment illustrate why "social determinants of health" is a priority issue in Ramsey County.

Poverty

- Ramsey County has more residents living in poverty than any other metro county.
- In Saint Paul public schools, 72 percent of students quality for free or reduced lunch.
- Children in Ramsey County are more likely to live in poverty than any other age group.

Income

- The median income among all Ramsey County residents is $52,700 but there are wide disparities by city.
- The median income in North Oaks is almost five times higher than Lauderdale.

Education

- Even though graduation rates increased over the last decade (especially in Saint Paul), Ramsey County has not met the Healthy People 2020 graduation goal of 82.4 percent.
- White students in Ramsey County are graduating on time at almost twice the rate of American Indian students.
- Ramsey County has the lowest percentage of residents who have any education beyond high school in the metro area.

Unemployment

- Black/African American residents have more than double the rate of unemployment than their white peers.
- Saint Paul has the lowest proportion of adults aged 16-64 years old who are working compared to other Ramsey County cities and Minnesota.

Home Ownership/Affordable Housing

- The percentage of black/African Americans who own their homes in Ramsey County is three times less than whites.
- On average, children make up 35 percent of the homeless shelter population.

Transportation

- Transportation is essential for creating true communities of opportunity, with far-reaching impact on the structure of communities, job creation, energy efficiency, housing stock, and economic opportunity.
- Transportation equity - the degree to which the benefits and costs of transportation systems are distributed fairly and appropriately - requires investments that are smart, targeted, and expand opportunity to the greatest number of people.
- Structural elements of the transportation system - including the presence of sidewalks, availability of bike lanes and multi-use trails, low traffic density and access to public transportation - are associated with improved health.

Objective 1. Reduce the percentage of the population living in poverty in Ramsey County from 17 percent to 10 percent by December 2018.

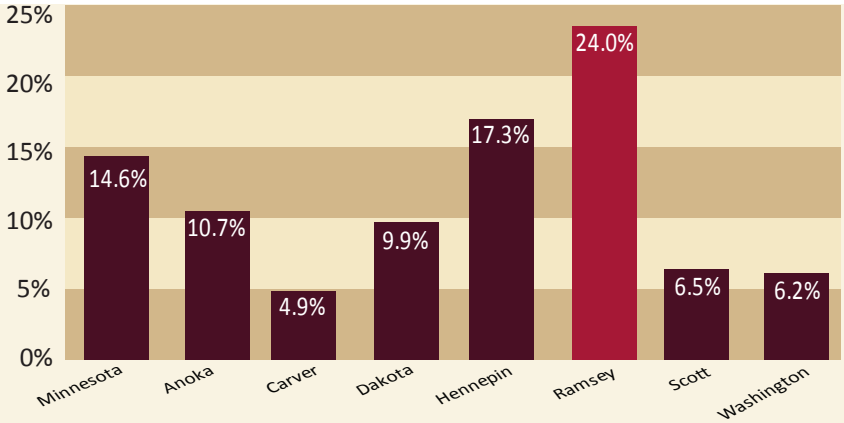
Strategies

a. Raise the minimum wage.*

b. Increase availability of local employment options.

Objective 2. Reduce the percentage of children under 18 living in poverty in Ramsey County from 24 percent to 14 percent by December 2018.

Percentage of children in poverty, 2012



Source: U.S. Census Small Area Income and Poverty Estimates

Objective 3. Reduce the percentage of households paying 30 percent or more of income for monthly housing in Ramsey County from 38 percent to 28 percent by December 2018.

Strategies

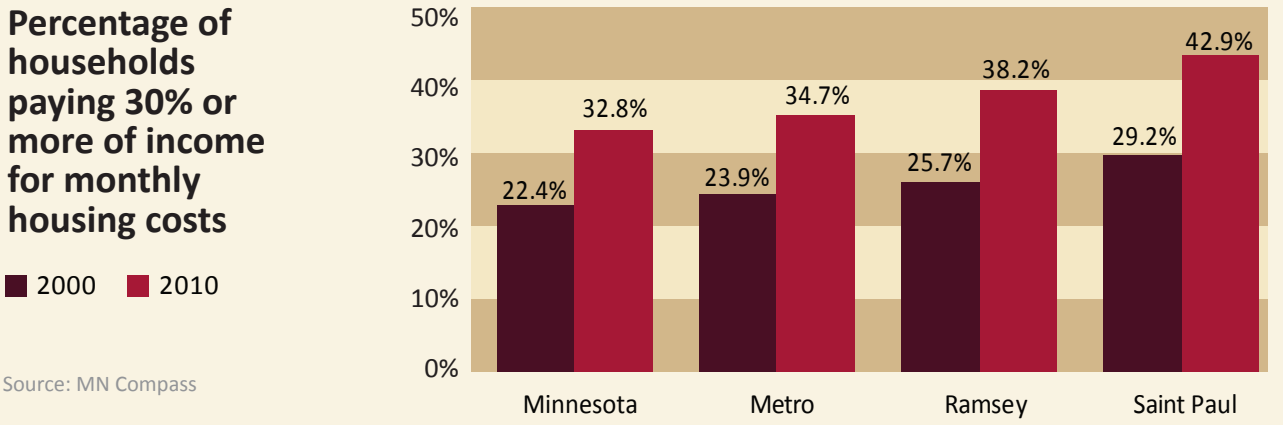
a. Increase the amount of affordable housing required with new development and throughout the county.

b. Monitor Central Corridor development to ensure affordable housing.**

c. Invest in rehabilitation of abandoned homes (with local labor).

d. Partner with Habitat for Humanity to increase affordable housing stock.

Percentage of households paying 30% or more of income for monthly housing costs



Source: MN Compass

* Ramsey County supports "living-wage job growth".

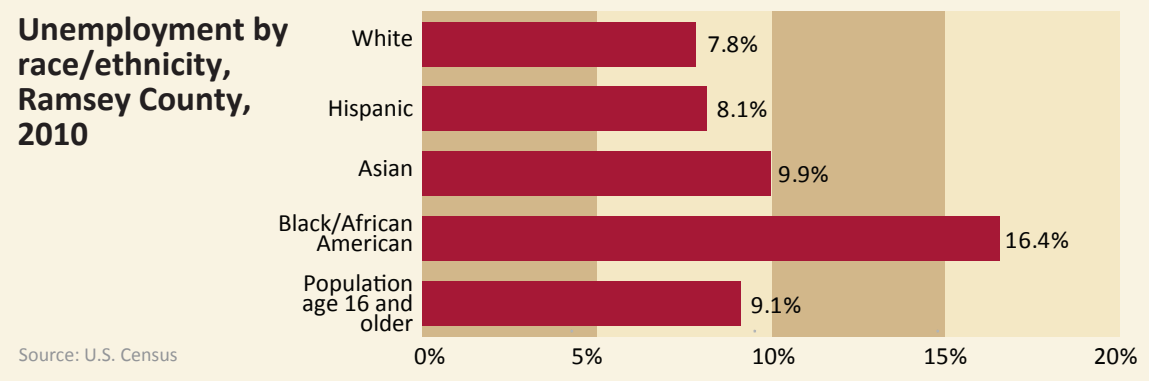
** Consider county-wide approach.

Objective 4. Reduce the unemployment rate for non-Hispanic white, black/African American, Asian, Hispanic age 16 and older groups in Ramsey County to 7 percent by December 2018.

Strategies

a. Partner with community colleges to offer two-year degrees in high school.

b. Develop mentoring programs and support social networks to connect people with knowledge and resources.



Objective 5. Increase safe, accessible, efficient, affordable transportation options (transit, walking, biking) in Ramsey County by 20 percent by December 2018.

Strategies

a. Conduct an audit of existing, active transportation (walking, biking and transit) and make recommendations to state, county and municipal governments for a safe, accessible and efficient multimodal system in Ramsey County. (Working in concert with Active Living Active Communities)

b. Evaluate barriers to safe, accessible, efficient, affordable senior transportation services in Ramsey County.

c. Increase the amount of state and federal dollars allocated to providers for senior transportation services in Ramsey County.

Objective 6. Increase the percentage of students in Ramsey County who graduate from high school within four years to the Healthy People 2020 goal of 82 percent by December 2018.

Strategies

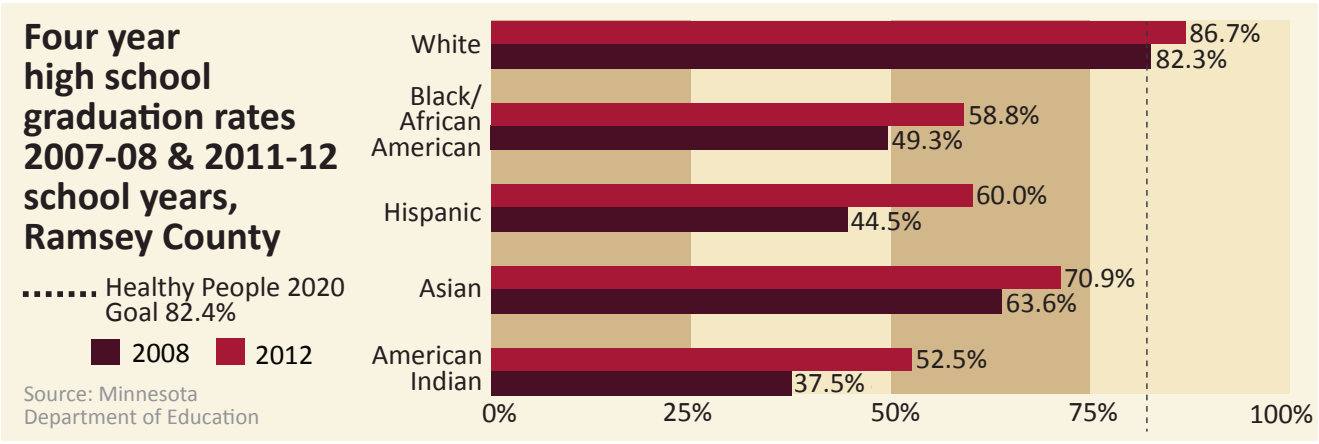
a. Review barriers to high school graduation.

b. Identify partnerships to address the problems.

c. Identify opportunities to increase impact of Generation Next on Saint Paul/Ramsey County.

d. Fund community-based initiatives.

e. Identify and address causes of instability (transiency) and enhance community.



Goal 2:

Promote proper nutrition, healthy body weight and tobacco-free living for all people in Ramsey County.

Healthy Eating, Active Living and Tobacco-free Living

In Ramsey County, about 1 out of 4 adults is obese, which is a high risk factor for many life-threatening diseases. It will take changes to policy, systems, environments and individual behavior to impact this issue.

Building on Past Successes Related to Healthy Eating, Active Living and Tobacco Reduction

How do we decrease the percentage of Ramsey County youth and adults who are overweight or obese? How can people of all ages make informed choices about fruits and vegetables and moderate physical activity? How do we take into account the social and physical determinants of diet and physical activity?

In Minnesota, 36.8 percent of adults were overweight and 25.7 percent were obese in 2011. In Ramsey County in 2010, almost 1 out of 4 adults was obese.

Eating a balanced diet is one of the most important things people can do to maintain and improve their overall health and well-being. Poor eating habits that result in too many calories and not enough nutrients increase the risk for obesity, diabetes, heart disease, stroke, tooth decay, and some cancers.

Lack of physical activity, combined with a poor diet, is the second leading cause of preventable death and disease in the United States and a huge economic burden on the state and county. According to the Minnesota Department of Health, physical activity can prevent many diseases such as diabetes, heart disease, some cancers and obesity, improve moods and help prevent depression and anxiety, and help people feel better, look better, and feel younger, too.

While smoking rates continue to decrease in Minnesota, exposure to second-hand smoke is still a problem especially for youth. Exposure to second-hand smoke can increase the risk for ear infections, asthma attacks and respiratory infections.

As the health department serving one of the largest and most diverse populations in Minnesota, Saint Paul – Ramsey County Public Health (SRPCPH) has been working on policy, system and environmental changes to promote healthy eating, physical

activity and tobacco use reduction in recent years. Much of this work has been done as part of the Statewide Health Improvement Program (SHIP), which focuses on sustainable changes that support individual choices about health.

Since its inception, the SHIP work has been done in partnership with Ramsey County community organizations, residents, other local public health departments and cities. Those involved have a commitment to making the healthy choice the easy choice. This goal area will integrate with and amplify SHIP work for a sustained focus on cross-sector community partnerships on healthy eating and active living and tobacco use reduction.

