



# Kandiyohi-Renville Community Health Improvement Plan

2015-2019

A plan for improving health, well-being  
and quality of life in our community.

December 2014

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# Kandiyohi - Renville Community Health Improvement Plan 2015-2019

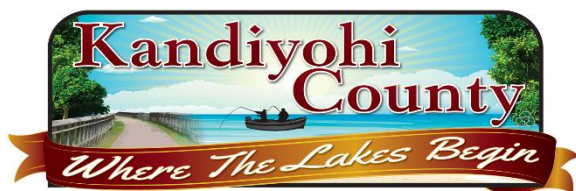
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## Table of Contents

	Page
Description of Kandiyohi and Renville Counties	6
Mission, Vision and Values	9
Community Health Improvement Process	11
Priority Issues	14
Implementation Plan	18
Alignment with State and National Priorities	30
Acknowledgements	32
Addendum 1: Forces of Change Brainstorming	33



Kandiyohi and Renville County Logos

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## Section 1

### Description of Kandiyohi and Renville Counties

This Community Health Improvement Plan covers the geographic area of Kandiyohi and Renville Counties. The counties are located in south western Minnesota sharing the northern border of Renville County and the southern border of Kandiyohi County. In January of 2013 Kandiyohi and Renville Counties merged their Community Health Boards. The agencies are combined on a governance level. Each agency continues to be located in their respective county seat. Each has separate administrative staff and separate budgets. Most of the programing is run separately except for Environmental Health staff who work cross-jurisdictionally. Public health leaders have agreed to continue to look for ways to increase efficiencies through collaboration and sharing of programs and services.

**Kandiyohi County** covers 862 square miles and has 42,410 residents. About half of those residents live in Willmar which is the county seat and largest city. The residents are 84% white and 11.4% Latino. There is also a population of East African refugees/immigrants which is reflected in the 3.3% Black population. Overall population growth has been slow over the past recent years. However, we are seeing growth in communities of color. We are also seeing a greater percentage of residents who are over age 65 (17.1%). 11% of the residents speak a primary language other than English in their homes. 88.8% have a high school diploma and 21.4% have a Bachelors' Degree. 73.5% of the people own their homes which have a median value of \$162,200 (\$30,000 below the state median value). Median household income is \$50,156. 12.9 % of the population (slightly higher than the state rate) live below the poverty level. A significant number of children are affected by poverty. 18% of the children live in poverty and 49% of the children received free and reduced lunch in 2012.



Kandiyohi and Renville Counties

Kandiyohi County has farm and agricultural land, lakes and a tourism industry. Medical facilities include four primary care clinics and a hospital which is city owned. Other industry and county assets include a large turkey growing and processing industry, Ridgewater Community college, MinnWest Technologies Campus which houses industry leading bio-technology companies and a Dream Technology Charter school.

**Renville County** covers 983 square miles and has a population of 15,156. The county seat is Olivia, a community of 2,484 people. 96.6 % of the residents are white, with 7.4% of those being Latino. English is the primary language. Spanish is spoken as a primary language in 6.6% of the residents' homes. The over 65 population is 20.2 % of the residents in comparison to the state which has 13.9% of its residents over 65. Renville County as well as other rural counties has shown a decrease in population of -3.6 % over the past 3 years. Significant educational influences include high school and college graduation rates that are below the state rate (college graduation rate is ½ of the state rate). While 79% of residents own their own homes, the median value is \$101,400 which is significantly less than the state average (\$194,300). The median household income is \$49,800 which is about \$10,000 below the state rate. 11% of the residents and 17.1% of the children live below the poverty level which is an ongoing concern.

Renville County's economy is known for agricultural innovations and seen genetics as well as many small farms and businesses. The county has one hospital which is county owned and 4 primary care clinics.

While the counties have many similarities there are also some distinct differences.

Comparison data between Counties and the State of Minnesota*			
Indicator	Kandiyohi	Renville	Minnesota
Population	42,410	15,158	5,420,380
Over 65 residents	17.1%	20.2%	13.9%
High School diploma	88.8%	88%	91.9%
Bachelor's Degree	21.4%	15.2%	32.2%
Own their homes	73.5%	79%	73%
Poverty Level	13.6/5	11.6%	11.5%

\*2013 US Census Estimates



## Health equity in Kandiyohi and Renville Counties

Health equity occurs when every person has the opportunity to realize their health potential without limits imposed by long standing conditions in the society that restrict health. Health equity means achieving the conditions in which all people have the opportunity to attain their highest possible level of health.

Known health inequities in our counties include our citizens who live in poverty. For both counties, 2013 data shows that over 30% of the population live under 200% of poverty level. Both counties have shown a steady increase of those living in poverty over the last 4 years. Our school population reflects the growing diversity in our community. 30 % of the children in our school districts are from/ represent communities of color. In Willmar, 7 % of the children are refugees.

Both counties have aging populations which are currently above the state average. Forecasts for our rural areas show that number increasing over the next years as the baby boomers age and retire. The fact that our counties are predominately rural also leads to inequities related to access: to health care, to healthy affordable foods and adequate transportation. In our continued planning for each area of priority, health equity and access to health care will be addressed by targeting vulnerable populations.



