Community Health Improvement Plan

2020-2024

Southwest Health & Human Services

Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties

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Southwest Health and Human Services (SWHHS) Community Health Improvement Plan was approved and adopted on December 18, 2019 by the Southwest Health and Human Services Community Health Board.

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SWHHS Community Health Board Chair, Commissioner Sherri Thompson

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Community Health Improvement Plan

Executive Summary

The Southwest Health and Human Services (SWHHS) Community Health Improvement Plan (CHIP) is a long-term plan that identifies health priorities, goals, objectives and action steps to improve the health of our communities. A Community Health Assessment (CHA) was completed in early 2019 and that information in addition to a regional quality of life survey and input from SWHHS staff and community partners, helped us devise the CHIP.

In Minnesota, CHIPs are developed for the geographic regions covered by Community Health Boards (CHBs). By law, every Minnesota CHB must submit a CHIP to the Minnesota Department of Health every five years. SWHHS covers six counties in Southwest Minnesota: Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock.

73,999
Population

42.7
Median Age

Income

- **11.3%** - Residents living below 100% of the Federal Poverty Level ($12,140 for 1st person + $4,320 for each additional person)
- **$52,838** - Median Household Income
- **30.9%** - Population below 200% of Federal Poverty Level ($24,280 for 1st person + $8,640 for each additional person) (1) (2)

Education among Residents Ages 25+

- **9.5%** - No high school diploma
- **35.5%** - High school diploma (include GED)
- **33.1%** - Some college or Associate's degree
- **16.4%** - Bachelor's degree
- **5.5%** - Advanced degree (2)

Language

- **5.1 % -** Language other than English spoken at home (2)

Race

- **1.3%** - Non-Hispanic American Indian and Alaska Native Alone
- **2.3%** - Non-Hispanic Asian Alone
- **1.7%** - Non-Hispanic Black or African American Alone
- **1.0%** - Non-Hispanic Two or More Races
- **89.3%**- Non-Hispanic White Alone (2)

Ethnicity

- **3.6%** - Hispanic Origin of any Race (2)

National Origin

- **4.1%** - Foreign Born (2)

Gender

- **49.8%** - Male
- **50.2%** - Female (2)

*Other genders not available in US Census Data

SWHHS led the CHIP process and identified Mental Health as the top priority area for the plan.

SWHHS Mission: we are a multi-county agency committed to strengthening individuals, families, and communities by providing quality services in a respectful, caring and cost-effective manner.

Planning Process

Community Health Themes and Rankings

Multiple methods were used to identify the top health issues in the SWHHS counties. SWHHS staff worked to identify health concerns by topic area through data collection and review. This information was pulled from local, county, regional, and state-level data for all six counties along with comparison data from state or region as available and compiled into the SWHHS CHA report. (3) Additional data was gathered from hospital community health needs assessments at Avera, Sanford, Hendricks Hospital, United Community Action Partnership 2018 Community Needs Assessment and city comprehensive plans in Luverne, Redwood Falls, and Marshall and county comprehensive plans.

Early in the process staff met with hospital staff in eight of the nine area hospitals. All of the hospital staff echoed that mental health was a main concern. Hospitals were most concerned about the lack of capacity to hold a patient until they could be placed in a mental health facility. None of the hospitals have rooms equipped with the special needs of mental health patients which can impact the safety of patients and hospital staff.

In the summer of 2017, SWHHS contracted with Wilder Research to conduct a community health needs assessment to identify the health needs and assets of prominent cultural groups in the six-county region. Wilder Research conducted five focus groups with four cultural communities in the Southwest region: American Indian (Lower Sioux), Hmong, Latino, and Somali.

In addition to the data collection and review, in May of 2017, SWHHS staff invited community partners from the Lower Sioux Indian Community, Redwood Area Hospital and a School Board member from Westbrook-Walnut Grove to join a Mobilizing for Action through Planning and Partnership (MAPP) training. MAPP is a community-driven strategic planning process for improving community health. After the training, the LiveWell Steering Committee was created.

The first few meetings that LiveWell conducted was to determine their mission and vision.

Mission - LiveWell is a community-wide partnership focused on enhancing all areas of health and well-being for all those that live, learn, work, and play in Redwood County.

Vision - Facilitate a process to help communities prioritize health issues and disparities, identify resources and take action.

Along with the mission and vision, values describe how LiveWell operates; they are the underlying assumptions of the work.

Sustainability - The capacity for our efforts and initiatives to be maintained; the endurance of our systems and processes over time.

Unity/Collaboration - The joining together of community partners taking action towards producing and creating successful health outcomes.

Holistic Approach - Looking at how decisions will impact the interdependent parts of mind, body, and spirit when approaching the health and wellbeing of individuals and the community.

Inclusion - The act or practice of incorporating input from individuals and communities to develop an overall strategic plan for health. To value differences and celebrate the diversity of all.

Communication - The transparent and open dialogue with individuals and the community on all levels of health planning.

Equity - A state where all individuals and communities have the opportunity to reach their highest potential.