To help make changes that last, community solutions in this area will consider:

- Knowledge and attitudes
- Access to fruits and vegetables
- Increased opportunities for physical activity
- Food and agricultural policies
- Tobacco-free living

Strategies in this goal area will address healthy eating, active living and tobacco reduction and take into consideration key data relevant to diverse adult and youth populations across Ramsey County.

Why This Is A Priority Issue

Some key data points from the Ramsey County Community Health Assessment illustrate why "healthy eating, active living and tobacco reduction" is a priority issue in Ramsey County.

- Fifty-seven percent of Saint Paul residents and 32 percent of suburban residents are "inactive."
- In the metro area, Ramsey County has the lowest percentage of residents responding that their neighborhood was a very pleasant place to walk.
- Only one-fifth of Ramsey County 6th, 9th and 12th graders report consuming the recommended five servings of fruits and vegetables per day.
- Currently, American adults and youth consume an average of 400 calories per day from beverages alone.
- Nearly one in every four (23.5%) American adults ages 18-34 report that they currently smoke.

Population Health Objectives

Objective 1. Increase the percentage of Ramsey County 9th graders who eat 4 or more servings of fruits (not including fruit juice) per day from 9 percent to 12 percent by December 2018.

Objective 2. Increase the percentage of Ramsey County 9th graders who eat 4 or more servings of vegetables per day from 6 percent to 9 percent by December 2018.

Objective 3. Increase the percentage of Ramsey County 9th graders who get moderate physical activity for 60+ minutes for 7 days per week from 18 percent to 20 percent by December 2018.

Objective 4. Increase the percentage of Ramsey County adults who eat 5 or more fruits and vegetables per day from 34 percent to 37 percent by December 2018.

Objective 5. Increase the percentage of Ramsey County adults who get moderate physical activity for 150+ minutes per week from 60 percent to 63 percent by December 2018.

Objective 6. Reduce the percentage of adult smokers from 9 percent to 7 percent by December 2018.

What We Will Do About It

Population Health Objective #	Action Team Objectives	Action Team Strategies
1, 2	Implement at least one of the following healthy eating strategies (a. "Smarter Lunch-rooms"; b. wellness policy; c. school-based agriculture; d. vending and/or school store offerings) in at least one school in each Ramsey County school district by October 31, 2017.	a. Work in partnership with district wellness teams and SHIP coordinators. b. Offer technical assistance and resources for healthy eating training. c. Contract with school districts to implement objective.
3	Implement at least one of the following active living strategies (a. "Quality PE"; b. "Active Recess"; c. "Safe Routes to School"; d. "Active Classrooms") in at least one school in each Ramsey County school district by October 31, 2017.	a. Work in partnership with district wellness teams and SHIP coordinators. b. Offer technical assistance and resources for active living training. c. Contract with school districts to implement objective.
4, 5, 6	Increase the number of Ramsey County worksites with wellness strategies promoting healthy eating, active living, and/or tobacco cessation from 8 to 25 by October 31, 2017.	a. Collaborate with the Saint Paul Area Chamber of Commerce to engage worksites. b. Offer technical assitance and resources for training. c. Contract with Saint Paul Chamber of Commerce to implement objective.
1, 2, 4	Increase the number of Saint Paul Public Housing Agency (PHA) resident advisory groups that participate in the University of MN Extension SNAP pilot project from 0 to 1 by October 31, 2017.	a. Collaborate with U of MN Extension SNAP educators. b. Gather feedback from PHA residents in the advisory group for use at other PHA sites.
3, 5	Build PHA capacity to host 6 community walking events at PHA sites by October 31, 2017.	a. Collaborate with resident leadership councils and community partners to host community walking events.
6	Increase the number of smoke-free policies implemented in multi-unit housing properties in Ramsey County from 33 to 50 by October 31, 2017.	a. Partner with American Lung Association and PHA staff to work with property managers. b. Contract with American Lung Association to hire community health workers to provide cessation trainings and develop a Smoke-Free Housing Property Manager's guide.

Goal 3:

Ramsey County residents will access the appropriate level of health care services at the appropriate time.

Access to Health Services

Every Ramsey County resident should have access to high-quality, appropriate health care services.

What is Access to Health Services?

In this goal area, access to health services refers to the ease with which an individual or family can obtain needed medical care. The ability to access health services has a profound effect on a person's health, yet at the start of the decade, almost 1 in 4 Americans did not have a primary care provider or health care center where they receive regular preventive and medical services. When this happens, local emergency departments become overtaxed and costs rise for everyone.

According to preliminary results from the 2013 Minnesota Health Care Access Survey, 8.4 percent of metro area residents are uninsured but that percentage increases to 18.2 percent for non-white residents. About 35 percent of Hispanics in the metro area are uninsured. People without insurance are more likely to not have a primary care provider and are more likely to skip regular medical care due to financial strains. This increases their risk for serious and disabling health conditions. When they are able to access health services, people often have large medical bills and out-of-pocket expenses.

The ease with which an individual or family can obtain needed medical services needs to be considered in the context of social and economic determinants of health and the existence of racial and ethnic health care access disparities. Equity of access may be viewed in relation to availability, utilization, cost and/or service outcomes.
Improving access to health care will positively impact:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

Like the rest of Minnesota, Ramsey County has seen its uninsurance rate increase since 2001. In 2011, the percentage of Hispanic residents in Ramsey County without insurance was 3.7 times higher than for Asians who had the lowest percentage of residents without insurance.

While health care reform may reduce the number of uninsured Americans, the problem of access to affordable care will be intensified by fewer community-based resources that provide preventive services, issues with primary care access and increased chronic care for an aging population.

Why This Is A Priority Issue

The following data illustrate why "access to health care" is a priority issue in Ramsey County.

Utilization of preventive services

Rather than treating a condition after it has progressed, preventive services focus on preventing disease and maintaining proper health. Preventive care may include immunizations, well-baby and well-child doctor visits, routine physicals and screening tests.

When it comes to treating potentially serious conditions, early diagnosis is key. Generally, the earlier treatment begins for a condition, the greater the chance for a full recovery. Increasing the focus on preventive services in Ramsey County will help improve health, quality of life and prosperity. Better health positively impacts our communities and our economy:

- With better health, children are in school more days and are better able to learn. Untreated ear infections, for example, can interfere with a child's hearing and speech development, sometimes permanently.

- With better health, adults are more productive and miss fewer days of work. Asthma, high blood pressure, smoking and obesity each reduce annual productivity by between $200 and $440 per person.

- With better health, seniors are better able to maintain their independence. According to the National Aging in Place Council, it costs society a lot less for someone to "age in place" than to go into a care facility.

How well are preventive services being utilized within Ramsey County?

- Seventy-two percent of Ramsey County youth under 21 with publically funded health insurance received preventive care services in 2012, but this percentage varied widely by age group.

- Only 40 percent of 19-20 year olds and 64 percent of 15-18 year olds received preventive care.

- According to the Minnesota Health Care Access Survey, 16.3 percent of Ramsey County residents were uninsured in 2011, and that number rises to 30 percent for black/African American and Hispanic. Uninsured individuals are three times less likely to receive medical care as insured persons.

It's no surprise that the uninsured receive less preventive care and have higher mortality rates than those with coverage. By the time they begin to show symptoms and visit a doctor, their condition is often far more difficult – and expensive – to treat. For many of the uninsured, the cost of regular preventive care services is simply too high and seeing a doctor is put off until their symptoms cause them to go to a hospital's emergency department.

Emergency department services utilization

Use of the emergency department (ED) for the care of non-urgent illnesses treatable in primary care settings deserves attention for the following reasons:

- Unnecessary ED use is associated with increased overall health care costs, diversion of attention from critical emergency cases, and decreased quality of services.
- ED use for non-urgent health problems is associated with greater fragmentation and discontinuity of care with the patients' primary care physicians and other medical providers they use.
- Studies have found that communication and coordination of care between EDs and primary care physicians tends to be haphazard and generally poor.
- In a recent survey by the Healthcare Intelligence Network, 95 percent of responding hospitals stated that avoidable ED visits were a problem.

Concern about the use of hospital emergency departments increased substantially over the past decade because of widespread reports of growing demand by patients and crowding at many emergency departments.

- In a 2007 report, the Institute of Medicine described a growing national crisis of crowded emergency departments leading to delays in care for patients, ambulance diversions to other hospitals, and inadequate capacity to handle a large influx of patients from a public health crisis or mass-casualty event.
- Across the U.S., Medicaid enrollees have the highest rates of emergency department use compared to persons with private insurance, persons with Medicare, and the uninsured. Medicaid enrollees account for more than one fourth of non-urgent visits to the emergency department.

What We Will Do About It

Objective 1. Increase the utilization of preventive services (defined as Child and Teen Checkups) by 2% among publically insured Ramsey County teens and young adults ages 15-20 years old who are currently in secondary school by December 2018.

Strategies

a. Establish, support, and evaluate the Ramsey County Access to Health Services Action Team.

b. Study current data on utilization rates among teens and young adults.

c. Research evidenced-based practices for increasing rates among this age group.

d. Solicit information to understand barriers for teens and young adults.

e. Conduct a planning process using a Minnesota Department of Health model to determine final strategies and related performance measures.

Objective 2. Provide baseline information on emergency department utilization among Ramsey County residents to stakeholders for making informed decisions by December 2017.

Strategies

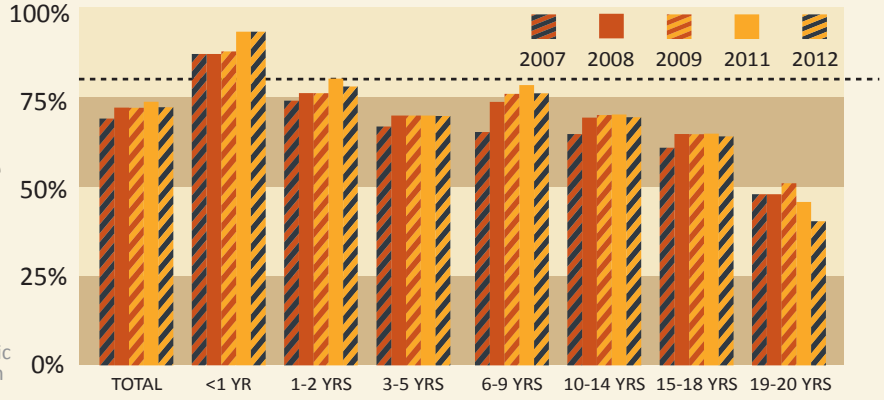
a. Establish, support, and evaluate the Access to Health Services Action Team.

b. Conduct a research study of emergency department visits by Ramsey County residents.

c. Communicate study results to stakeholders.

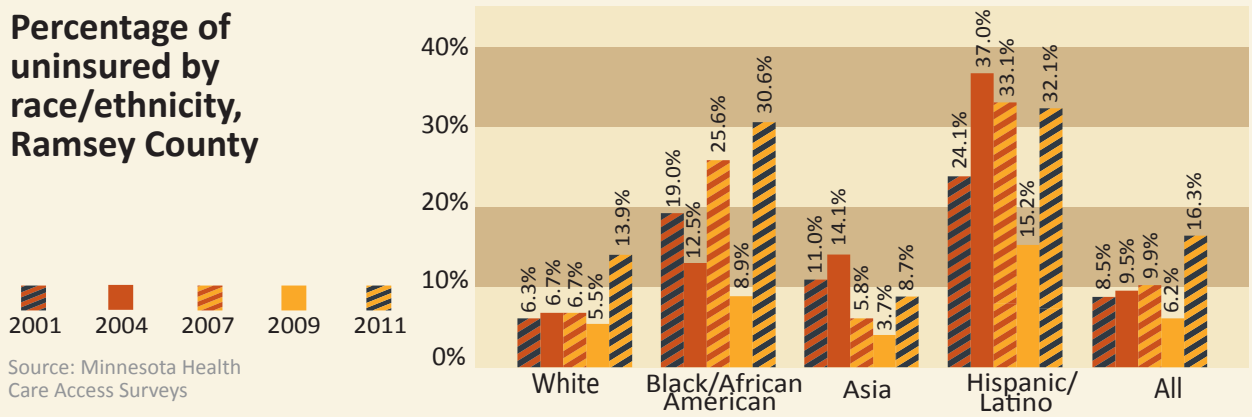
d. Develop a public health campaign based on emergency department study results.