Seasonal Photos of Kandiyohi and Renville Counties

## Section 2 Mission, Vision and Values

### Our Mission

Kandiyohi-Renville Community Health Board leads efforts to promote a healthy and safe community, to prevent illness, disease and injury, and to protect and enhance the health of those who live, work, learn and play in our counties.

### Our Vision

Our vision articulates the kind of organization we want to become over the next five years.

**We aspire to excellence.** We will have a culture of quality improvement, implementing innovative practices and evidence based programs. Evaluation will be ongoing, used for program improvement, and shared with community partners. We will strive to meet the national public health standards and measures and achieve accreditation.

**We build bridges.** We will be connected with our community and work to sustain strong partnerships. We strive to integrate more public health programs.

**We tell our story.** We will have open communication with the public, the media, decision makers and community partners to create an awareness of the value and role of public health.

**We have sustainable and adequate funding.** We will implement strategies to develop and maintain sustainable funding to support core public health services and address local needs. We will have engaged and knowledgeable county leadership who support a strong public health infrastructure.

**We have a top-notch workforce.** Our staff will be focused, engaged and enthusiastic. Our workforce will have the depth of expertise and leadership needed to meet current and future public health challenges.

**We utilize technology to move us forward.** We will use technology and data to plan for and support core public health functions and performance management priorities.

## Our Values

The values we articulate and model set the foundation for our success as an organization. They represent what we believe will help us deliver superior services and provide a supportive and productive place to work.

**We have integrity.** Our behaviors are driven by our moral and professional values. We are sincere, fair, trustworthy and truthful. We treat co-workers and others fairly and with courtesy.

**We show respect.** We listen, are non-judgmental and seek to understand in order to respond to the needs of our residents, partners and communities.

**We work smart.** We are flexible, able to change our schedules and responses according to the situation. We are organized and proactive. We are hard-working, doing our job thoroughly and seriously and are committed to the work we do.

**We believe in partnerships.** We develop positive relationships and foster innovative solutions. We work together within our agencies, between groups, and with communities to achieve mutual goals. We create lasting change through collaborative efforts and capacity building.

**We are advocates.** We act as a voice for or on behalf of residents and communities to achieve their goals and to receive services. We empower people and communities to advocate for themselves.

**We are resourceful.** We are creative and knowledgeable, with the ability to find and use different resources to guide our agency, residents and communities.

**We are committed to quality work.** We question and challenge in order to promote service quality, measure results and prove our worth. We offer evidence based practices and programs.

## Section 3

### Community Health Improvement Process

The community health improvement process is a comprehensive approach to assessing community health and developing and implementing action-plans to improve community health through community member and partner engagement. Every Minnesota Public Health jurisdiction has a statutory responsibility to conduct a Community Health Assessment (CHA) at least every 5 years and to create a Community Health Improvement Plan (CHIP) based on that assessment. While many Minnesota hospitals also have this requirement, both hospitals in Kandiyohi and Renville counties were exempt from this requirement and were not involved in the Community Health Assessment. However, their participation was beneficial in the final evaluation and we look forward to a strong collaborative effort in the next planning cycle. The two distinct processes CHA and CHIP are very connected:

#### 1. The Community Health Assessment (CHA)

The Kandiyohi-Renville Health Assessment was prepared under a partnership between the Center for Small Towns at the University of Minnesota, Morris and the Kandiyohi-Renville CHB. The Health Assessment was organized into sections similar to the format used by the Minnesota Department of Health in 2012 MN Statewide Health Assessment:

- People and Place
- Water, Weather and the Air
- Roads, Highways and Bridges
- Healthy Living
- Opportunity for Health
- Chronic Diseases/Conditions
- Obesity
- Infectious Diseases
- Tick/ Mosquito Transmitted Disease
- Food/ Waterborne Illness, and
- Injury and Violence.



Jill Bruns, Director  
Renville County Public Health

#### Phase 1: Initial Planning Meetings

The Kandiyohi-Renville Public Health Advisory Committee established a data subcommittee to work with the Center for Small Towns to compile and critique data and assess for gaps. The subcommittee helped developed other parameters for

surveys and data gathering for community input from Kandiyohi and Renville Counties. This information has been presented to community groups, policy makers and students, and is currently available on each county's websites.

## Phase 2: Public Opinion Surveys

Community residents completed an opinion survey that provided a snapshot of the community's perceptions and opinions regarding health issues. The respondents were a representative mixture of age, race, income, and education in the counties. A convenience survey was distributed in different settings in the counties over a one month time period.

The survey respondents (240) reflected the residents of our county (73% white, 10% Hispanic and 8% black). 9% speak primarily Spanish in their homes and 8.4% speak Somali as their primary languages spoken at home. A little less than half reported incomes less than \$ \$40,000 (42%). 11% had not graduated from high school which similar to the counties' rate. The data that was gathered was used to help identify our top ten community health priorities.

## Phase 3: Other Community Input

The Public Health Advisory Committee compiled a "Strength and Assets Analysis" (see Addendum 1) of our communities, identifying resources that may be available to contribute to or support community health initiatives. The list included

- schools and colleges,
- human service type of organizations,
- parks and environmental resources,
- businesses and industries,
- cultural events and diversity,
- health care organizations and services,
- faith communities,
- clubs and organizations,
- recreation and
- gifts of individuals.