Through many LiveWell meetings and four MAPP assessments, the top 20 health priorities were identified. One of the assessments included a quality of life survey conducted in the summer of 2018 where 649 community members participated. A modified Hanlon method was used to develop the top 20 health priorities which included information from LiveWell's quality of life survey (Appendix B), which ranked health problems. The second component that produced the size score came from data collected from various sources on health topics compiled in the CHA. The last component was the seriousness score where the LiveWell Steering Committee reviewed a set of five two-point questions to determine seriousness. Those three scores were added together with the highest scored health issues becoming the top 20 health priorities in Redwood County (Appendix D).

After the top 20 health priorities were identified, two community meetings were held in Redwood County, one in Redwood Falls and one in Walnut Grove with a total of 28 community members participating. At these meetings, round table discussion about the data associated with the top twenty

priorities was presented in order to narrow down the number to the top ten health priorities. After the discussion, ten votes per person were given out in the form of dots. The dots were placed by the health issue the community member felt had the highest priority. Those with the most dots became the top ten health priorities for Redwood County.

A slightly different process was used in determining the top ten health priorities in Lincoln, Lyon, Murray, Pipestone, and Rock counties. A quality of life survey was conducted in partnership with Avera Marshall from December 2018 to January 2019 where 1,206 community members participated in the five counties (Appendix C). Information from the quality of life survey along with data from various data sources was used in determining the top 20 health priorities.

When looking for a community group that covers Lincoln, Lyon, Murray, Pipestone, and Rock counties the group felt the Statewide Health Improvement Partnership (SHIP) Community Leadership Teams (CLT) would fit the best. Their mission is *Enhance health and well-being through increased consumption of healthy foods, increased physical activity and reduced use and exposure to tobacco.* Their vision is *Building healthy communities by encouraging healthy lifestyles*. Their vision statement is very similar in focus to that of LiveWell's.

SWHHS did a prioritization activity with our northern and southern SHIP CLTs, Focus (SWHHS Supervisor team) and our Public Health staff (Appendix E). Each attendee was given a worksheet with the top issues that emerged in the Quality of Life survey. The participants were asked to examine each issue and rank the top three issues that could be addressed based on each criterion if that criterion was the only one used. After a presentation, each person completed the worksheet. Top priorities were ranked on a three-point scale with 3 as the top priority, 2 as the second-highest priority, and 1 as the third-highest priority and others scored as zero. Using this scale, all participant's priority scores were combined and summed and then presented to the group for discussion. Those with the highest priority scores became the top ten health priorities.

Top Ten Public Health Concerns by Topic Area

The topics on the next page represent the results of the community ranking.

SOUTHWEST HEALTH & HUMAN SERVICES

2019 LINCOLN, LYON, MURRAY, PIPESTONE & ROCK COUNTIES TOP 10 HEALTH CONCERNS

#1 Mental Health

#2 Tobacco & e-Cigarette Use & Exposure

#3 Lack of Physical Activity

#4 Lack of Healthy Food

#5 Obesity

#6 Dental Issues

#7 Child Abuse

#8 Aging Problems

#9 Drug Related Illness & Death

#10 Unhealthy Environment

LiveWell

Building Healthy Communities

2019 REDWOOD COUNTY TOP 10 HEALTH CONCERNS

#1 Mental Health

#2 Child Abuse

#3 Suicide

#4 Lack of Healthy Food

#5 Health Care Worker Shortage

#6 Child Care Access

#7 Drug Related Illness & Death

#8 Tobacco & e-Cigarette Use & Exposure

#9 Lack of Physical Activity

#10 Dental Issues

Community Health Priority Area

The SWHHS CHIP was developed over a period from September-December 2019 using findings from the CHA and the key informant interviews/rankings.

During this time LiveWell Steering Committee members gave input on:

- What current prevention work was focused on the issue?
- What resources were currently available?
- Who in the community would support this work?
- What potential barriers are there to addressing the issue?
- What are your initial thoughts about goals or strategies that may be developed around this strategic issue?

The information provided by the community was the start of research done around prevention strategies.

Anna Lynn, Mental Health Promotion Coordinator from the Minnesota Department of Health was utilized as a topic expert. She provided information on ongoing efforts and a list called *Specific Mental Health Promotion and Prevention Examples* along with *Mental Health and Well-being Activity Matrix: Examples of Public Health Related Activities*.

The information from the community and Anna Lynn was compiled for the LiveWell Steering Committee to review. Much of what was on the list were things that the LiveWell members thought we could do, and collectively the list was very long. The information was given back to the LiveWell Core Team to narrow down the strategies to a more manageable list. Priority one was developed with this goal in mind. Prevention starts with awareness and understanding of the stigma around mental illness.

The SWHHS CHIP workgroup and program staff reviewed the first priority. They also selected the final priority because of multiple conversations throughout the community on what causes health and well-being. From there they developed specific objectives, strategies, and action items for the priority area.