Percentage of youth with public insurance who were up-to-date with age-appropriate preventive health care services each year, Ramsey County



Source: Saint Paul - Ramsey County Public Health Child and Teen Checkups Program

Percentage of uninsured by race/ethnicity, Ramsey County



Source: Minnesota Health Care Access Surveys

Goal 4:

Improve mental health/ mental disorders/behavioral health through prevention and by ensuring access to appropriate, quality mental health/mental disorders/ behavioral health services for all people in Ramsey County.

Mental Health/Mental Disorders/Behavioral Health

Mental health is a complex issue. It permeates every corner of our well-being - emotional, psychological and social - as well as our physical health. Mental health conditions often go undiagnosed.

Speaking the Same Language — Defining Mental Health, Mental Disorders and Behavioral Health

We know that mental health and physical health are intertwined. For example, poor mental health has been associated with increased risk of disease, illness and injury, and decreased immune functioning and longevity. On the other hand, according to the National Prevention Council, "positive mental health allows people to realize their full potential, cope with the stresses of life, work productively and make meaningful contributions to their communities."

But talking about "mental health" can be terribly confusing. What is the difference between mental health and mental disorders? And what does the term "behavioral health" mean? The following definitions show the spectrum of terms, ranging from a sense of mental health and well-being on one end, to mental disorders and illness on the other.

Mental health is a state of successful performance of mental function. It is best described by how well we cope with daily life and the challenges it brings, and includes our emotional, psychological and social well-being.

When our mental health is good, we can deal better with what comes our way – at home, at work, and in life. Good physical health, nurturing relationships, and social connections contribute positively to our well-being. When our mental health is poor, it can be hard to function in our daily lives. Lack of basic resources, abuse, discrimination and poverty contribute negatively to mental health.

Mental disorders, or mental illnesses, are medical conditions characterized by alterations in thinking, feeling, mood, or behavior (or some combination thereof) and associated with a diminished capacity for coping with the ordinary demands of life. While

depression is the most common type of mental illness, other serious and persistent mental illnesses include bipolar disorder, anxiety disorders, schizophrenia, obsessive-compulsive disorders and others.

Behavioral Health commonly refers to mental health and mental illness, as well as preventing or intervening in substance use disorders or other addictions.

Adequate housing, safe neighborhoods, equitable jobs and wages, quality education, and equity in access to quality health care all promote mental health.

Nearly 60 million Americans experience a mental health disorder every year. Regardless of race, age, religion or economic status, mental illness impacts the lives of at least one in four adults and one in ten children across the United States.

Why This Is A Priority Issue

Data tell us that adults with serious mental illnesses are dying, on the average, approximately 25 years earlier than the general public – mostly from various common medical conditions that are inherently preventable or treatable, including co-occurring substance use disorder. Barriers to care, coupled with challenges in navigating complex health care systems, are major obstacles. A solution lies in integrated care - a "health home"- defined as the systematic coordination of health care. The Affordable Care Act expands the traditional health home model to enhance coordination of medical and behavioral health care. The Minnesota Department of Human Services (DHS) is designing a behavioral health home model which will operate under a "whole person" philosophy and assure access to and coordinated delivery of primary care and behavioral health services for adults and children with serious mental illness.

In Ramsey County, two of the five hospitals provide inpatient mental health services. The total number of beds in these facilities is 154. Research has established that the minimum number of beds considered to be reasonable is 50 per 100,000 population. Using this guideline, Ramsey County should have at least 250 beds for its 500,000 population – currently falling short by nearly 100 beds. Most states in the U.S. (42 of the 50) have less than half the minimum number of beds considered to be reasonable, with Minnesota falling into the category of "Serious bed shortage" at a total of 25.8 beds per 100,000 population.

Children with emotional or mental health disorders experience reduced graduation rates and increased risk of substance use disorders problems and juvenile corrections involvement. Saint Paul – Ramsey County Public Health estimates that approximately 21 percent of children in Ramsey County suffer from mental disorders with at least some functional impairment at home, school, and with peers; approximately 11 percent of suffer from mental illness that results in significant functional impairment.

Most youth who receive care do so in mental health specialty settings, although schools in Ramsey County have been playing an increasing role in providing behavioral health care to children and adolescents. In Ramsey County, there are large differences in school mental health staffing and capacity across school districts and even among schools in the same district. There is a need for research that assesses the success of different school-based mental health models to ensure students have access to effective mental health programs and services in school.

Objective 1. Increase the mental well-being and positive identity of Ramsey County adolescents by 2.5% by December 2023.

Strategies

a. Identify strategies to embed sustainable compensation for community and cultural healing.

b. Compile exisiting evidence-based research on culturally relevant self-care resources.

c. Promote collaboration between cultural healers, community-based organizations and schools by hosting a community healing event.

d. Develop a mental health and well-being resource page on the Ramsey County website.

e. Embed free and accessible trauma-informed self-care options for students and staff at a select number of Ramsey County schools.

Objective 2. Increase the number of health promotion efforts aimed at decreasing mental illness stigma in Ramsey County by 10% by December 2023.

Strategies

a. Identify baseline data source(s).

b. Promote collaboration between cultural healers, community-based organizations and schools by hosting a community healing event.

c. Develop a mental health and well-being resource page on the Ramsey County website.

d. Provide Mental Health First Aid Training to Ramsey County community-based organizations, providers and community members.

e. Collaborate with local coalitions/groups who are also working towards decreasing mental illness stigma.

Objective 3: Decrease the percentage of Ramsey County 9th grade Hispanic/Latinix reporting suicidal ideation from 26.6% in 2016 to 24% by December 2023.

Strategies

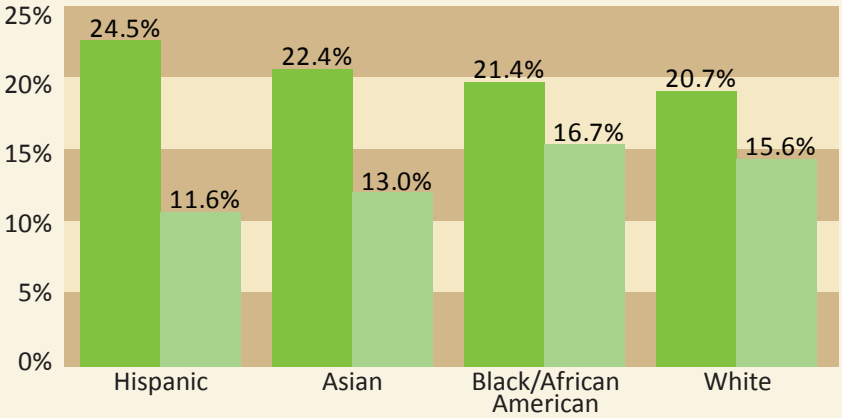
a. Determine and partner with other local coalitions/groups who are working towards same objective or strategies.

b. Develop and implement an emotional well-being survey to identify cultural constructs around perception of mental illness.

c. Host four World Cafe emotional well-being sessions, two for youth, two for parents.

d. Promote support groups that address mental health in multi-cultural/culturally-relevant settings.

Percentage of 9th-graders who considered suicide in the past year, Ramsey County, 2010



Source: Minnesota Student Survey

Goal 5:

Prevent violence and intentional injuries, and reduce their consequences for all people in Ramsey County

Violence Prevention

Violence crosses all demographics, but some population groups are impacted more than others. Everyone in all walks of life and circumstances is exposed to violence in some way, either directly or indirectly.

Addressing the Causes of Violence and Intentional Injury

It seems that every week there's an article online or in a local newspaper about domestic violence, child abuse, gun violence, or sexual assault. Both injuries and acts of violence are among the top 15 killers for Americans of all ages. Violence disproportionately affects young people and people of color. Ramsey County has the highest rates of assault injuries among teens and young adults compared to other metro counties and the state.

Research into the impacts of adverse childhood experiences has demonstrated that reducing injury and violence, including reducing childhood exposure to violence in the home, can improve physical and emotional health throughout the lifespan. Fortunately, we have learned that most events resulting in injury, disability, or death are predictable and preventable.

The effects of injuries and violence extend beyond the injured person or victim to family members, friends, coworkers, employers, and communities. Beyond their immediate health consequences, injuries and violence have a significant impact on individuals and the community, contributing to:

- Disability
- Poor mental health
- High medical costs
- Lost productivity
- Premature death

Preventing violence before it occurs involves wide ranging and multidisciplinary efforts to address the complex underlying contributors to violence, and builds on existing assets within Ramsey County youth, families, and communities. Ramsey County is a nationally recognized leader in the field of violence prevention, and is well positioned to build on these efforts in the coming years.

Why This Is A Priority Issue

Some key data points from the Ramsey County Community Health Assessment illustrate why "violence prevention" is a priority issue in Ramsey County.

- A resident in Ramsey County is almost two times more likely than other Minnesotans to sustain battering/maltreatment injuries requiring treatment in the emergency department of a hospital.
- Even though rates of serious crime have fallen, Ramsey County rates are 50 percent higher than the rest of Minnesota. Since 2008, Ramsey County has had the highest rate of serious crimes among the metro area counties.
- Ramsey County has one of the highest rape crime rates among all Minnesota counties (rape statistics in Minnesota include male victims). In addition, five percent of ninth grade females in Ramsey County report being touched sexually by a family member. Nine percent of twelfth-grade females in Ramsey County report being touched sexually by an older person outside their family against their wishes.
- Fifty-two percent of Ramsey County 9th graders report some type of hostile/bully experience directed at them in school.
- Twelve percent of Hispanic females in Ramsey County report missing school due to feeling unsafe—a higher rate than any of their peers. The percentage of 9th grade American Indian students who missed school in the past 30 days due to feeling unsafe was 2.1 times higher than white students.
- Experiencing – and even witnessing – serious crime or violence has negative impacts on health and well-being, including increased risk of post-traumatic stress syndrome and symptoms of depression, impaired parenting skills, inability to perform effectively at work, and difficulty in interpersonal relationships.

What We Will Do About It

Objective 1. Decrease the percentage of Ramsey County 9th graders who have been bullied during the last 30 days from 52 percent (in 2010) to 42 percent by December 2018

Strategies

a. Strengthen anti-bullying policy and consequences through legislative action in 2014.

Percentage of students reporting the following experiences, Ramsey County, 2010

Has another student...	6th graders	9th graders	12th graders	Healthy People 2020 Goal:
Threatened you?	30%	19%	15%	No more than 17.9% of students are bullied on school property
Pushed, shoved, or grabbed you?	49%	34%	24%	
Kicked, bitten, or hit you?	35%	19%	12%	
Stabbed you or fired a gun at you?	1%	2%	2%	
Touched, grabbed, or pinched you in a sexual way?	not asked	22%	19%	
Made unwanted sexual comments/jokes/gestures/ looks towards you?	not asked	27%	23%	
At least one of the above:	59%	52%	41%	

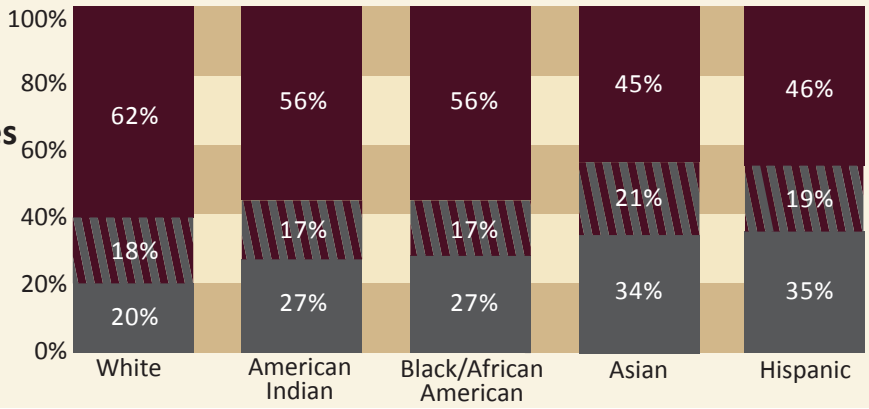
Source: Minnesota Student Survey

Objective 2. Increase the percentage of Ramsey County students of color who participate in out-of-school activities three or more times per week from 51 percent (in 2010) to 61 percent by December 2018.

Strategies

a. Work with schools, parents, Ramsey County Parks and Recreation, and other groups to provide more out-of-school activities that are relevant and neighborhood-based for Ramsey County students of color.