A diverse set of community stakeholders in both counties engaged in a "Forces of Change" analysis. This summary identified external factors and trends that have influenced health recently or may occur in the future. Opportunities (O) and threats (T) were identified for each of the forces that were identified:

- **Social** (T: increasing aging population, decline in rural population, decreased volunteerism, changing community norms regarding family structure, increase in racial diversity, etc.)



- **Legal** (T: abuse of alcohol, tobacco and other drugs, more government regulations and oversight etc.)
- **Economic** (T: lack of job opportunities that provide a living wage, affordable health care, higher cost of healthy foods, variable farm prices, lack of transportation, etc.)
- **Political** (O: good balance in power and political views, T: who is elected may heavily influence the political landscape, increasing % of children and elderly dependent on social programs, etc.)
- **Ethical** (O: having a reliable work force, faith communities have positive influence on social norms and community service, a challenge and opportunity to create better life balance for families, etc.)
- **Scientific** (T: increased costs of medical equipment and technology, the expense of unnecessary tests or pharmaceuticals, O: great opportunities in innovations etc.)
- **Environmental** (T: aging houses with high maintenance cost, lack of affordable quality housing, pollution in streams, O: abundance of space to grow, increase in recycling awareness, etc.)
- **Technological** (O: great equalizer with opportunity to bring jobs to the rural area, better health outcomes with electronic health records, improved access to specialties with telemedicine, T: stress of information overload etc.)

## Phase 4: Identify Top Issues

The Public Health Advisory Committee, Public Health and Human Services staff from both counties, and other community stakeholders reviewed the results of the Health Assessment, Opinion Surveys, Strengths and Assets, and Forces of Change Analysis to identify the top 10 health issues.



Group of People

## 2. The Community Health Improvement Plan (CHIP)

This plan is action-oriented and outlines the community health priorities (based on the community health assessment and community input.) The plan also includes how the priority issues will be addressed to improve the health of the community. Some partners are established and more are anticipated to be involved as time progresses.

This document presents the first Kandiyohi-Renville Community Health Improvement Plan which was developed by the Kandiyohi-Renville Public Health departments and key stakeholders and partners in the community. The plan was largely based on the results of the community health assessment. Kandiyohi-Renville Public Health and community partners followed the Mobilizing for Action through Planning and Partnerships (MAPP) framework to create the plan which included:

- Developing strategic issues based on the community health assessment findings;
- Prioritizing issues that need to be addressed in order to achieve the community health vision;
- Identifying overarching goals and strategies to accomplish those goals;
- Writing clear objectives and determining performance measure to monitor implementation and improvement; and
- Creating action plans that determine the steps to implement chosen strategies, who would potentially lead the implementation and the basic timeline for implementation.

The following organizations and community members are considered stakeholders and will be involved in the implementation of the Kandiyohi-Renville Community Health Improvement Plan: Kandiyohi and Renville healthcare and mental health providers, schools, daycare providers, faith community, media, businesses and farmers, law enforcement, service organizations, government and residents.

### Section 4: Priority Issues

The results of the community health assessment lead to the identification of health concerns and problems in Kandiyohi and Renville Counties. The Public Health Advisory Committee, Public Health and Human Services staff, and other stakeholders reviewed the results of the Community Health Assessment, Opinion Surveys, Strengths and Assets, and Forces of Change Analysis to identify the Top Ten Health Issues, in alphabetical order.

## Priority: Adolescent Health

A concern with adolescent health is the increasing number of youth engaging in sexual activity without protection resulting in sexually transmitted infections. The rate of chlamydia infections in Minnesota over the last recent years continues to rise and teens have a higher percentage of increase. The teen birth rate has consistently remained above the state average in Kandiyohi and Renville Counties. Teen mothers are less likely to receive prenatal care or graduate, and are more likely to live in poverty, have large families, and remain on government assistance.

## Priority: Aging Population / Chronic Diseases

By 2035, the projected over 60 year old population in Kandiyohi County is expected to be 32% of the total population while for Renville County, the projection is over 40%. This shift in demographics will slow the work force growth and increase the demand for government and other support services. Even though aging brings with it cumulative effects of chronic diseases, there are also prevention opportunities to improve or maintain health in this population.

## Priority: Alcohol, Tobacco and Other Drugs

While the rates for binge drinking in teenagers has shown a decline, there is still concern about teenage alcohol use and adult abuse. Smoking remains the leading cause of death in the nation and state, thus efforts need to continue to reduce smoking rates across all populations. Marijuana use and prescription drug abuse are emerging issues.

## Priority: Growing Diversity (Kandiyohi)

There is growing diversity, especially in Kandiyohi County. Cultural change can create apprehension and fear within a community. Racial and ethnic disparities in health status are well documented. Language barriers and unfamiliar medical practices and beliefs can result in a breakdown of communication and follow through. Disparity because of culture, ethnicity and religion affect health, wellbeing and especially mental health.



Ethnic Family Grouping



## Priority: Lack of Physical Activity

People of all ages from early childhood to elders are less active than recommended for optimal physical and mental health. When less physically active, individuals are more likely to develop heart disease, diabetes, high blood pressure, high cholesterol, and increased risk of a stroke. A unique barrier for residents are our extended winters. Regular physical activity can produce long term health benefits including adequate sleep, more energy, stronger muscles and bones, and less depression.