The Community Health Assessment and Community Health Improvement Plan Workgroup Members

- Ann Orren, Community Public Health Supervisor
- Carol Biren, Public Health Division Director
- Marie Meyers, Nursing Supervisor
- Michelle Salfer, Public Health Program Specialist
- Tanlee Noomen, Health and Human Services Aide

A special thank you to Linda Bauck-Todd, Minnesota Department of Health Nursing Consultant, Ann March, Minnesota Department of Health Public Health Assessment Planner, Ann Kinney, Minnesota

Center for Health Statistics Senior Research Scientist and Anna Lynn, Minnesota Department of Health Mental Health Promotion Coordinator for assistance throughout the CHA and CHIP development processes.

Thank you also to LiveWell Core Team, Stacey Heiling, CarrisHealth-Redwood; Kara Siegfried, Lower Sioux Indian Community; Darin Prescott, Lower Sioux Community Health and Maydra Maas, Citizen at Large. Thank you also to LiveWell Steering Committee members, Northern CLT and Southern CLT members.

Action Plan Format

The rest of the CHIP document is organized by the priority area of Mental Health. The section includes several goals with objectives and strategies. Below are the definitions of key terms used in these sections:

Priority Underlying challenges that need to be addressed to achieve our vision

Goal Answers the question "What do we want to achieve by addressing this priority?"

Objective is a measurable outcome that the community wants to achieve by focusing on a particular goal.

Strategy Answers the question, "How do we want to achieve our goal? What action is needed?"

Action plan is a document that includes tactics that describe who, what, when, where, and how activities will take place to implement a strategy.

Baseline At the start of the project, data is collected to determine what difference has been made by measuring the same data set at the end of the project.

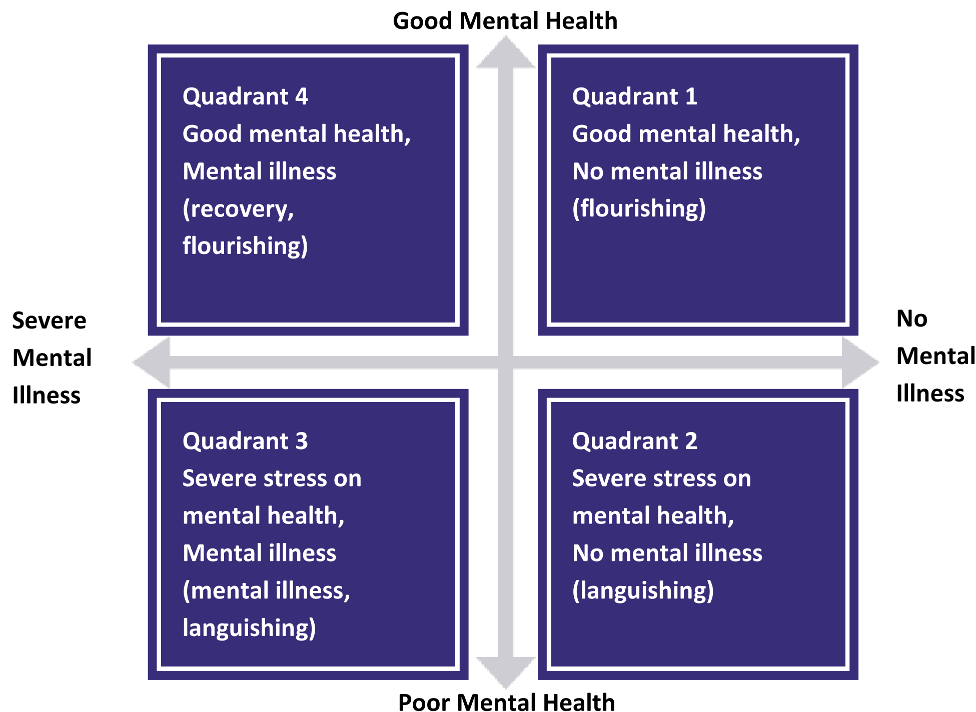
2020-2024 Priority: Mental Health

Priority 1: Improve Awareness About Mental Health and Well-being

What can we do to improve awareness, reduce stigma, and promote resiliency practices in our community around mental health and well-being?

Why Focusing On Mental Health Is Important

We all have mental health. At any one time, depending on one's economic circumstances, environment, sleep, nutrition, physical activity, genetics, and experiences our mental health can be anywhere on the spectrum from flourishing to recovery.