Percentage of 6th, 9th and 12 graders who participated in out-of-school activities in the past month, Ramsey County, 2010



Source: Minnesota Student Survey

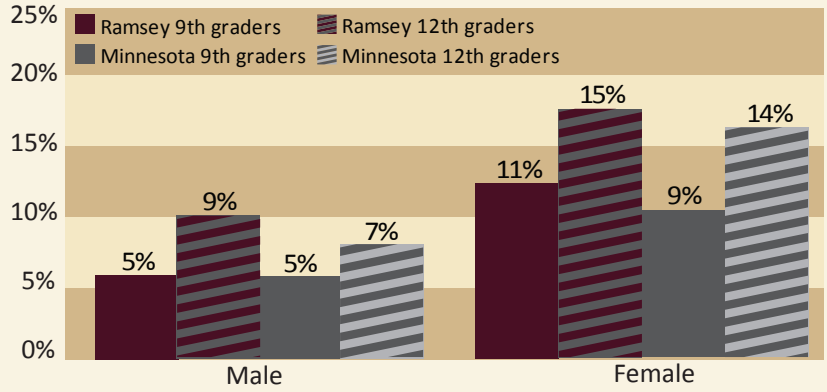
Objective 3. Decrease the percentage of Ramsey County female students who have ever been "hit, hurt or threatened" by someone they are dating from 11 percent (in 2010) to 5 percent by December 2018.

Strategies

a. Engage every 12-year-old in Ramsey County in a deliberate conversation about respect in relationships.

b. Invite all Ramsey County families, community systems and organizations that have contact with 12-year-olds to participate in the above culture-changing effort.

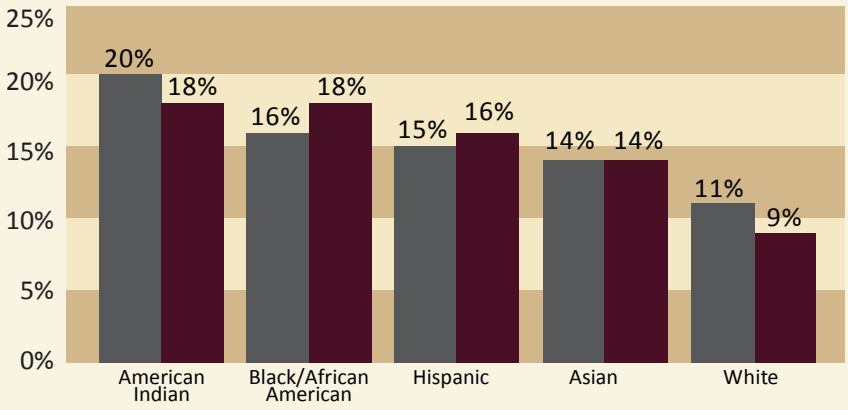
Percentage of students who have ever been hit, hurt, or threatened by someone they were "going out with," 2010



Source: Minnesota Student Survey

Objective 4. Decrease the percentage of Ramsey County students of color who have ever been "hit hard or often" by an adult from 16 percent (in 2010) to 0 percent by December 2018.

Percentage of 9th-graders who have ever been "hit hard or often" by an adult in the house, 2010



Source: Minnesota Student Survey

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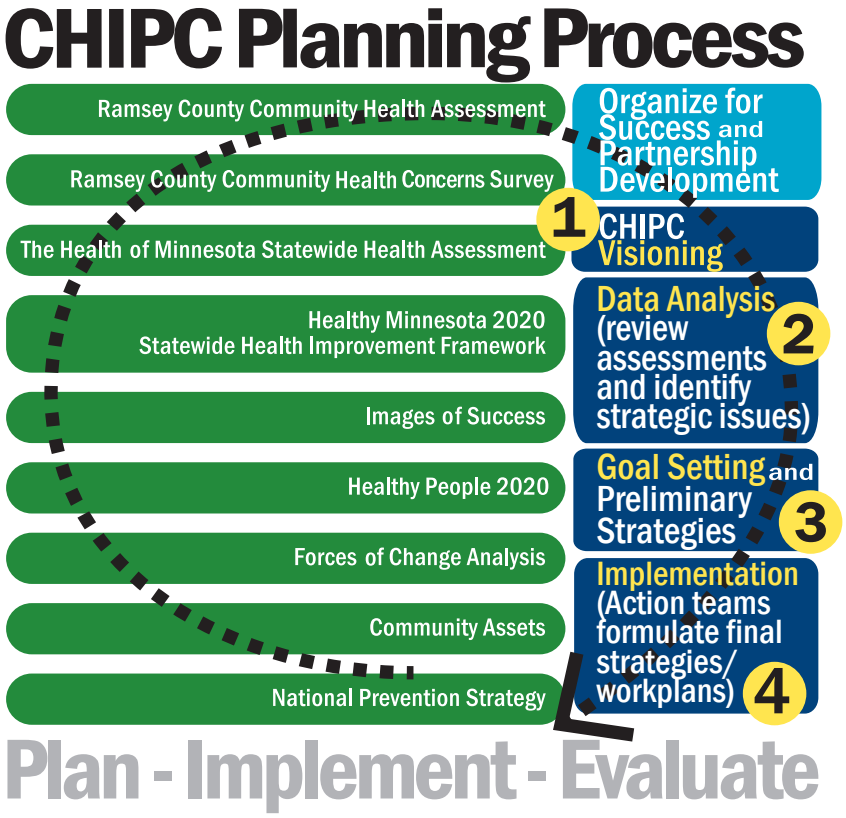
Planning Process

In Ramsey County, community partners have a rich history of facing challenging issues and working together to improve the public's health. Each CHIPC member brought knowledge and organizational experience to the CHIP planning process. The wealth of collective expertise enabled the committee to work from a foundation of prior achievements, capitalizing on the extensive efforts already underway throughout the community and positioning itself to effectively address emerging areas of concern as well.

Saint Paul - Ramsey County Public Health organized the planning process and invited partners to join the CHIPC. To guide its work, the CHIPC used the MAPP process which stands for *Mobilizing for Action through Planning and Partnerships*. MAPP is a nationally recognized community-wide planning framework for improving community health developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Through the MAPP process, communities create and implement a well coordinated community health improvement plan that does not focus on one agency or public health challenge; rather, MAPP health improvement plans provide creative strategies that address the multiple factors that affect health in a community.

The graphic and descriptions that follow show the planning path that the CHIPC took through the phases of the MAPP process.



The Visioning Phase

The first activity of the CHIPC was completing a visioning exercise through a collaborative and creative approach that established a shared community vision and common values.

I'm grateful I was a part of this process. For a big community-wide process it ended up working well. Thanks for believing this could be done in such a participatory way.

~ Reverend Patricia Lull, Executive Director, Saint Paul Area Council of Churches

The Data Analysis Phase

CHIPC members were provided with information, including a notebook of extensive materials, that helped create a common foundation of knowledge on which to base discussion and decisions. This notebook included the four assessments described below and other resources (See Appendix B), including:

- Healthy People 2020
- National Prevention Strategy
- The Health of Minnesota Statewide Health Assessment
- Healthy Minnesota 2020 Statewide Health Improvement Framework

Ramsey County Community Health Assessment

Saint Paul-Ramsey County Public Health (SPRCPH) is charged with protecting, maintaining and improving the health of Ramsey County residents. SPRCPH fulfills this responsibility, in part, by collecting and analyzing health and related information that identifies health trends that can be addressed through public health interventions and strategic planning. A comprehensive community assessment is conducted every five years with updates as new information becomes available. Ramsey County's most recent assessment in 2013 was modeled after Minnesota Department of Health's publication, The Health of Minnesota: Minnesota's Statewide Health Assessment, highlighting emerging trends in the population's health.

The CHIPC, along with other members of the public, reviewed and offered feedback on the Ramsey County Community Health Assessment, 2013 - Preliminary Findings (CHA) which reflected the county's ever-changing, increasingly diverse population and its characteristics. The CHA highlighted emerging issues and trends in our population's health. The assessment and related documents can be found online at www.healthyramsey.org.

Ramsey County Community Health Concerns Survey

In March and April of 2013, Saint Paul - Ramsey County Public Health conducted a survey of individuals who live or work in Ramsey County. Nearly 3,100 people completed online and paper surveys. The survey asked for the public's opinions on a wide range of community health issues such as alcohol and tobacco use, access to medical and dental services, infectious diseases, the health of babies and children, and the environment.

The survey instrument, developed in collaboration with other east metro counties, asked respondents to indicate their level of concern for 94 community health topics. In an effort to be more inclusive and increase participation in the survey, Saint Paul - Ramsey County Public Health formed a community outreach team. Team members were recruited from department staff based on experience working with a particular demographic in Ramsey County, self-identification in a particular cultural group, and linguistic diversity. Members of the outreach team were assigned specific demographic groups in Ramsey County to help

facilitate survey completion, either referring people to the web-based survey or providing assistance with filling out the paper survey.

Even though the results cannot be generalized to all residents and people who work in Ramsey County, it is a large and comprehensive survey and there are key components that make the results useful for understanding community health concerns. The CHIPC reviewed the top ten issues of concern from the survey (See Appendix F).

Forces of Change Analysis

This CHIPC activity identified external forces that impact health along with specific threats and opportunities. The CHIPC "forces of change" exercise answered the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

While it may not seem obvious at first, the broader contextual environment is constantly affecting communities and local public health partners. State and federal legislation, rapid technological advances, changes in the organization of health care services, shifts in economic and employment forces, and changing family structures and gender roles are all examples of forces of change. They are important because they affect - either directly or indirectly - the health and quality of life in the community.

The forces the CHIPC identified included the following: affordable care act, aging population, increase in diversity, health care services, transportation, climate change, demographic shifts, increase in poverty and socio-economic disparities and the environment. This analysis increased the committee's understanding of the broad, external forces that impact Ramsey County and is summarized in Appendix C.

Goal Setting Phase

The CHIPC first identified 12 key health issues and related indicators. Issue identification was driven by the above assessments, along with national and state priorities. Key health issues were identified under each of the following Healthy People 2020 topics:

- Access to Health Services
- Environmental Health
- Injury and Violence Prevention
- Nutrition, Weight and Active Living
- Older Adults
- Respiratory Diseases
- Social Determinants of Health
- Substance Abuse

- Tobacco Use
- Mental Health/Mental Disorders/Behavioral Health
- Maternal, Infant and Child Health

The 12 issues were then prioritized based on the extent of the problem, the population(s) affected, the seriousness of the issue and the capacity to address them (See Appendix E).

The next step was adoption of five priority goals that included related community assets and strengths for each goal (See Appendix D). Measurable objectives and preliminary strategies that targeted policy, systems and environmental change were aligned with each goal. Throughout its work, the CHIPC considered a Health in All Policies (HiAP) approach (a collaborative model for improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas). When the CHIPC developed preliminary strategies, they relied on current data, proven methodologies and best practices from their respective areas of expertise, strategically aligning proposed activities with CHIP goals and objectives.

The CHIP objectives include initial public policy strategies. These include:

- Raise the minimum wage,
- Increase availability of local employment options,
- Increase the amount of affordable housing required with new development,
- Increase the amount of state and federal dollars allocated to providers for senior transportation services in Ramsey County,
- Develop legislative strategy to lift hospital bed moratorium for mental health crisis beds, and
- Strengthen anti-bullying policy and consequences through legislative action in 2014.

In summary, CHIPC conversations throughout the goal-setting phase emphasized community ownership, asset-based approaches, collective visioning, systems thinking, data drivers and measures, strategic thinking, local partnerships, and sustainability.

Bold thinking created a bold vision for how to bring all parts of the community together to improve health. This is a call for economic security, a healthy environment and smart transit, as part of what we need to create to achieve health for all.

~ Bob Tracy, Minnesota Council on Foundations, and Chair of the Saint Paul – Ramsey County Community Health Services Advisory Committee

Implementation Phase

During the implementation phase, community partners will form action teams that will begin meeting in 2014. Action teams will determine the best course to act on CHIP objectives and set final strategies (See Appendix G).

Action teams will:

- Identify what is currently happening in the community within the goal area;
- Join efforts and create connections with community partners, agencies or coalitions already doing related work;
- Refine and create new strategies;
- Develop work plans;
- Identify data sources to track progress;
- Implement strategies;
- Evaluate effectiveness; and
- Communicate success and celebrate partnerships.

Many CHIPC members have stepped forward, volunteering to convene and/or join the action teams. To advance the five priority goals, Saint Paul – Ramsey County Public Health will provide staff to support the work of action teams. The CHIP may be adjusted over time based on the work of the action teams during the implementation phase.

Members of action teams will share progress with their organizations and others in the community. Action team objectives and strategies will be tracked, evaluated and shared with the public over the course of the next five years.