## Priority: Mental Health

Both Kandiyohi and Renville Counties have a higher rate of adults and children receiving mental health services than the state as a whole. Mental and emotional health struggles can place significant strains on relationships, affect the ability to learn, work and be physically active, and can lead to self-harm. There remains some stigma associated with these diagnoses.

## Priority: Motor Vehicle Injury (Renville)

Over the period from 2007-2013, there was a statistically significant disparity between Kandiyohi and Renville Counties concerning traffic fatalities per capita. Kandiyohi ranks in the top best 15 of Minnesota counties, whereas Renville County ranked 84th out of 87 counties. Renville County has an abnormally high traffic fatality per capita rate. Distracted driving is a recognized emerging issue.

## Priority: Obesity / Overweight

Obesity and overweight rates of adults and children have increased. Obesity leads to long-term health complications (heart disease, diabetes, depression, arthritis, some cancers, etc.) Nearly 60% of pregnant WIC participants in both counties are overweight or obese, along with 32% of WIC children age 2-5. Preventing obesity in children helps adolescents maintain a healthy weight into adulthood.



Children at Play

## Priority: Poor Nutrition

Poor nutrition affects our residents. Diets lacking adequate nutrients can lead to diseases, illnesses, and health problems. A large proportion of food consumed is high in added sugars, sodium, and fats and is not prepared from scratch. Food shelf usage

has increased in recent years. About 43% of food shelf patrons have children and 60% are from households with at least one working adult. Minnesota Kids Count data shows that 49% of children in Kandiyohi and 47.5% of children in Renville received free or reduced lunch at school. Barriers to food access exist throughout our counties.

## **Priority: Poverty**

Income is one of the strongest and most consistent predictors of health and disease. Research finds that people with higher incomes generally enjoy better health and live longer than people with lower incomes. People in poverty face conditions that lead to poor health including unsafe housing, lack of access to nutritious foods, less leisure time for physical activity, poorer education and more overall stress. In particular, the impact on children is concerning. “Not only do poor children have access to fewer material goods than rich or middle-class children, but also they are more likely to experience poor health and to die during childhood. In school, they score lower on standardized tests and are more likely to be retained in grade and to drop out. Poor teens are more likely to have out-of-wedlock births and to experience violent crime.” (The Future of Children, Princeton University)

## **Priority: Violence**

As a health issue, violence affects all aspects of life. Physical and mental health are nurtured and allowed to flourish in families and communities that are violence free. Acts of violence include child maltreatment, domestic and intimate partner violence, sexual violence, and youth violence. While overall crime rates remain fairly constant in the counties, the impact of interpersonal violence extends its reach across multiple generations of families, communities, and systems. Bullying was also cited as a growing concern.

## **Top Three Community Health Needs:**

From this list of top ten health issues affecting Kandiyohi and Renville counties, the Top Three Community Health Needs were identified to work on individually and collaboratively across multiple sectors in the community.

1. Obesity
2. Use and Abuse of Alcohol, Tobacco and Other Drugs
3. Mental Health

Through additional analysis by the Public Health management team, the top three priorities- obesity, use and abuse of alcohol, tobacco and other drugs, and mental health- were identified based on their significance, prevalence, and alignment with current agency capacity. Because of efforts focused on the new governance structure

of the Kandiyohi-Renville Community Health Board, the decision was also made to utilize existing partnerships in the selection of the most pressing needs to address for Community Health Improvement Plan. These partnerships include the Statewide Health Improvement Program (SHIP) Leadership Team, the Drug Free Community Coalitions and PACT For Families Local Advisory Committee for Mental Health.

The top three community health needs are all current pressing social and health issues in our communities. It is difficult to look at them as isolated issues. For instance, there are strong correlations between mental health and ATOD or obesity and mental health. The leading causes of death in the national remain tobacco use and obesity. Mental health is an underlying issue for many with health issues. Many adults and children are diagnosed with co-morbidities related to these three community health needs.

## Section 5: Implementation Plan

### Health Focus Area #1: Obesity

#### Why is Obesity included in the Kandiyohi-Renville Community Health Improvement Plan?

- Poor nutrition and lack of physical activity can lead to overweight and obesity, putting people at risk for chronic health conditions including diabetes, cardiac disease, hypertension, sleep apnea, depression, respiratory problems, joint problems and even some cancers. Along with health effects, obesity may have social and emotional ramifications.