Minnesota Department of Health, (2019) (4)

1. **Flourishing** - Good mental health and no mental illness
2. **Languishing** - Poor mental health, no mental illness (e.g. socially isolated, feel disempowered, no sense of purpose, unemployment, high stressors- poor housing, poverty)
3. **Mental illnesses and poor mental health**
4. **Recovery** - Mental illness- symptoms of mental illness are managed. Also experiencing good mental health (e.g. strong support system, life satisfaction and purpose, a home, employment, sense of empowerment, and positive identity). (4)

In the 2019 Minnesota Student Survey, 21 percent of 9th grade students report having a long-term (lasting 6 months or more) mental health, behavioral or emotional problem. Treatment of mental health, emotional or behavioral problems were reported by 9th grade students 13 percent of the time "in the last year" and 13 percent of the time "more than a year ago". (5)

Percent of SWHHS 9th Grade Students

	2013 Survey	2016 Survey	2019 Survey
Seriously Considered Attempting Suicide During the Last Year			
	11%	11%	13%

In 2015, one in five adults 18 and older in SWHHS counties reported having a mental health issue and by 2019 this increased to one in four adults. One in six adults 18 and older in SWHHS counties reported in 2015 as having depression while one in eight reported having anxiety or panic attacks. Other mental health conditions for the same group were reported by one in 30 adults.

Have you ever been told by a doctor or other health care professional that you had… Adults 18+

2015 Survey		2019 Survey
	Any Mental Health Condition	
20.7%		25.2%
	Depression	
16.1%		17.5%
2015 Survey	**Anxiety or Panic Attacks**	**2019 Survey**
13.0%		17.3%
2015 Survey	**Other Mental Health Conditions**	**2019 Survey**
3.3%		5.6%

With 25.2% of people in the SWHHS counties struggling with mental health conditions, there is a need for a prevention approach in our communities that promotes resiliency and a collaborative effort to improve the mental well-being of all our residents.

Community Engagement

The community was engaged in the six counties at various levels through focus groups, surveys, and community meetings. Some of the surveys were done by convenience sampling and others were done through random samples.

In Redwood County the LiveWell Steering Committee was made up of ACE of SW Minnesota, Redwood County Economic Development, Lower Sioux Indian Community (LSIC), Lower Sioux Health Care Center, Westbrook-Walnut Grove School District, Choices Behavioral Health, United Community Action Partnership, 4-H University of Minnesota, Redwood County Commissioner, Minnesota River Area Agency on Aging, Southwest Minnesota Housing Partnership, Redwood Falls Library, Redwood County Probation, City of Redwood Falls, Farmers Union Industries, Southern Prairie Community Care, Garnette Gardens and other citizens.

The LiveWell community meeting in Redwood County, that determined the top ten health concerns, was broadly attended by the community.

The other five counties engaged SHIP CLTs that were in place to support SHIP work. CLTs are made up of in the south: Luverne ISD, Southwest Regional Development Commission, Sanford Luverne, Minnesota River Area Agency on Aging, City of Edgerton, Luverne Community Education, City of Hardwick, Luv 1 Luv All, Friends of Blue Mound, Luverne Chamber, Project Food Forest, U of M Extension, Lutheran Social Services, ACE of SW Minnesota, and in the northern CLT: ACE of SW Minnesota, Southwest Regional Development Commission, Minnesota River Area Agency on Aging, Western Mental Health, Loaves & Fish, City of Marshall, Southwest Minnesota Opportunity Council, Southwest Minnesota State University, Hy-Vee, Lyon county 4-H, Southern Prairie Community Care, Marshall Area Dementia network, Child Care and Nutrition Inc. Renville County hospital, United Community Action Partnership, Marshall Schools, U of M Extension, Murray County Clinic, Avera Marshall and Tyler, CarrisHealth Redwood, Active Generations of Lincoln County, Marshall Community Education, Southwest Council on Independent Living, and community members. These teams reviewed data and determined the top ten health concerns.

> "The top three causes of child abuse in the SWHHS six counties are mental health of the parent, substance use of the parent and extreme poverty. "
>
> SWHHS Child Protection Social Worker

Community Assets and Resources

As part of the LiveWell work and the work of the SHIP CLTs, who play a key role in promoting and working toward healthier communities, resources have been identified in our six-county region. We also used the hospitals' resource list to make the list as comprehensive as possible. SWHHS Child and Teen Check-up program keeps an updated resource guide available for each county.

Mental Health and Well-being Assets

Greater Minnesota Family Services	Greater Redwood Area Suicide Prevention and Walk Out of Darkness partners
Southwestern Mental Health Services	Southwest Crisis Center
Western Mental Health Services	Probation
United Community Action Partnership	Law Enforcement
Choices Behavioral Health	Ambulance
ComPsych Employee Assistance Services	Schools and School Counselors
Avera Behavioral Health	City Governments
Hospitals and Clinics	County Governments
Mobile Crisis Team	Circle
Lower Sioux Health Care Center	Employers
Lower Sioux Human Services	Peer Groups
Saving & Protecting Our Youth Grant @ Lower Sioux Indian Community	Faith Organizations
SWHHS adult and children's mental health staff	New Horizons

About Strategy 1.1: Form a mental health and well-being collaborative to create a unified message and framework for improving mental health and well-being.

This is a practice-based strategy using best practices for communication and education.

Community and system-level change is expected.

See appendix A for priority 1 action plan.

About Strategy 1.2 Maintain and make public a current resource list through a sponsored website.

This is a practice-based strategy using best practices for communication.

Community and system-level change is expected.