With the CHIP in place, community partners in Ramsey County have a shared vision and concrete ways to advance the five priority goals. The CHIP is dynamic and will reflect new priorities and circumstances as needs in the county change. With a strong history of connection to its community, Saint Paul-Ramsey County Public Health is looking forward to supporting the robust work of the CHIP action teams.

Thank you for your ongoing contributions to this vital community health improvement process. Together, we will continue to build synergy for a collective impact that will transform our community.

We invite YOU to join one of our CHIP action teams.
Please contact us at AskPH@co.ramsey.mn.us or 651-266-2400.

Acknowledgements

Thank you to the 3,097 individuals who took the time to share their concerns in the Community Health Concerns Survey.

Thank you to the following CHIPC members for helping shape a lively planning process that reflected the voices and hopes of our community.

Ramsey County CHIP Committee Members

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Ruby Azurdia-Lee, CLUES - Comunidades Latinas Unidas En Servicio

Karla Bachmann, CLUES - Comunidades Latinas Unidas En Servicio

Maridee Bain, Saint Paul - Ramsey County Community Health Services Advisory Committee

Jamie Bain, University of Minnesota Extension

Michael Belton, Ramsey County Community Corrections

Carol Berg, UCare

Connie Bernardy, Ramsey County Parks and Recreation, Active Living Ramsey Communities

Mary Britts, YMCA of the Greater Twin Cities

Ned Brooks, Minnesota Pollution Control Agency

Rose Brown, Saint Paul - Ramsey County Community Health Services Advisory Committee

Shelley Burman, Minnesota Pollution Control Agency

Kassim Busuri, Minnesota Da'wah Institute

Kathryn Campion, Saint Paul - Ramsey County Community Health Services Advisory Committee

May Seng Cha, UCare

Chris Crutchfield, Ramsey County Community Corrections

Mary Dymond, Minnesota Pollution Control Agency

Jane Eastwood, Office of Mayor Chris Coleman; Saint Paul Children's Collaborative

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Sandy Lien, Medica

Linda Litecky, Children's Hospitals and Clinics of Minnesota

Patricia Lull, Saint Paul Area Council of Churches

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Peter Mau, School District 622 North St. Paul-Maplewood-Oakdale

Liz McLoone-Dybvig, Saint Paul - Ramsey County Community Health Services Advisory Committee

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Marina McManus, Saint Paul - Ramsey County Public Health

Deb Moses, Community Action Head Start & Early Head Start

Der Moua, Neighborhood House

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Cindy Toppin, Lifetrack

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Hally Turner, intern, Ramsey County Community Corrections

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RJ Wilkins, citizen volunteer

Jenny Winkelman, Mississippi Watershed Management Organization

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Appendix A - Ramsey County Overview

Ramsey County, Minnesota, was established by the territorial legislature of Minnesota in 1849, nine years before Minnesota became a state and was named for Alexander Ramsey, the first governor of the Minnesota territory. Ramsey County is located at the bend of the Mississippi River, which forms a portion of its southern border. The City of Saint Paul, the county seat and the capital of Minnesota, is one of 19 cities located in the county's borders. The County encompasses 207 square miles with 81 lakes and numerous parks and multi-use trails.

Ramsey County is the corporate headquarters to four Fortune 500 companies. Major employers include 3M, Land O' Lakes, Ecolab, St. Jude Medical, Securian Financial Group, Traveler's Insurance, the State of Minnesota, and HealthEast Care System. The county is also a regional hub for state government, nonprofits, higher education, the arts, health care, multicultural organizations, communications, and transportation. The transportation infrastructure of the region continues to expand with the renovation and re-opening of the Union Depot as a multi-modal transit hub, and the construction of the Central Corridor light rail line which has been identified as a project of national and regional significance. The Saint Paul Port Authority operates three barge facilities in the region, which account for a majority of the 5.5 million tons of commodities that passed thru the Twin Cities river terminals in 2013.

Higher education institutions that call Ramsey County home include 15 public and private colleges and universities and post-secondary institutions. Many are located in Saint Paul, which is second in the U.S. in the number of higher education institutions per capita. There are 20 public libraries located in the County operated by the City of Saint Paul, and Ramsey County. The County is headquarters to American Public Media, the national's second largest producer and distributor of national public radio programs. American Public Media is the parent company of Minnesota Public Radio, a 43-station radio network that serves a regional population of 5 million people.

The County has seven hospitals within its boundaries including Regions Hospital, a Level I Trauma Center for adults and children. The County is also headquarters for HealthEast Care System, a non-profit health care system that operates four hospitals, 14 clinics, medical transportation and a variety of other outpatient services. Other health systems with hospitals or clinics within the County are HealthPartners, Allina Health, Children's Hospitals and Clinics of Minnesota, and Fairview Health System. There are five unaffiliated community health clinics that provide medical, dental and mental health services to low-income, uninsured and under-insured residents: Face-to-Face Health and Counseling Service, Inc., Family Tree, Open Cities Health Center, West Side Community Health Services, and United Family Medicine.

St. Jude Medical, 3M and Boston Scientific are manufacturers of medical devices and products located in the County. The County has an abundance of popular recreational, cultural attractions, and venues including the Minnesota State Fair, Xcel Energy Center, the Ordway Center for the Performing Arts, the Science Museum, the Children's Museum, the Minnesota History Center, the Landmark Center and the Saint Paul Winter Carnival. Nationally recognized arts organizations based in the county include the Saint Paul Chamber Orchestra, "A Prairie Home Companion" and the Penumbra Theater Company. The area is home to a vibrant music scene and a large concentration of live/work space for studio artists.

The County has a well-developed system of local and regional multi-use trails, parks, and recreational facilities. In addition to numerous parks and open spaces maintained by cities, Ramsey County operates 15 county and regional parks and five trail corridors. Recreational facilities include the Guidant John Rose Oval in Roseville, the largest outdoor skating rink in the world, and venue for national and international competitions. The area hosts a number of professional, semi-professional, and amateur sports teams including The Minnesota Wild, the Minnesota Swarm, and the Saint Paul Saints.

Ramsey County has a population of 508,640 according to the 2010 U.S. Census. It is the most densely populated and racially diverse county in Minnesota, and has the highest percentage of residents living in poverty among all Twin Cities metro area counties.

Appendix B - Data Drivers

Healthy People 2020

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations, empower individuals toward making informed health decisions, and measure the impact of prevention activities. http://www.healthypeople.gov/2020/about/default.aspx

National Prevention Strategy

The National Prevention Strategy is a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life. The National Prevention Strategy was developed by the National Prevention, Health Promotion, and Public Health Council. http://www.surgeongeneral.gov/initiatives/prevention/strategy/

Healthy Minnesota 2020

This document features three themes that reflect the importance of social and economic determinants for health: capitalize on the opportunity to influence health in early childhood; assure that the opportunity for health is available everywhere and for everyone, and strengthen communities to create their own healthy futures. The emphasis is on creating conditions that allow people to be healthy, conditions that assure a healthy start and that set the stage for healthy choices throughout life. http://www.health.state.mn.us/healthymnpartnership/hm2020/

Ramsey County Community Health Assessment

The report was developed as a resource of current/ historical data and analysis of the health challenges facing County residents. The assessment and related documents can be found online at www.healthyramsey.org.

Ramsey County Community Health Concerns Survey

As part of its community health assessment, Saint Paul – Ramsey County Public Health (SPRCPH) conducted a survey in March and April 2013 of individuals who live or work in Ramsey County. The survey asked the public's opinions on a range of community health issues. A summary of the top ten issues of concern can be found online at www.healthyramsey.org.

Appendix C - Forces of Change Summary

Affordable Care Act

Force

- With enactment of Accountable Care Act health care delivery system shift toward accountable care organizations
- Lack of education surrounding the Affordable Health Care Act
- Shifting health care coverage
- Affordable Care Act and development of ACOs
- Health insurance exchange/reform
- Insurance changes-everyone be covered by 2014
- Insurance coverage for everyone
- Health care reform
- Health care exchanges
- Rising insurance deductibles and co-pays
- Public health funding is tenuous
- Exploding costs of health care services
- Fear of death: 80% of total health care expenditures still spent in the last two years of life

Threat

- Capacity to embrace challenges of greater population-based health care delivery
- Lack of sufficient data analysis system to prioritize and focus efforts
- General public not aware of the benefits and implementation of the act
- Less employee sponsored health care plans
- Public unsure about what the exchanges mean to them and how to navigate the system
- Some providers may not have capacity to remain independent in the new health care environment
- As with any new system, it may take time to adequately meet the needs of participants
- Navigate the system to sign up
- Cost of insurance
- Burden on the health care system/adequate resources
- Giving lip service to working with public and focus on prevention; have difficulty thinking beyond the medical model
- Under supported systems to manage influx of Medicaid participants
- People without access to computers could be left out
- Uncertainty, ignorance of changes and how it can affect your life
- Delayed and limited use of services
- Can't always count on sufficient funding for worthy programs
- High tech is fashionable and that part of the industry has clout and political savvy, big pharma is also overly influential
- Cost overruns, polarization between the elderly (politically active) and younger citizens

Opportunity

- Increased focus toward prevention of disease and healthy outcomes vs. treatment and fee for service
- Opportunity to partner with clinical sector of health care system to achieve triple aim of health reform (improved population health, reduction in health care costs, and greater citizen satisfaction with the health care system
- Opportunity to be innovative in reforming the role of public health as service delivery organizations are redefining their roles as well (i.e. more outpatient based)
- Series of community meetings to educate the public
- More people have access to services earlier
- Health care exchanges opening access
- Focus on prevention and cost containment
- Thousands of people are expected to receive insurance through the exchange
- Better health care-promote healthy living health education
- Less inpatient visits/ER visits
- Healthier citizens
- Opportunities to influence the emphasis and focus on public health, prevention, and health promotion for all ages and abilities
- Improved access to care for many not currently covered by Medicaid
- Increases coverage and increased health care options for more citizens
- Offer learnings in community centers, churches; have explanation of changes in simple pamphlets and brochures; have a hot line available for questions
- Builds case for preventive services
- Work collaboratively to optimize funding when available
- Some (often just a token) of high tech and pharma resources/monies can be utilized for other helpful innovations
- If health providers and citizen and insurance provider interests can be more aligned throughout the lifespan there will be opportunities to focus on prevention activities as the same insurance companies will be fiscally responsible for the citizen

Appendix C - Forces of Change Summary

Aging Population

Force	Threat	Opportunity
• Rising percentage of older residents • Graying of the population • Aging population • Shifting of ages in population • Increase population of people over 65; aging population	• Gap in trained health care workers especially for home based services • Increasing demands on families, communities, and health care systems • Greater demand for health care services when capacity and revenue stream is stretched • Increased need for a variety of supportive services • Increased demand for services • Increasing chronic disease and need for services • Increased medial/health care utilization • Growing population of older adults can strain health care resources • Unmet health care & social needs, fewer workers to support via social security • Employment gap • Inadequate number of good nursing homes, transitional care beds with adequate staffing • There is not consistent high quality of care at any nursing facility • Increasing cost of care	• Partner with youth/young adults for training to entering into health care jobs • Creative approaches to support health in later life • Greater relationship building with community; greater coordination and awareness of community resources to serve needs; and greater coordination of volunteers to assist in service delivery • Expanding and adapting knowledge and resources • Talented pool of people with discretionary time • Focus on disease prevention and management across sectors • Untapped resource/knowledge based • Older adults are a resource for mentoring, volunteering, consulting, etc. • Engaged, active group of citizens to speak up, willing to sacrifice for others • Opportunities for retraining / training of older workers • Start with study of nursing homes, transitional care availability, adequate staffing, encourage and/or mandate care giver status for all elderly • Licensing agencies reorg so that they have manageable workloads and are able to appropriately address concerns and that lead to better quality of care

Increase in Diversity

Force	Threat	Opportunity
• Greater diversity of population, especially in younger population • Increase in diverse populations • Cultural diversity more people not familiar with how to access majority culture • Increasing diversity • New immigrants and refugees/changing demographics	• Potential for greater health care disparities, increased need for training of health care workers • Less use of services • Hard to keep pace with the changing race, ethnicity and language changes and maintain cultural relevance with the communities we serve • Lack of understanding health care in US • Higher cost for materials by adding more languages to translate	• Greater emphasis on training of diverse workers will create opportunities for economic development and partnerships • Opportunities for training of staff on diversity and literacy • Evolving service delivery systems to meet emerging needs • Develop a new culture model that embraces all and a new workforce to match the community • New partnerships in addressing health concerns and education on the benefits of preventive care