Healthy Food choice

- In the most recent measures, roughly 63% of Kandiyohi and Renville County's population is overweight or obese, fairly equal to the Minnesota rate.
- According to CDC, one measure of nutrition is fruit and vegetable intake. 33% of Kandiyohi and Renville County teenagers report having only 1 to 3 servings of fruits and vegetables each week. Another 7.6% report no fruit consumption each week and 11% report no vegetable consumption each week. (MN Student Survey)

- In 2010, more than 10 percent of Minnesota household struggled to afford enough to eat. Of these, just over 4% were categorized as “very low food security” meaning they sometimes skimped on meals, or completely skipped them, for lack of money. Because of the economic challenges of single parenting, single women with children are nearly twice as likely to experience food insecurity as married couples with children. Food insecurity is greater in rural Minnesota, some rural counties have food insecurity rates of 12 to 14%.
- Regular physical activity has been shown to reduce morbidity and mortality from many chronic diseases and increase quality of life. Kandiyohi and Renville County residents suffer from chronic illnesses that can be prevented or improved through regular physical activity. About 16% of Kandiyohi and Renville County adults report levels of activity report no regular exercise.
- According to the 2013 Minnesota Student Survey, 16% of Kandiyohi and Renville County teenagers in 9th and 11th grades, watch TV shows or movies, play video games or use phone or phone apps 3 to 5 hours a day. In the same age group, nearly 9% report doing those activities 6 or more hours each day. The amount of time spent watching television is associated with obesity in both children and adults. (Surgeon General Vision for a Healthy and Fit Nation)



School Lunch-Willmar Public Schools



Bicycles in Bike Rack



**Goal #1: Residents of Kandiyohi and Renville Counties will have increased access to nutritious foods.**

Strategies for Goal #1			
	Strategy	Timeframe	Current and Potential Partners/ Stakeholders
1	Promote Healthier Food in Communities through a. Community Garden organizing b. Farmer's Markets c. Healthy options in restaurants d. Convenience store options e. Access to food and groceries f. Healthier concessions at worksites g. Education about healthy food options (increased fruits and vegetables, reduced sodium, trans-fat and sugars)	2015-2018	Local Growers and Farmers Grocery and Convenience Stores UMN Extension Public Health Worksites Schools Economic Development Renville County Healthy Choice Collaborative Kandiyohi County Community Owned Grocery (COG) Faith community Policymakers
2	Encourage Healthier Food for Kids at School and Child Care through a. Healthy concessions b. Farm to School c. Involvement in School Wellness Teams	2015-2018	Schools Local Growers and Farmers Public Health Parent groups Civic organizations
3	Increase Support of Breastfeeding through a. Lactation consultants b. Policy and Education for Child Care / Day Care on breastfeeding support c. Partnership with health care providers on consistent message d. Lactation rooms at worksites	2015-2018	Healthcare systems Day Care Providers Public Health Worksites
4	Identify and address the health equity and cultural gaps	2015-2018	All partners and stakeholders

**Goal #2: Kandiyohi and Renville County residents will have increased opportunities for physical activity.**

Strategies for Goal #2			
	Strategy	Timeframe	Current and Potential Partners/ Stakeholders
<b>1</b>	Making physical activity the norm in communities through <ul style="list-style-type: none"> <li>a. Prairie View Recreational Trail development</li> <li>b. Yellow Bike Project in Willmar</li> <li>c. Bike Rodeos</li> <li>d. Complete Streets</li> <li>e. Worksite incentives for increased physical activity</li> </ul>	2015-2018	Economic Development Trail committee Law Enforcement Planning and Zoning Worksites Public Health Mid-MN Development Commission Policymakers
<b>2</b>	Increase Active School Days through <ul style="list-style-type: none"> <li>a. Safe Routes to School</li> <li>b. Active Classrooms</li> <li>c. Active Recess</li> <li>d. Involvement in School Wellness Teams</li> </ul>	2015-2018	Local school districts—school administrators, PE and health teachers Law Enforcement Public Health
<b>3</b>	Identify and address the health equity and cultural gaps	2015-2018	All partners and stakeholders



Elderly Couple walking

## How will we know if we are making a difference?

Short Term Performance Measures for Health Focus Area #1: Obesity		
Short Term indicators	Source	Frequency
By 2019, increase the number of adults that engage in 30 minutes of moderate physical activity five days or more per week from by 5 %	Regional Health profile/Community Health Survey	Every 3 years
By 2019, decrease the number of adults who consume 3 or less vegetable servings in the past 7 days by 5%	Regional Health Profile/ Community Survey	Every 3 years
By 2019, increase the percentage of WIC infants breastfeeding at 3 months by 5%	WIC data	Annual
By 2019, decrease the number of adolescents that engage in 60 minutes of moderate physical activity, 2 days or less by 5%	MN Student Survey (5th, 8th, 9th, & 11th grade students)	Every 3 years
By 2019 decrease the number of adolescents who consume 3 or less vegetable servings in the past 7 days by 5%	MN Student Survey (5th, 8th, 9th, & 11th grade students)	Every 3 years

Long Term Performance Measures for Health Focus Area #1: Obesity		
Long Term indicators	Source	Frequency
By 2019, decrease the percentage of overweight and obese adults by 1% per year	Regional Health Profile/Community Health Survey	Every 3 years
By 2019, decrease the percentage of overweight and obese adolescents by 1% per year	MN Student Survey (8th, 9th, & 11th grade students)	Every 3 years