About Strategy 1.3 Organize service delivery and referral systems so there is "no wrong door" in the community.

This is a practice-based strategy using best practices for service delivery.

Organizational and system-level change is expected.

About Strategy 1.4 Develop wellness coaching pilot to help people connect with resources.

This is a promising strategy using best practices in service delivery.

Organizational change is expected.

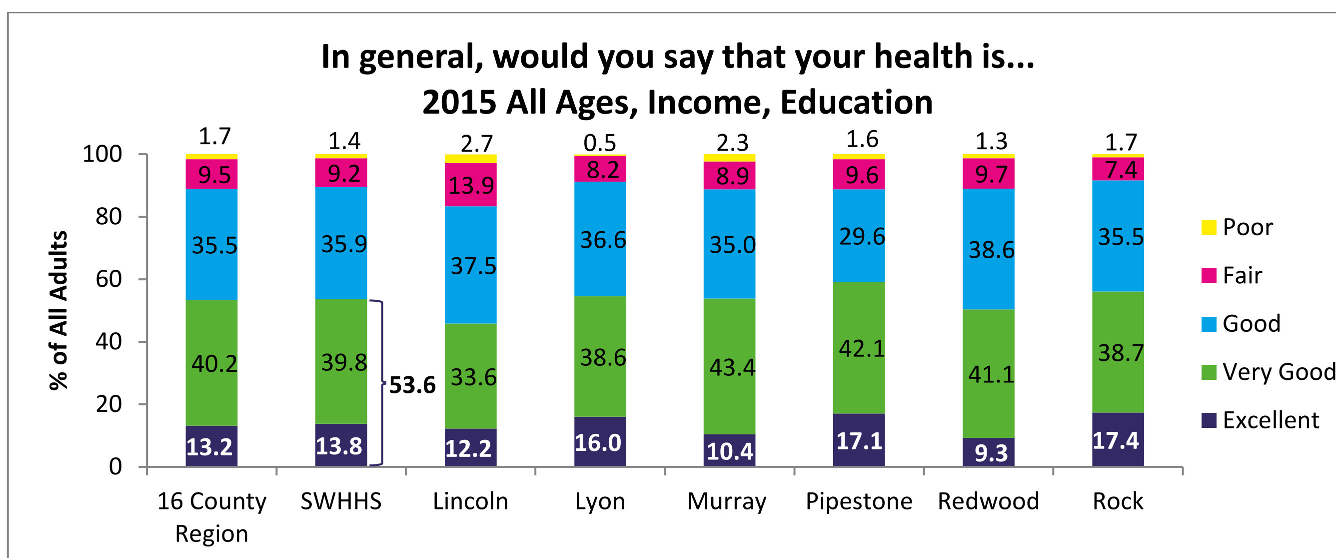
Priority 2: Talk About What Creates Health and Well-being

What can we do to expand conversations on what is needed to promote health and well-being in our community through environment, policy and systems lenses?

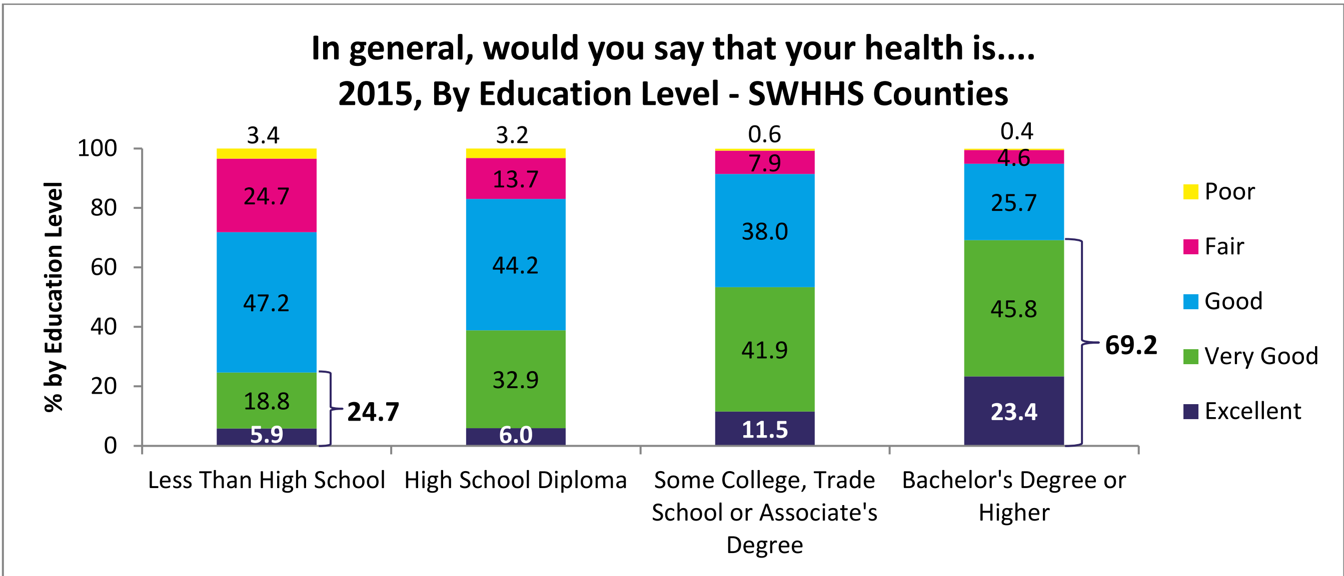
Why talking about what impacts health is important?