Appendix C - Forces of Change Summary

Health Care Services

Force	Threat	Opportunity
• Attempts to decrease access to reproductive services • Lack of dental providers seeing MHCP recipients • Restructuring of Behavioral Health Service • Push toward ambulatory care in health system • Increase in chronic diseases • Epidemic of chronic disease in population • Lack of education about common sense, easy physical activities to help lower risk factors for diabetes, heart disease and stroke • Addiction	• Continuation of intergenerational poverty • People have poor oral health • Research to practice gap • This approach (ambulatory care) to care is not adequately funded through current system • Lack of resources to manage • Decrease in life expectancy • Continued high health risk factors in underserved communities • Distrust in the established system • Easy access to prescription narcotics is leading to increase in overdose deaths	• The integration of behavioral health services with primary care, and the recognition of some conditions (substance use disorders) as chronic illnesses helps to remove stigma and improves service delivery • Potential for strong, community-oriented health care • Ways to engage individuals in taking responsibility for their health & provide structures to greater enable this • Chance to establish alliances with community organizations that service underserved communities to put together a plan to get their constituents physically active • New health care approaches • Increased tobacco tax will decrease smoking rates; health care providers are mobilizing to decrease access to narcotics

Transportation

Force	Threat	Opportunity
• Rising transportation costs • Increased interest in “alternative” transportation • Lack of resources to support pedestrian, bike, and mass transit policies	• Loss of access to health care, healthy food, employment • Current transportation bill is “bare-bones” • Contribution to poor air quality • Asthma • Three times fatalities for pedestrians • Safety-seniors drive for longer than they should (average of 10 years longer) • Lack of transit for seniors • Lack of mass transit options for suburban populations • Cost of transportation-1/5 of poorest U.S. families spend 42% of their incomes on transportation	• Design “smaller” community systems, walkable; promote alternate transportation systems and walking • Healthier populations because of increased levels of physical activities • Shift in thinking to pedestrian and bike friendly

Appendix C - Forces of Change Summary

Climate Change

Force	Threat	Opportunity
• Changing weather patterns • Climate change events increasing in number • Changing weather pattern • Climate changes • Increased average daily temperatures, increase in night temperatures • Increased number of high heat stress days • Generally wetter, including an increase in heavy rainfall events • Increased winter snowfall but shorter winter	• Increase in diseases previously rare in Minnesota • Disaster when harsh weather strikes • Stability uncertain • Climate related emergencies and ongoing costs such as snow removal outside of expected parameters • Significant loss of clean drinking water, natural green spaces, clean air • Increased heat stress to more vulnerable populations (elderly, economically challenged, compromised health) • Likely increase in ozone concentrations, more stagnant air masses and air alert days • Increase in vector-borne diseases • Increase in surface water contamination due to increase in runoff events, flooding • Increase in pollen levels	• Research and public education • Teaching basic skills and prevention • Flexible transition planning • Teaming and contingency planning with other agencies; educating the public and initiatives to change behavior • Develop new partnerships to address how individuals and communities can change habits that promote good stewardship of our natural resources • Develop community heat response plans • Infrastructure redesign to handle runoff, sewage overflow issues associated with increase in heavy precipitation events • Participate in climate change/sustainability initiatives • Become a “cool” county-participate with other counties, including Hennepin in reducing GHG emissions • Build/review emissions inventory for county operations reductions • Conduct energy efficiency studies • Manage urban heat island effect-increase trees and vegetation, green and white roofs, cool pavements • Reassess vector management program • Consider providing air conditioning for the vulnerable

Demographic Shifts

Force	Threat	Opportunity
• Changing population demographics • Increase in older population • Obesity epidemic • Possible increase in population • Lower household size; more single adults living alone • Growing youth population particularly in specific ethnic communities	• Increased need for services by people who are older; immigrants; special needs current service models may not meet needs • Air pollution effects are more severe in sensitive populations (elderly and diabetics) • Health care costs could increase • Loss of family support and caregiving resources	• Chance to develop new service models that are more efficient and compassionate • Work with cities on land use decisions affecting exposure, especially to sensitive populations, e.g., consider location of nursing homes, daycares, schools, health centers relative to heavily trafficed roads • Grow community-based care giving resources and networks

Appendix C - Forces of Change Summary

Increase in Poverty and Socio-economic Disparities

Force	Threat	Opportunity
• Rising percentage of residents living below the poverty level; children living in poverty • Increasing number of poor people • Increasing poverty in suburbs • Increasing poverty • Poverty Rates of uninsured population by race • Employment disparities by race • Incarceration rates disparity • The social gradient • Social disparities	• Creation of permanent underclass • Drain on public health capabilities in future years • Draining resources • More demand for intervention services • More people unable to meet their own basic needs that eventually impact health • Lack of employment/under employment/no living wage • Continued limited access to affordable health care despite ACA • Stress on public safety • Economic disparities continue to increase • Future generations of adults unable to access affordable lifestyle • Social determinants of health such as poverty and socioeconomic disadvantage lead to poor long term health outcomes	• Partner on job creation around healthier environment • Identify appropriate policies that provide family relief and supports; safety within schools • Increase resourcefulness • Build case for increased funding • Lower poverty guidelines open up access to health care • Jobs, education, training • Continue to develop working relationship with MNSure governing board and federal government to implement cost effective policies vs. corporate enties deciding • Address institutional racism; align with willing, responsible businesses within county and state; create a model of success • Address policies directly related to creating second class citizens; reach out to historically affected communities to determine workable, implementable solutions • Continue to enforce St. Paul's livable wage law • Aspects of the ACA may help. Empirically supported research can make a case for improving long-term health outcomes for populations by directing resources to address key determinants of health, thereby making a case for legislators to revise historical funding practices; also an opportunity to get health plan on board

Appendix C - Forces of Change Summary

Environment

Force

- Biomass burning
- Substantial increase in residential recreational backyard burning (metro area)
- More stringent (health-based) federal air quality air standards:
  - -ozone standard may becomes much more stringent in 2014
  - -annual PM2.5 standard became more stringent in December 2012
- St. Paul monitoring stations show highest average 24 hour PM2.5 concentrations statewide
- Ramsey County received American Lung Association grade of 'D' for air quality; more air alert days in Ramsey County than anywhere in the state
- Economic growth

Threat

- Poorly controlled wood burning leading to:
  - -unhealthy air, which can lead to respiratory effects such as triggering asthma attacks and reducing lung function
  - -increased concentrations of PM2.5 and ozone at ambient air monitors, which could contribute to nonattainment of health-based federal ambiant standards
- Lower standards provide evidence of health effects occurring at lower concentrations, including cardiovascular events and respiratory problems, e.g., triggering asthma attacks; quality of life declines and health care costs increase with reduced air quality
- Nonattainment of health-based federal standards
- Increased costs to some businesses, reducing the likelihood of new businesses locating or expanding in the region
- Adverse effects on child health and development
- Possible increased traffic congestion, increased air emissions-people living near heavily trafficked roadways are at higher risk from fine particle exposure resulting in increased cardiovascular and respiratory effects
- Possible increased energy demand-increase in greenhouse gases (GHGs), mercury, and other air pollutants

Opportunity

- Reduce residential and city open burning of wood/brush waste by voluntary and regulatorymeans:
  - -City ordinances
  - -Education
  - -Coordinated yard and city wood/brush waste pickup and disposal efforts
- Work with cities on land use decisions affecting exposure especially to sensitive populations, e.g.consider location of nursing homes, daycares, schools, health centers relative to heavily trafficked roads
- Continued emphasis on multi-modal transportation options including biking, walking, transit options
- Promote zero/low emissions transportation; convert fleets to hybrids, electric
- Promote car pooling, tele-working
- Develop sustainable development patterns clustered in higher density development to increase options for carless movement and prevent new roadways; transit-oriented; infill development (develop under-utilized properties; mixed use development that brings jobs and people closer together
- Partner with others to make streets safe & accessible for pedestrians, transit riders, bicyclists and drivers
- Subsidizing public transportation for employees
- Opportunities to create safer/healthier environments and communities

Appendix D - Community Assets and Strengths

Health in All Policies:

What community assets/strengths can be leveraged to address this identified priority?

- Indicators: unemployment, education, income, livable wages, poverty, affordable housing (including veterans), food insecurity among children, childcare costs, economic stability, inadequate transportation, divorce or separation of parent, education cost, built environment, gender equity.
- Addressing this issue would bring together all community entities, i.e. government, business, non-profit. Also would cross all populations, ages etc. which would further expand the resources. Many of the concerns with this issue involve children which seem to spur interest … a greater concern or effort.
- Pass livable wage law/continue the work with public health and housing agencies/continue work with public health and food access (i.e. in schools, needy population, homeless etc.)
- Continue to improve schools. County board continues to engage citizens and citizen groups so that they are better informed. These contribute to a more fully employed community where everybody is better off.
- MN/St. Paul pride/growing economic development muscle/universities and colleges/social conscience (esp. Catholic presence)/ resources aplenty (use collaborative)
- NGO's (non-government organizations) i.e. Habitat for Humanity/Active Living Ramsey Communities.
- Community agencies, including faith-based efforts. Collaboration is key.
- Transportation services/bilingual speakers/social workers/awareness campaigns.
- St. Paul pride: growing economic muscle to attract industry/higher tax base/higher education/ St. Paul schools/social justice thru faith communities/many resources exist to address issues –collaborating/ metro.
- Many organizations exist that are working to change social determinants for health. I'd like to see more collaboration around these issues in order to produce more synergy.
- Community aware of issues and their affects on the community as a whole.
- Strong cultural communities to support families/small size of county brings more solutions into reach (scale).
- Community groups/faith communities/schools/web-based information/advocacy groups /insurance - subsidies.
- Growing base of research on links between social factors and health/agencies at all different levels exist to address these issues—key is supporting them in working together to address.
- Many in the community believe that sharing the benefits of the community are priority #1.
- St. Paul pride – "growing muscle" and working together - have good schools in area; collaborate public and parochial/ change tax base to attract industry to lower income area to create jobs.
- This is an opportunity to work across sectors, change social and economic policies to create health by creating capacity for healthy living.
- Community-based organizations/employer-county partnerships.
- Job programs, youth programs, kindergarten/childcare, connected to school instead of prison/ community, work justice only treatment for drug abusers; useful health programs – apprenticeship programs – instill values in young people; less automation and more hands-on-work.
- Alignment with schools, city councils, and the MN legislature to address best achievable outcomes. Call on high level of government and large county employers to "Ban the Box" so we can allow those?
- I believe each social group has their own ideals of health that can be useful- teach elders new ideas and values if they are acceptable.
- Someone from McDonald's getting a paycheck that reflects higher minimum wages - employer contribution to health care.
- Work with industrial business - more access to jobs/land use zoning/more employment centers in the city.
- An overarching plan or strategy to work and address social determinants.
- Ramsey County could initially evaluate interrelationships among program functions and opportunities to leverage greater results through coordinated planning and implementation. The goal would be to identify strategies that would simultaneously result in multiple public health improvements. This might involve evaluating financial resources, staff and partnerships in order to achieve sustainable results.
- Multi-modal transportation options that would leverage housing, employment and other activity center development along corridors well served by transit and easily accessible to pedestrians, bicyclists and motorists. This would encourage physical activity, promote better health, and help lower a household's overall housing and transportation costs (from Hennepin County's Sustainable Development Strategy)
- Reductions in auto, resulting in improved air quality and fewer ER visits for asthma and cardiovascular events.
- Working with and empowering cities in developing sustainable, safe and healthy land use strategies that will enable better health, stronger local economies and improved multi- modal access to destinations.
- Ramsey County can work with agencies like Metro Transit to develop strategies to educate people about how to use the existing tran-

sit system, e.g., how to get on the bus so they are comfortable being transit users and will have less reliance on cars, which would result in: more money for food, health care, housing, etc., cleaner air which will ultimately result in fewer emergency room visits from asthma attacks and cardiovascular events.