## Health Focus Area #2: Use and Abuse of Alcohol, Tobacco and Other Drugs (ATOD)

### Why is Alcohol, Tobacco and Other Drugs included in the Kandiyohi-Renville Community Health Improvement Plan?

- Tobacco continues to be a devastating health and economic burden on Minnesota. In Kandiyohi County 20% of adults smoke while 16% smoke in Renville County. Despite a decline in smoking among younger students, a surprisingly large percentage of 12th graders in Renville County reported smoking in 2010 (42%).
- 11.2% of Kandiyohi and Renville County's pregnant women smoke resulting in risk for low birth weight babies and health risks to the babies after pregnancy. This compares with 10.6% for the state. (MDH, MN Birth Records)
- Alcohol can be consumed appropriately and responsibly, as can prescription medications. Problems occur when these substances are over-consumed, used inappropriately or combined with other substances or with risky activities (like driving while impaired or engaging in unsafe sexual activity). According to 2012 Behavioral Risk Factor Surveillance System (BRFSS) estimates for Kandiyohi and Renville Counties, 6% of adults are heavy drinkers and 20% are binge drinkers.
- About 75% of 11th graders in Kandiyohi and Renville Counties report not drinking any alcohol in the past 30 days. Of those that do drink the majority get alcohol by having someone else to buy for them, from friends, and at parties. Females were more likely than males to buy alcohol from liquor or convenience stores.
- 66% of all fatal crashes in Minnesota were in rural areas. The top four causes were speed, driver inexperience, inattention and chemical impairment.





**Goals: Reduce alcohol abuse and tobacco use and exposure in  
Kandiyohi and Renville Counties.**

Strategies for Goals			
	Strategy	Timeframe	Current and Potential Partners/ Stakeholders
1	Families living free of secondhand smoke through a. Smoke free multiunit housing b. Education about benefits of smoke-free housing	2015-2018	Housing Redevelopment Authority (HRA) Apartment owners / managers Renville Alliance for the Prevention of Alcohol and Drugs (RAPAD) Kandiyohi County Drug Free Communities Coalition American Lung Association
2	Update policies and ordinances such as a. Update county Tobacco Ordinances b. Promote Worksites with smoke free grounds	2015-2018	Law Enforcement County attorneys Public Health Renville Alliance for the Prevention of Alcohol and Drugs (RAPAD) Kandiyohi County Drug Free Communities Coalition American Lung Association
3	Decrease motor vehicle crashes and injuries related to ATOD through education, enforcement, and policy change.	2015-2018	Kandiyohi and Renville Safe Roads Coalitions Towards Zero Death Public Health Law Enforcement Local bars and restaurants PACT for Families
4	Identify and address the health equity and cultural gaps	2015-2018	All partners and stakeholders

## How will we know we are making a difference?

Short Term Performance Measures for Health Focus Area #2: Use and Abuse of Alcohol, Tobacco and Other Drugs (ATOD)		
Short Term indicators	Source	Frequency
By 2019 all of the communities in our counties will have updated Tobacco ordinances	County Board Minutes	Every 3 years
By 2019 5 new businesses will develop worksite wellness plans with smoke free grounds	SHIP evaluation data	Every 2 years
By 2019, 75% of multi-unit housing with children will be smoke free	HRA SHIP American Lung Association	Every two years
By 2019 children in foster care will live in smoke free homes	Local Human Services data	Every 2 years
By 2019 decrease the number of 8 <sup>th</sup> graders who try alcohol once or twice by 5%	MN Student Survey (8th, 9th, & 11th grade students)	Every 3 years
By 2019 decrease the number of 11 <sup>th</sup> graders who try Marijuana by 5%	MN Student Survey (8th, 9th, & 11th grade students)	Every 3 years

Long Term Performance Measures for Health Focus Area #2: Use and Abuse of Alcohol, Tobacco and Other Drugs (ATOD)		
Long Term indicators	Source	Frequency
2019 will see a 1% decrease in alcohol related motor vehicle accidents	MN DOT	Every 3 years
By 2019 will see a decrease of 5 % in the number of children starting to use alcohol	MN Student Survey (8th, 9th, & 11th grade students) Share Survey	Every 3 years

### Health Focus Area #3: Mental Health

#### Why is Mental Health included in the Kandiyohi-Renville Community Health Improvement Plan?

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 nation.



Person Sitting Alone

Individuals with serious mental illness die an average of 25 years earlier than those without mental illness. Minnesota Health Care Program data found that Minnesotans with serious mental illness do not live past an average age of 58, while those without mental illness live to an average age of 82.

Mental health issues affect every day functioning and place significant strains on relationships and families, ability to work, and lead to self-harm. Data collected from our Community Survey showed that 46% of respondents identified mental health as a significant problem. While 27% reported having trouble accessing mental health services, residents in both counties receive mental health services at a rate higher than the state.

The most common mental health issue is depression. Depression and anxiety affect ability to work and be active, the quality of parenting, and they disrupt connections to helpful social supports. Depression affects all age groups income levels and races and cultures. There is data to show women who are most at risk are poor, single and young. Children's Defense Fund – Minnesota 4 [www.cdf-mn.org](http://www.cdf-mn.org)



Middle School Boy

#### Supporting data

- Adult rate per 10,000 capita of those receiving mental health services: Kandiyohi 476, Renville 374, Minnesota 364.
- Child rate per 10,000 capita of those receiving mental health services: Kandiyohi 753, Renville 653, Minnesota 437. (Minnesota Department of Health data)