Decisions that our leaders and government make impacts our health in various ways. Where governments place roads and sidewalks can impact our physical activity. Passing a city ordinance about banning a front yard garden, can impact the health of those property owners that do not have suitable land in their back yard. How education is paid for and the amount of education debt you pass on to a student, can impact health by leaving less income for good housing, healthy food, health insurance, and reliable transportation.

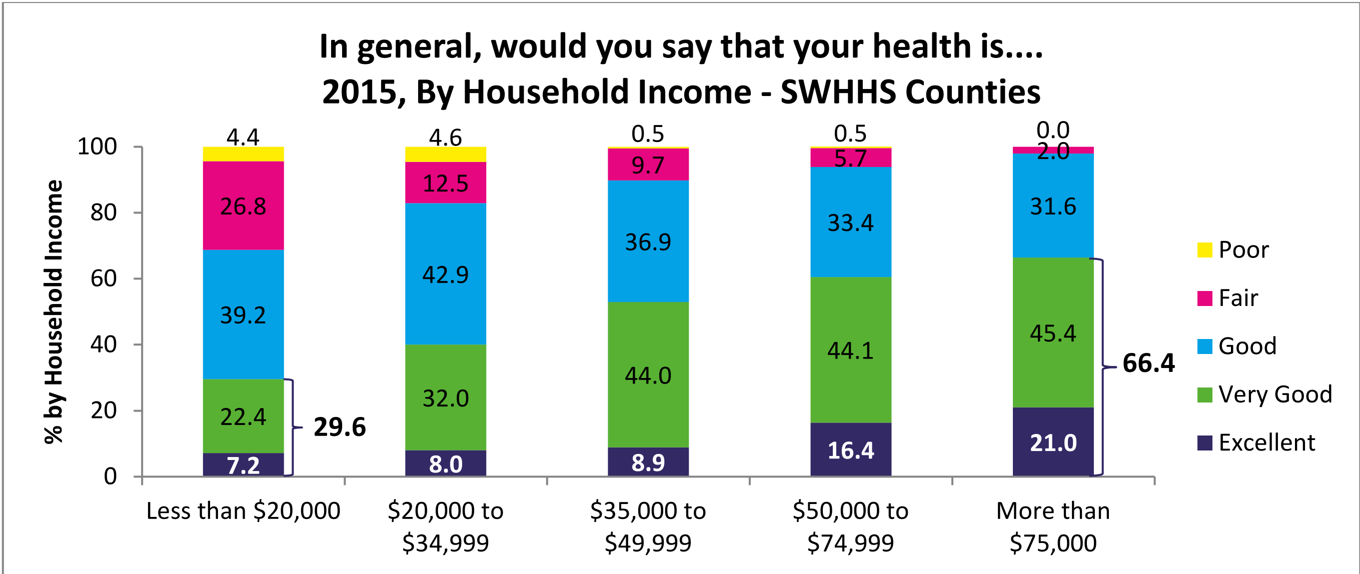
In general, perception of health increases as income and education increase. Adults that responded to the question "In general, would you say that your health is…" where they responded "excellent" and "very good" total 53.6 percent for SWHHS.



When you look at the same question based on education you can see those with "less than a high school" education who responded "excellent" and "very good" totals to 24.7 percent while "bachelor's degree or higher" was 69.2 percent, which is a difference of 44.5 percentage points. The difference between all adults and those adults with "less than a high school" education is 28.9 percentage points lower. Those with "bachelor's degree or higher" when compared to all adults on the previous page have a difference of 15.6 percentage points higher. Those with "some college, trade school or associate's degree" answered their health is "excellent" and "very good" totals to 53.4 percent which is just slightly lower than all adults at 53.6 percent.



When one looks at the same question based on income one can see those with “less than $20,000” who rank “excellent” and “very good” totals to 29.6 percent while “more than $75,000” was 66.4 percent, which is a difference of 36.8 percentage points. The difference between all adults and “less than $20,000” is 24.0 percentage points lower. The difference between “more than $75,000” and all adults was 12.8 percentage points higher.



By looking at this data it can help one understand why generational poverty exists. If a person has a low income, a person has a hard time getting an education. If a person doesn’t get a good education, it is hard to make enough money to keep a person out of poverty.