- Indicators: Prevention and management of chronic diseases and conditions, lack of preventative care and education, increase quality of life & decrease costs, health behaviors, whole health).
- If the Affordable Care Act goes forward, MNSure can be a tremendous community asset to be leveraged for health related quality of life/well-being.
- Many environmental advocacy groups which could be partners.
- Activity programs, schools, education, teach prevention at all levels of life.
- Increase access to safe complete streets, public transportation, farmers markets/healthy foods/ grocery stores parks and sidewalks to make community/built environment healthier /healthy homes and schools.
- An engaged community willing to invest in community well-being.
- People can learn and change their behavior / Education – schools – faith communities /Kids who learn better habits can be family "agents of change".
- Obama Care and $.
- Neighborhood Block clubs (similar to national night out)/ social connectedness/encourage consumers to take control of their own health / outreach to main leaders in the community.
- History of recycling identification of decline and concern /committed service provider/grassroots.
- Work with Ramsey County Metro Transit/work with land use; UX use.
- Reward providers for quality of health and prevention (i.e. support initiatives such as Accountable Care Organization / educate/encourage consumers to take responsibility for their health (i.e. utilize motivational interviewing at clinic visits).
- Work with agencies – like Metro Transit to educate people on how to use system.
- Built environment – safe neighborhoods, trails.
- Bike lanes downtown St. Paul.
- Prevention activities to become the norm--Use of a strategy: School nurses for example in numbers great enough to work with individual students, their families–in school-based clinics, and in home follow-up evaluation ECFE/ECSE programming.

Healthy Eating, Active Living and Tobacco-free Living:

What community assets/strengths can be leveraged to address this identified priorities?

- Indicators: adult obesity, childhood obesity, access to affordable, healthy food
- It's on its way with national and statewide efforts.
- Continue to work with schools in prevention (SHIP)/Clinicians can help patients become active in addressing their weight issues.
- Continue to align with schools and industry to encourage healthy eating, removing barriers that family farmers face against corporate farming. Remove barriers for young people to buy farming equipment.
- Use media, including social media to inform citizens about diet/ exercise.
- Great "outdoors" (park, trails, sidewalks)/SPPS's Wellness program/Free Metro passes/Great vegetables/local farmers (Hmong, etc)
- Expand local production and farmers' market distribution. School ground community gardens to teach about quality food and food production.
- Schools (healthy eating and gym time)/Parents --awareness efforts to parents/Parks & Rec
- St Paul schools wellness initiatives/many resources exist/Great outdoor spaces/farmer's market.
- We have lots of fabulous outdoor spaces. I would like to see more green spaces in communities lacking the resource and effort made to make these spaces used during winter months.
- Schools/education – food choices in school and community lunch programs with proper education exercise programs/ better foods in hospitals/nursing homes/increase exercise/physical activity.
- School food programs, senior centers food programs and employer food programs/Incentives from community for adults to maintain healthy weight – financial – access to foods.
- Growing movement of community gardens and farmer markets.
- Rec centers/online resources/schools /community liaison/libraries–classes/farmer markets/ food shelves/Co-ops.
- Focus in SHIP funding could be leveraged here/This being identified as a major need to address in many health needs assessments so there is potential power in brining those groups together to address collectively.
- All levels of the community need to focus on active activity.
- Walking paths, bike paths/farmer's markets food/school lunch programs.
- Lobby USDA to fund food stamps at high level and school lunches.
- YMCA, activity groups, schools, walking clubs, utilization on all levels (home, school, restaurants, media).

- Neighborhood farmers markets/CSA stands that you don't have to drive.
- Bike lanes.

Access to Health Services:

What community assets/strengths can be leveraged to address this identified priorities?

- Indicators: uninsurance, access to quality, affordable health care.
- The public is becoming more aware of the high costs of not being able to access health care with a focus on prevention and what a burden this is on society.
- Provide additional resources in assisting people who have not had insurance in navigating how to access (i.e. literacy help etc.).
- We have health resources i.e., doctors nurses, hospitals and clinics to address the health needs.
- We have numerous community groups representing citizens. Bring their forces together to collaborate.
- Plenty of health institutions (share the wealth of resources – collaborate on "filing the neighborhood gaps"/Exchange (could be a plus).
- St. Paul has a strong network of community health clinics that are able to meet the needs and provide access for unique populations.
- MNSure
- Access issues need to include an entire community of agencies, churches, schools, health care institutions. Access include support navigation through systems, follow-up education.
- Urban planning/Parks & Rec/schools/mentors/Rehabilitation (police corrective services, hospitals) Employers.
- Many health care providers/community clinics/Health Insurance Exchange.
- More education is needed to educate the community about available resources. Leverage community organizations that have history with the community and have built trust.
- Communication throughout the community of the availability of health services.
- Universal health care which would require legislation.
- Excellent health care resources that could be made more accessible to more people.
- Information: internet, buses, billboards, and media/places to walk and exercise/Community liaisons, libraries, faith communities and school-health provider coordination and teaming
- Many social service organizations that are reaching particular populations in the county/ Required reforms under "Affordable Care Act".Health Insurance Exchange.
- Provide information how to get to service and how to use services. They are very difficult to navigate.
- A lot already exists-help people access it.
- MNSure Website/Community health centers.
- Populist oriented community-progressive values, community oriented. District Councils, organized communities/incredible network of quality and accessible parks and trails throughout Ramsey County.

Mental Health and Mental Disorders:

What community assets/strengths can be leveraged to address the identified priorities?

- Our strength will come from developing the capacity to have open conversations about the universality of mental health problems, the biological basis, of a creative conversation where mental health and mental disorders are no different from cardiovascular disorders
- Education to mentally ill and mentally well.
- Eastside Metro Health Roundtable/NAMI–Sue Abderholden/Other resources /?MRTC Guild /Make it Okay, emergency drug assistance/walk-in mental illness agency center/Regions Hospital (100 inpatient beds).
- Increase communication and visibility of existing resources /more conversations to educate on mental health and mental disorders (more understanding).
- Mayor/Judges/Police/Hospital leaders.
- Parent group –" Eastside Mental Health Roundtable" Hospitals talking to one another, inpatient.
- Make it OK Organization – Make it OK.
- NAMI – Local non-profit provides service—available in lobby, walk-in mental health center.
- Crisis Alliance.
- Organizations committed to improving mental health/higher level of education.
- Community health clinics, health care providers /remove the stigma/(Mind-Body) mental health improves physical health.
- All health care and medical professionals should assess for mental health status-follow-up, treatment and outreach medical.

- Treatment centers, housing resources, schools, support groups, churches, art & music programs, education for mentally ill and mentally well.
- Make It OK Program–HealthPartners/Home/outpatient care Community conversation – remove stigma/Obama Care and $ do nice thing for ?/Service provider commitment/Stronger community resources- build.
- Integration of health care setting and health coordination/stigma of mental health. resources/more awareness/ use the c ommunity.
- Insurance coverage/Chemical dependency infrastructure/County Attorney.
- Plan that encompasses all issues (working through).
- Continue to integrate primary care with mental health and employ coordinators to help those with mental health to navigate the system effectively/Educate the community on signs of mental health-- break down and initiate systems to call for help.
- Public Health staff – plan/outreaching strategy working plan.
- Mental Health providers – People Inc.—work with agencies like East Metro Mental Health Alliance.
- Urgent care for adults with mental health.
- All health care/medical professionals assessed for mental health status. Follow-up, treatment outreach/ medical.
- Changing acceptance and understanding of the concerns about mental wellness affecting all other aspects of life/Support from faith community.
- Variety of services – East Metro Health Alliance.

Injury and Violence Prevention:

What community assets/strengths can be leveraged to address the identified priorities?

- Indicators: Violence, Serious crime, Sex crimes, Youth feeling unsafe at school, Domestic violence, Abuse/neglect of children, Vulnerable adults, Youth gang activity, Weapons at school, Self-harm injuries, Prevention of abuse/neglect of children, Children living in a household with a member who is incarcerated, Children witnessing domestic violence).
- The work SPRCDPH has done over the last 15-20 years is a tremendous asset.
- Community Watch team to prevent crimes.
- Schools, county programs, women's groups, MD office, treatment centers/What can interrupt the cycle—form new peers & friends / Protection for the "victims", safe houses, police etc, support groups.
- Educating community about Injury & Violence prevention using both traditional and non-traditional methods.
- Higher knowledge of behavioral health reassurance, both culturally and linguistically in the appropriate Ramsey County community by 2018.
- Drugs – chemicals – guns.
- Enough preventative resource at Police station including sensitivity and diversity understanding training / Better transport – signage.
- Local health facilities.
- Schools: Programs/prevention for all school ages—parent programs, safety skills.
- Stronger career paths/goal settings in school, mentoring role models.
- Safety programs (falls, MVA, medication abuses), suicide prevention strategies.
- Persistent advocates, emerging advocacy groups, network of non-profit advocates/SPPS engagement/Community health.
- St. Paul intervention/St. Paul Women's/ER/County Sheriff/Alliance.
- Development of falls prevention programs.
- Education of safe firearms usage.
- Strategies to decrease motor vehicle injuries.
- Multi-agency approach to prescribed medication abuses and access to new forms of drugs by teens.
- Programs to teach suicide prevention strategies (i.e. early interventions).
- St. Paul Intervention Project – victims of domestic abuse.
- St. Paul Women's Advocates.
- Hospital ED's – looking at injury prevention.
- Neuro providers – head injuries/concussions.
- Public safety – seatbelts – public campaign.
- Commitment from elected officials (at all government levels) to address family violence/More disciplines using evidenced-based practice to address issues and identifying ways to prevent violence at earlier stages.
- Anti-bullying- throughout childcare, child education settings –especially teach adolescents –bullying, cyber-violence –the potential harmful outcomes –see student services/As in goals 5.5.1 – reduce incidents of reported bullying events – influence of computer games, TV programs.

Appendix E - Issue Prioritization Summary

Rank	Issue	Indicators from CHIPC small groups	Trend	Extent	Disparity	Meeting Healthy People 2020?	Community Concerns Survey	National/State Priorities: National Priority: (Healthy People 2020 objective section/number)	National/State Priorities: State Priority: Healthy MN 2020 (HM2020), Advancing Health Equity in MN (AHEM), Chronic Disease/Injury Plan (CDIP)
1	Social Determinants of Health	ACE: Divorce or separation of parent (percentage of children under 18 living in single parent headed households)		3			0	AHS-1.1	HM 2020
		Unemployment	2	3	2 race		4		AHEM, HM 2020
		Adults in workforce		3	2 city		0	ECBP-12.2, 14.2, 15.2, 16.2, 17.2	AHEM
		Median income	4	3	2 city		0	AHS-4.1 in development MHMD-5, 6, 7	AHEM, HM 2020
		Livable wages					0	AHS-6.2, MHMD-6	AHEM, HM 2020
		Poverty	4	3	2 race, city, age	2	4		AHEM, HM 2020
		Food security		3	2 age	2	0	MHMD-10	AHEM, HM 2020
		Access to healthy food					0	DH-8, 9, 10, 13 HRQoL in development	AHEM
		Monthly housing costs	4	3	2 city		3		AHEM
		Education costs					0	RD-2	AHEM
		Childcare costs					0	RD-7.7 in development	AHEM
		High school graduation	2	3	2 race, school district	2	2	RD-11	AHEM
		Inadequate transportation					0	many	AHEM
		Adults with more than high school diploma		3			0	IVP-29 (homicides)	AHEM
2	Nutrition and Weight Status	Adults who are obese	3	2		1	1	DH-17 (disabled), OA-3 and HRQoL in development	CDIP
		Students who are overweight or obese		3	2 race	2	2	DH-17 (disabled adults) HRQoL in development	CDIP
3	Access to Health Services	Uninsurance	5	3	2 race	2	4	only parent perception measured	HM 2020 (2.3)
		Access to quality, affordable health care						IVP-36	HM 2020
4	Mental Health and Mental Disorders	Lack of culturally specific mental health services					1	IVP-34	HM 2020
		Lack of psychiatrists					0	IVP-40 in development	
		Lack of mental health hospital beds for youth					1	IVP- 33 (physical assaults) IVP- 39.1 in development	
		Lack of shelters					0	IVP-37, 38, AH-11.4 in development	
		Lack of co-occurring (mental illness and substance abuse) disorders treatment					1		
		Youth who felt sad "most or all of the time" during the past 30 days		3	2 race	2	0		
		Suicide	4	3	2 age	2	0	AH-11, AH-11.3 in development	HM 2020
		Self-inflicted injury and death	4	3	2 age	2	0	IVP-34, 35, AH-11	HM 2020
		9th-graders who thought about suicide in the past year		3	2 race, sex		0	IVP-42	
		ACE: Children living in household with member who has a mental illness					0		HM 2020
		Youth who felt "extreme discouragement or hopelessness" during the past 30 days		3	2 race	2	0		

Key

Trend (Community Health Assessment)
1 = Rapid change in past 5 years (positive trend)
2 = Moderate/slow change in past 5 years (positive trend)
3 = No change
4 = Moderate/slow change in past 5 years (negative trend)
5 = Rapid change in past 5 years (negative trend)