- 44% of females and 19% of males in grades 8 to 11 reported feeling trapped, lonely, depressed or hopeless about the future (2013 Minnesota Student Survey)
- 6% of females in 8 and 9th grade have actually attempted suicide. (2013 Minnesota Student Survey)
- 20% of females in grades 8 to 11 had thoughts of ending their life in the past year. (2013 Minnesota Student Survey)
- Approximately one in ten new mothers in Minnesota experiences serious depressive symptoms in the year of her child's birth. Children's Defense Fund— Minnesota 4 [www.cdf-mn.org](http://www.cdf-mn.org)
- Forty-four percent of the caregivers in the Minnesota Family Investment Program (MFIP) families had a diagnosed mental health disorder in the last three years Children's Defense Fund—Minnesota 4 [www.cdf-mn.org](http://www.cdf-mn.org)
- Elderly depression is less likely to be reported and treated and more often results in suicide than other age groups (Mayo Clinic Proceedings Volume 70 issue 10)
- According to 2012 estimates, Kandiyohi County is home to 825 older adults with Alzheimer's disease or related dementia. About 125 of them live alone. (ACT on Alzheimer's Willmar Area) Both counties have active Alzheimer's coalitions.
- Kandiyohi has a population of over 1000 refugees from Somalia and other war torn countries. While there is no data to show the number of refugees in our counties with mental health needs, there is Minneapolis data that showed extremely high rates of psychosis, Post-Traumatic Stress Disorder (PTSD) and depression among young Somali men and attributed it to war trauma experienced in childhood, early malnutrition from famines and head trauma. (Community-University Health Care Clinic, University of Minnesota Medical School, 2001 Bloomington Avenue South, Minneapolis, MN 55404, USA. [kroll001@umn.edu](mailto:kroll001@umn.edu))
- Although military members comprise less than 1 percent of the U.S. population, veterans represent 20 percent of suicides nationally. Each day, about 22 veterans die from suicide. (U.S. Department of Veterans Affairs,



Mother and Crying Baby

Mental Health Services, Suicide Prevention Program. (2013). Suicide Data Report, 2012. Retrieved March 5, 2013, from <http://www.va.gov/opa/docs/suicide-Data-Report-2012-final.pdf>

**Goal 1: Identify unmet needs related to mental health and create community recommendations.**

Strategies for Goal #1			
	Strategy	Timeframe	Current and Potential Partners/ Stakeholders
1	Gather community partners to review relevant data	2015-2018	PACT For Families Children's Mental Health Collaborative Kandiyohi and Renville Veterans Administration Rice Hospital, Rice Institute RC Hospital & Clinics Affiliated community Medical Center Family Practice Medical Center Woodland Center Mental Health Services Lutheran Social Services Kandiyohi and Renville County Alzheimer's Coalition Kandiyohi and Renville residents Public Health
2	Present information to the county boards regarding unmet mental health needs in our counties	2015-2018	
3	Develop strategies to address the identified gaps including health equity and cultural mental health issues.	2015-2018	
4	Identify and address the health equity and cultural gaps	2015-2018	All partners and stakeholders

## How will we know we are making a difference?

Short Term Performance Measures for Health Focus Area #3: Mental Health		
Short Term indicators	Source	Frequency
By December 2015 a Community Mental Health Coalition will convene	PACT for Families data	annually
By December 2015 the Coalition will present local data to the county commissioners and other local decision makers	County Board Minutes	Annually
By 2016 the Coalitions will be involved in developing and maintaining a plan for meeting mental health needs in our community	Local Advisory Council Minutes	Every 3 years

Long Term Performance Measures for Health Focus Area #3: Mental Health		
Long Term indicators	Source	Frequency
By 2019 see a decrease in the number of students who report a significant problem with feeling trapped, lonely, blue, depressed or hopeless about the future by 5 %	MN Student Survey (8th, 9th, & 11th grade students)	Every 3 years
By 2019, see a decrease people reporting feeling sad or having lost interest in things they care about by 5%	Regional Health Profile/ Community Survey	Every 5 years

## Section 6: Alignment with State and National Priorities

**Goal: Kandiyohi and Renville Counties will have increased access to nutritious foods.**

Strategies for Goal			
	Strategy	Healthy MN 2020	National Prevention Strategies
1	Healthy Food in Communities	x	x
2	Healthier Food for Kids at School and Child Care	x	x
3	Supporting breastfeeding	x	x
4	Identify/address health equity and cultural gaps	x	x

**Goal: Kandiyohi and Renville County residents will have increased opportunities for physical activity**

Strategies for Goal			
	Strategy	Healthy MN 2020	National Prevention Strategies
1	Making physical activity the norm in communities	x	x
2	Active School Days	x	x
3	Identify/address health equity and cultural gaps	x	x

**Goal: Reduce alcohol abuse and tobacco use and exposure in Kandiyohi and Renville Counties**

Strategies for Goal			
	Strategy	Healthy MN 2020	National Prevention Strategies
1	Families living free of secondhand smoke	x	x
2	Update policies and ordinances		x
3	Decrease motor vehicle crashes and injuries related to ATO		x
4	Identify/address health equity and cultural gaps	x	x

**Goal: Identify unmet needs related to mental health and create community recommendations**

Strategies for Goal			
	Strategy	Healthy MN 2020	National Prevention Strategies
1	Gather community partners to review relevant data		x
2	Present information to the county boards regarding unmet mental health needs in our counties	x	x
3	Develop strategies to address the identified gaps including health equity and cultural mental health issues.	x	x