During community conversation, many questioned if policymakers and the general public understood the connections between poverty, education, and good health and how policy, systems, and environment play a role. In our rural area, there is very much a pull yourself up by the bootstraps mentality and anyone that finds themselves needing assistance is considered to be freeloading off the

taxpayers that work because of their bad decisions. There seem to be little acknowledgment or understanding that the environment, systems, or policies could be contributing to the challenges that people with low income or no education face. One can see this in social media feeds about people that get assistance just needing to get a job or should be drug tested to get assistance. In the next breath the same people, complaining about people getting assistance, lament about how a college education is getting so expensive and how will their family or child ever be able to pay off all the student debt. People are not making the connection that maybe education was too expensive for the person getting assistance and had no choice in going to a community college or university. People are also not going the next step and seeing how educational debt impacts health by reducing the amount of money available for healthy food, good housing, health insurance, and reliable transportation.

One community member that works in the banking industry thought there was a gap and didn't realize how large the gaps were until presented with local data on education and income verse how people viewed their health. With this and other community conversations in mind, it seems fitting to bring awareness and perspective to the community around what creates health.

Community Engagement

At every assessment step with the community, there was this root cause of health equity threaded throughout all the surveys, focus groups, and meetings. Healthy food, good housing, reliable transportation and a good education all take money. Those that are not able to afford a technical degree or higher struggle to afford basic needs. This was echoed throughout every level of conversation. Because of this overarching theme, SWHHS and other community partners felt it was important to include education of what impacts health into this plan.

Existing community assets and resources

United Way Poverty Simulation	Minnesota Department of Health
United Community Action Poverty Simulation	Southwest Initiative Foundation
Economic Development Authorities	Grow Our Own-SWIF
Hospitals and Clinics	Southwest Minnesota Private Industry Council
Southwest Minnesota Housing Partnership	Adult Basic Education
Southwest Minnesota Opportunity Council	Southwest Minnesota State University
Chamber of Commerce	Minnesota State College and University

About Strategy 2.1: Communicate the impact of poverty on health

This is a practice-based strategy using best practices for communication and education.

This strategy involves organizational and community-level change.

About Strategy 2.2: Organize service delivery and referral systems so there is "no wrong door" in the community

This is a practice-based strategy using best practices for communication and education.

This strategy involves system, organizational and community level changes.

Southwest Health and Human Services

2020-2024 HEALTH PRIORITIES

PRIORITY 1: IMPROVE AWARENESS ABOUT MENTAL HEALTH AND WELL-BEING

STRATEGY 1.1
FORM A MENTAL HEALTH AND WELL-BEING COLLABORATIVE TO CREATE A UNIFIED MESSAGE AND FRAMEWORK FOR IMPROVING MENTAL HEALTH AND WELL-BEING.

STRATEGY 1.2
MAINTAIN AND MAKE PUBLIC A CURRENT RESOURCE LIST THROUGH A SPONSORED WEBSITE.

STRATEGY 1.3
ORGANIZE SERVICE DELIVERY AND REFERRAL SYSTEMS SO THERE IS "NO WRONG DOOR" IN THE COMMUNITY.

STRATEGY 1.4
DEVELOP WELLNESS COACHING PILOT TO HELP PEOPLE CONNECT WITH RESOURCES.

PRIORITY 2: TALK ABOUT WHAT CREATES HEALTH AND WELL-BEING

STRATEGY 2.1
COMMUNICATE THE IMPACT OF POVERTY ON HEALTH

STRATEGY 2.2
ORGANIZE SERVICE DELIVERY AND REFERRAL SYSTEMS SO THERE IS "NO WRONG DOOR" IN THE COMMUNITY.

For more information:

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Bibliography

1. **United States Department of Health and Human Services.** Office of the Assistant Secretary for Planning and Evaluation: 2018 Poverty Guidelines. [Online] January 18, 2018. [Cited: October 23, 2019.] https://aspe.hhs.gov/2018-poverty-guidelines.

2. **United States Census Bureau.** Explore Census Data: Advanced Search. [Online] July 1, 2019. [Cited: December 5, 2019.] https://data.census.gov/cedsci/advanced.

3. **Southwest Health and Human Services.** *The Health of Southwest Health and Human Service: Community Health Assessment 2019.* 2019.

4. **Lynn, A. and Meyer, M.** The Mental Well-Being of Minnesota's Adolescents Presentation. St Paul : Minnesota Department of Health, July 2019.

5. **Minnesota Department of Health.** Minnesota Student Survey. [Online] [Cited: September 6, 2019.] https://www.health.state.mn.us/data/mchs/surveys/mss/index.html.

6. **16 County Region.** *Southwest Minnesota Healthy Communities Survey.* 2019.

7. **Minnesota Department of Health .** Health Statistics Portal. [Online] [Cited: September 13, 2019.] https://mhsq.web.health.state.mn.us/frontPage.jsp.

8. **County Health Rankings and Roadmaps.** 2019 Minnesota Measures. [Online] March 18, 2019. [Cited: September 13, 2019.] https://www.countyhealthrankings.org/app/minnesota/2019/measure/factors/62/data.

9. **Minnesota Department of Health.** Healthy Minnesota partnership. [Online] February 2018. [Cited: September 16, 2019.] https://www.health.state.mn.us/communities/practice/healthymnpartnership/framework.html.