Extent (Community Health Assessment)
1 = Low incidence or prevalence
2 = Moderate incidence or prevalence
3 = High incidence or prevalence

Disparity (Community Health Assessment)
2 = Any (the specific disparity is indicated)

Healthy People 2020 Comparison
1 = Meeting or exceeding national goal/objective
2 = Not meeting national goal/objective

Community Health Concerns Survey
0 = No group identified as one of their top ten major concerns
1 = One to two groups identified as a top ten major concern
2 = Three to four groups identified as a top ten major concern
3 = Five to six groups identified as a top ten major concern
4 = Seven or more groups identified as a top ten major concern

Appendix E - Issue Prioritization Summary

continued									National/State Priorities	
Rank	Issue	Indicators from CHIPC small groups	Trend	Extent	Disparity	Meeting Healthy People 2020?	Community Concerns Survey		National Priority: (Healthy People 2020 objective section/number)	State Priority: Healthy MN 2020 (HM2020), Advancing Health Equity in MN (AHEM), Chronic Disease/Injury Plan (CDIP)
5	Injury and Violence Prevention	Serious crime rate	3	3	2 city		0			
		9th graders missing school in the past 30 days due to feeling unsafe		2	2 race		0		SDOH-1 (parent employed year round)	HM 2020
		9th graders who carried a weapon (other than a gun) to school in the past 30 days		3	2 race	2	0			
		9th graders who hit or beat up another person at least once in the past year		3	2 race, sex	2	0			HM 2020
		Sex crimes	3	3	2 sex		1			
		Domestic assaults in St. Paul	3	3			1		SDOH-3	
		Battering/maltreatment injuries (fatal and non-fatal)		3	2 age	2	2		NWS-13	HM 2020 (1.3)
		Maltreatment reports	4	3	2 race		2		NWS-4	
		Vulnerable adult abuse reports	2	2	2 age		0			
		Youth gang activity					2			
		Violence in schools (bullying, fights)		3	2 age, race	2	2			HM 2020
		ACE: Children witnessing domestic violence					1		AH-5.1, ECBP-6	HM 2020 (2.1)
		ACE: Children living in a household with a member who is incarcerated					0			
6	Health-Related Quality of Life/ Well-being	Prevention of chronic conditions					2		DH-18 (disabled adults), HRQoL in development	CDIP
7	Maternal, Infant, and Child Health	Early baby care					0		EH-13.1, 13.2 (cockroachs, mice)	HM 2020
		Prenatal care, education and support	2	2	2 race	1	0		MICH-20,21,23, 29, 30, 31, 32, EMC-2	HM 2020
8	Older Adults	Lack of options for older adults unable to live alone					1		MICH-10, 12 in development, 16	HM 2020 (1.1)
		Age 50+ experience loneliness		2			0		MHMD-4	HM 2020
		Age 50+ no one to provide care if sick		2			0		MHMD-4	
		Adults inadequate social/emotional support		2			1		MHMD-1	HM 2020
9	Environmental Health	Pests					0			
		Other housing conditions, Climate change, Healthy environment					0		IVP-41	HM 2020
10	Substance Abuse	Adults binge drinking	2	2		1	1			CDIP
		Alcohol use by a family member "repeatedly caused family, health, job, or legal problems" (also ACE indicator)		2	2 race		1			CDIP
		12th grader binge drinking	2	3	2 sex, age, race	2	3			CDIP
		Students prescription drug abuse	5	2	2 age, sex	2	1		NWS-9	
		Opiate deaths	5	2	2 age, sex	2	1		NWS-10	
		ACE: Children living in household with drug abuse					1		SA-14.3	
11	Respiratory Diseases	Youth with asthma		3	2 race, age		0			CDIP
		Asthma hospitalizations	2	2	2 age	1	0		SA-14.1, 14.4	CDIP
		Asthma control among youth		3	2 age		0		SA-2, 19	CDIP
		COPD hospitalizations	2	1		1	0		SA-12	
12	Tobacco Use	Adult tobacco use	3	2		1	1		TU-1	CDIP
		Youth tobacco use	2	2	2 race	2	2		TU-2	CDIP

Appendix F - Key Findings: Community Health Concerns Survey

Community Health Concerns Survey, Ramsey County, 2013

Top 10 concerns (1= most concern) among respondents who self-identified in the following groups:

Survey Question	American Indian	Asian	Black/African American	White	Hispanic	Karen	Oromo	Hmong	Somali	18-24 years	65+ years
Distracted driving (such as cell phone texting)	1	9	8	1	9	5	6			1	2
Lack of health insurance	2	6	3	5	6		1		3	5	7
Abuse or neglect of children	3			8						8	10
Rape/sexual assault	4									7	
Violence in schools (bullying, fights)	5						4			4	
Lack of mental health services that are low/no cost	6										
Domestic violence (spouse or boyfriend/girlfriend)	7			10							
Lack of quality housing that is affordable	8	7	4		7			7	8		
Poverty	9	4	2	7	1			3	6	3	6
Lack of medical services that are low/no cost	10	10			2						
Tobacco use by youth			9	4					2		1
Alcohol use by underage youth			10	6	5			2	7		4
Obesity (overweight) among children				3				6		9	
Driving under the influence of alcohol or drugs		3		2	8	1	7	9		6	3
Unemployment		1	1	9	3			1	1		8
Youth gang activity						8				2	9
Use of other illegal drugs (such as cocaine, heroin, meth)											5
Spending too much time watching TV, using computers, playing videos							8	8			
Obesity (overweight) among adults										10	
Diabetes		5	7					4	10		
High blood pressure		2				6	5	5			
Stroke								10			
Alcohol abuse among adults						2					
Language/communication barriers in accessing health care services						3	2		9		
Tobacco use by adults						4					
Mental health problems among adults (such as anxiety, depression, illness)						7					
Lack of options for older adults unable to live alone						9	3				
Lack of culturally appropriate health care services						10					
Teen pregnancy					10						
Secondhand smoke exposure									5		
Lack of citizen preparedness for extreme weather or natural disasters							10				
High cholesterol		8									
Students dropping out of school			5				9		4		
Lack of social or family support			6								
Lack of dental services that are low/no cost					4						

Appendix F - Key Findings: Community Health Concerns Survey

The Community Health Concerns Survey, as with any study or survey, has limitations. The sampling method used (a convenience sample) is not necessarily an accurate representation of the population, and can skew the results. While a probability or random sampling method would provide more valid results, such a survey would require substantial resources and be prohibitively expensive. However, several components of the data collection methodology used make the results useful for understanding the concerns of residents and people who work in the county:

1. Oversampling of racial and ethnic minority populations
Oversampling is an approach used to capture information on smaller populations that would not typically be adequately represented when sampling the population. For this survey, we oversampled racial and ethnic minority populations of Ramsey County, which allows a better understanding of diverse viewpoints.

2. Unforeseen challenges
No survey instrument is perfect and in the course of outreach in the community several unforeseen challenges to understanding the concerns of respondents were encountered. This experience was crucial for helping design future surveys that best capture the concerns of residents.

3. Community engagement
As part of this survey, outreach workers went out into the community to collect data on concerns of people who live or work in Ramsey County. In addition to the data collected, this face to face interaction was important for raising the profile of the department's mission and engaging key constituencies that do not ordinarily communicate with the department.

Appendix G - Action Team Information

The Community Health Improvement Plan (CHIP) is designed to be implemented in by community organizations and agencies throughout Ramsey County. Action teams will be the primary vehicle to bring individuals and groups together to achieve the goals identified in the Plan.

What:
Action teams will review and update the preliminary strategies and then develop work plans to implement final strategies which will achieve the goals outlined in the CHIP. Action teams will specify not only what will happen, but how, when, and by whom.

Who:
Action teams will be comprised of committed community members, including some who helped create the CHIP. Additional members with a strong interest in achieving the goals identified in the CHIP will be recruited.
Action teams will report their progress towards meeting the CHIP goals to the Saint Paul - Ramsey County Community Health Services Advisory Committee (CHSAC) on an annual basis. Progress and achievements will be shared with the broader community.

When:
Action teams will launch in 2014. Action teams will set their own timelines and meeting schedules.

Action Team Member Roles and Responsibilities

Action Team Leader

- Conduct team member orientation on the CHIP and action team charge
- Create agendas and facilitate meetings
- Guide team in strategy refinement and work plan development
- Facilitate development of an annual progress report
- Attend annual meetings with other action team leaders

Action Team Member

- Attend action team orientation
- Identify additional community initiatives or individuals working towards the same goals/objectives/strategies and create connections
- Participate in strategy refinement and work plan development
- Implement activities in work plan
- Identify current data sources or develop new data collection methods to measure progress towards meeting goals/objectives/strategies
- Assist in development of annual progress report

Action Team Support

- Help recruit additional team members
- Assist with agenda preparation, manage mailings, coordinate communications, take meeting minutes
- Provide subject matter expertise for each action team
- Recommend guidelines for action team meetings
- Schedule a minimum of quarterly meetings for up to two years

Appendix G - Action Team Information

What's a CHIP Action Team?
Action teams refine and implement the strategies in the Community Health Improvement Plan (CHIP). Action teams will:

- Identify what is currently happening in the community within the goal area;
- Join efforts and create connections with community partners, agencies or coalitions already doing related work;
- Refine or create new strategies;
- Create and implement a work plan to guide the implementation of selected strategies
- Identify or develop data sources to measure progress;
- Develop an annual progress report to identify accomplishments and progress toward goals.

What are the expectations of Action Team members?
Team members are expected to serve a term of at least two years, and to commit to the implementation of CHIP strategies and achievement of CHIP objectives. Job descriptions for Team Lead, Team Member and Support roles provide more detail.

What are the projected Action Team products and deliverables over time?
Action teams will produce final CHIP strategies, and a work plan, and will monitor its efforts through documented meeting agendas, meeting minutes, and the use of data to measure ongoing progress. Action teams will also develop an annual progress report to detail activity, accomplishments and progress toward goals.

How many Action Teams will there be and when will they be created?
An action team will be created for each CHIP goal area; there will be five. The action team member recruitment process is underway and at least one team is expected to convene in June of 2014.

How will diversity and community engagement be assured across the teams?
The CHSAC will provide oversight for the creation of action teams to ensure appropriate community representation.

Will all Action Teams move at the same pace?
Each action team will create its own operating guidelines and work at a pace that is conducive to achieving its objectives. Reports on each team's progress will be prepared at least annually and teams will be expected to remain active for at least two years. Some teams may remain active for up to five years.

How will team leaders be recruited and trained?
Team leaders will be identified by interests, expertise and current work in the community. Team leaders will receive an orientation by Saint Paul – Ramsey County Public Health (SPRCPH) staff prior to the launch of the teams.

Who will be available to provide support for the Action Teams?
SPRCPH staff will be assigned to each team to provide support and resources necessary for the team to be successful throughout its term. The description of Action Team Support provides more detail.

How will the work of the Action Teams be coordinated?
Action teams will have the opportunity to work collaboratively as desired and will meet jointly at least once (and perhaps annually) to share information, knowledge, challenges and successes with other teams. Department staff assigned to each team will help ensure coordination across teams and will create a centralized system of recording the activities and progress of all teams. The CHSAC will also serve as an informal "clearinghouse" of shared information about activities and accomplishments within each team.

How will the Action Teams communicate with existing coalitions to align efforts and capitalize on work already underway within the community?
Team members will be identified for recruitment in part based on their connection to and knowledge of work already in place in the community that relates to each goal area. Each team will be charged with identifying relevant initiatives and entities to communicate with, relevant data to be utilized, as well as a plan for coordinating its work with others.

How frequently will Action Teams meet?
Frequency of meetings and other operating decisions (such as the size of the team, preferred method of communication within the team, location of meetings, etc.) will be made by each team. It is anticipated that teams may choose to meet monthly, at least in the first year.

History of Revisions

Section	Date
Goal Two: Nutrition, Weight and Active Living	May 2015
Goal Three: Access to Health Services	May 2015
Goal Three: Access to Health Services	July 2015
Goal One: Social Determinants of Health	April 2016
Goal Two: Nutrition, Weight and Active Living	June 2016
Goal Three: Access to Health Services	August 2016
Goal Three: Acess to Health Services	October 2016
Goal Two: Healthy Eating, Active Living and Tobacco-Free Living	November 2016
Goat Three: Acess to Health Services	December 2016
Goal Four: Mental Health/Mental Disorders/Behaviorial Health	December 2018

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