Healthy Minnesota 2020

<http://www.health.state.mn.us/healthymnpartnership/hm2020/>

National Prevention Strategies 2011

<http://www.surgeongeneral.gov/initiatives/prevention/strategy/>



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### **Kandiyohi-Renville Public Health Advisory Committee**

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- Shirley Dove, Morton City Administrator
- Alma Gasca, Community Advocate
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- Michele Hagen, RN, RC Hospital & Clinics
- LaMont Jacobson, Renville County Commissioner
- Diane Johnson, RN
- Kathryn Kelly, Ed.D, Education Faculty Southwest State University
- Harlan Madsen, Kandiyohi County Commissioner
- Jan Melberg, Agriculture Business
- Sandy Miller, RN,
- Lucio Minces, MD, Affiliated Community Medical Center
- Kelly Sing, Rice Memorial Hospital
- Will Smith, RPh, Cub Pharmacy
- John Stahl, Renville County Commissioner
- Ann Stehn, RN, PHN, Kandiyohi County Health & Human Services Director

### **Kandiyohi-Renville Community Health Board**

### **Kandiyohi-Renville Statewide Health Improvement Program Community Leadership Team**

### **Kandiyohi County Achieve Group**

### **RC Hospital Foundation Board**

## Addendum 1

### Forces of Change Brainstorming

Social Forces of Change Brainstorming		
<i>Forces</i>	Threats Posed	Opportunities
<b><i>Social</i></b>	Disparity in incomes	Great place to raise families
	Aging populations	Increased educational opportunities regarding issues with diversity, aging
	Declining population	Promote overall stress reduction
	Less family supported activities	Promote safety and having less crime
	Too many pulls on family time	Engage others in supporting families
	Decreased volunteerism	
	Degree of racial diversity and racism	
	Different family systems / changing community norms	
		Social Media

Legal Forces of Change Brainstorming		
<i>Forces</i>	Threats Posed	Opportunities
<b><i>Legal</i></b>	Seeing increases in chemical abuse (alcohol, tobacco and other drugs)	Support our strong law enforcement
	People not informed about new rules and laws	Support youth prevention efforts like RAPAD

Economic Forces of Change Brainstorming		
<i>Forces</i>	Threats Posed	Opportunities
<b><i>Economic</i></b>	Health and wellbeing of single parent households	Build on strong ag base
	Variability in farm prices	Encourage farmers markets and growing own gardens
	Lack of job opportunities	Cheaper living here (housing, taxes, eat at home)
	Affordable health care	
	Cost of transportation	
	Cost of healthy foods	
	Big disparity between "haves" and "have nots"	
	New jobs are lower paying	
	High rate of child poverty	

Political Forces of Change Brainstorming		
<i>Forces</i>	Threats Posed	Opportunities
<b><i>Political</i></b>	Lack of funding for many programs	Good balance in political views – not so politically set
	Affordable Care Act	Encourage Affordable Care Act for persons without health care
	Who is elected – can change our direction	Give Affordable Care Act time to work
	High percentage of children & elderly counting on social programs	
	Belief that charitable organizations will kick in	
	Closing / merger of churches	

Ethical Forces of Change Brainstorming		
<i>Forces</i>	Threats Posed	Opportunities
<b><i>Ethical</i></b>	Work ethic and work force, especially in long term care	Churches are often the center of cultural movements over time
	Rethinking of work values – Millennials vs Gen X vs Boomers	Waiving of fees for the lower income – happening in schools now
	Churches are main influence in many local decisions and activities	Creating a better balance for working families between home community and career
	Affordable Care Act policies not covering all services and providers – rationing?	

Scientific Forces of Change Brainstorming		
<i>Forces</i>	Threats Posed	Opportunities
<b><i>Scientific</i></b>	Increased costs of health care	Ag innovation is predominant in Renville County – capitalize on it
	Increased costs of equipment and technology	New hospital being built – have a say in what is provided
	Unnecessary use of technology and tests	Health related research coming to Renville County
	Unnecessary use of pharmaceuticals	
	Synthetic drugs available on street	
	People not understanding prescription and illegal drug risks	
	Genetically modified seeds – controversy over safety versus production	

Environmental Forces of Change Brainstorming		
Forces	Threats Posed	Opportunities
<b>Environmental</b>	Aging Houses, especially for elderly and young families moving into poor housing	We have space to grow!
	Affordable quality housing	Great outdoors and space to play and be active
	Rentals for families	County park system is under developed
	Increased chemical use in farming	More awareness of environment and recycling
	EMS has seen increase in chemical spills / incidents	
	Pollution in streams, rivers, ditch systems	
	Assisted living is good but not in every town	
	Climate Change	
	Invasive species in lakes and rivers	

Technological Forces of Change Brainstorming		
Forces	Threats Posed	Opportunities
<b>Technological</b>	Information overload – too much info	Great equalizer – access to information, products, services
	Electronic health records – expense and security risks	People can live here and work at home
	IPads being used at schools	Attract business with our positives of rural living
	Less need for unskilled labor with technology	Educational opportunities for all ages
	Easier access to professionals online -- outsourcing	Telemedicine can be used more and to our advantage
	Unknown impact of increased use of technology on children	Information at finger tips Children more connected to parents