10. **Minnesota Department of Human Services.** Governer's Task Force on Mental Health. [Online] November 15, 2016. [Cited: September 16, 2019.] https://mn.gov/dhs/assets/mental-health-task-force-report-2016_tcm1053-263148.pdf.

11. **Office of Disease Prevention and Health Promotion.** HealthyPeople.gov. [Online] September 16, 2019. [Cited: September 16, 2019.] https://www.healthypeople.gov/2020/data-search/Search-the-Data#topic-area=3498;.

12. **National Prevention Council.** Disease Prevention and Wellness Reports and Publications: National Prevention Strategy America's Plan for Better Health and Wellness. [Online] June 2011. [Cited: September 16, 2019.] https://www.hhs.gov/surgeongeneral/reports-and-publications/disease-prevention-wellness/index.html.

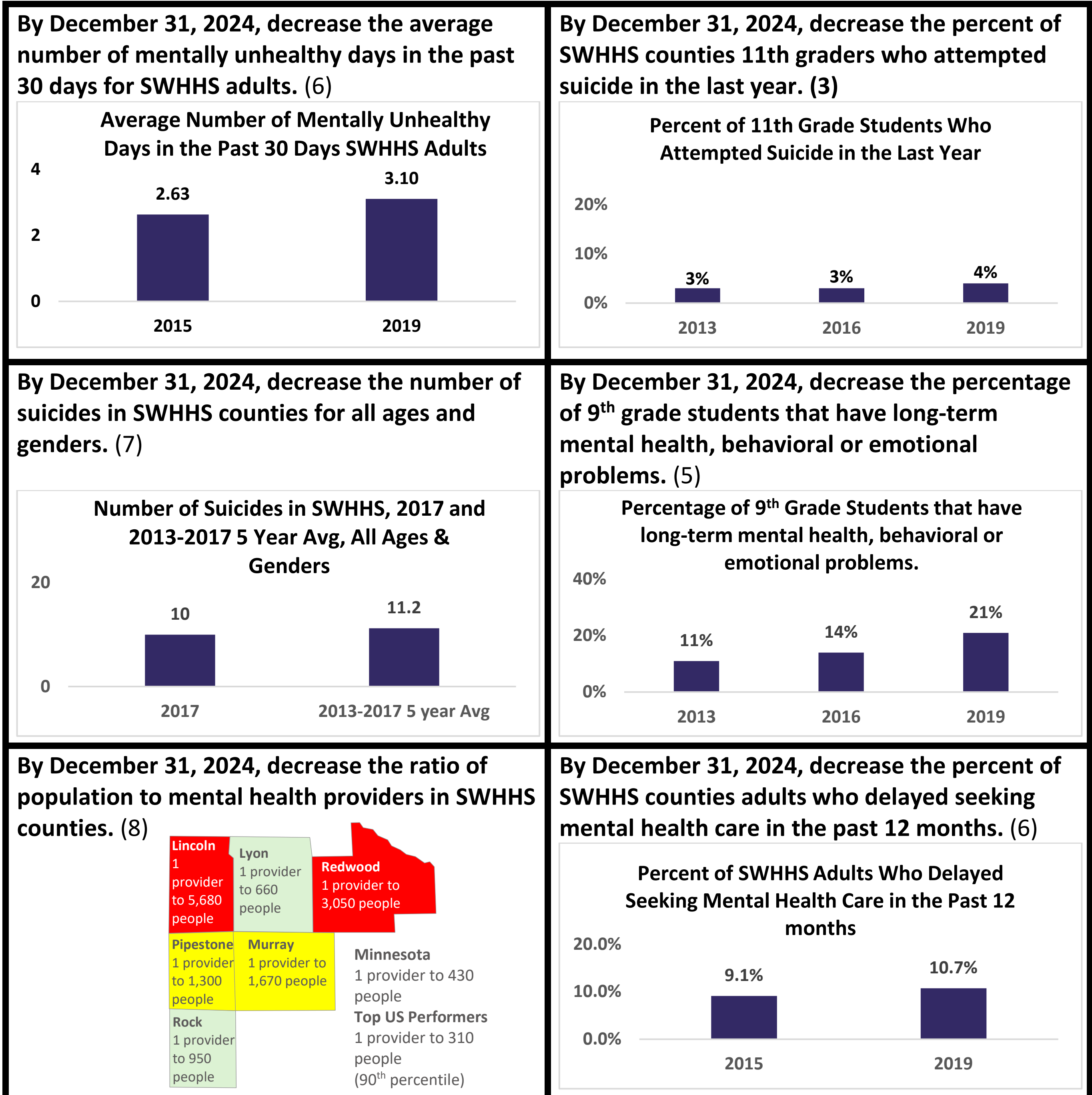
Appendix A:

Priority 1: Improve Awareness About Mental Health and Well-being

Overall Goal: Improve awareness about mental health and well-being in the SWHHS counties.

Community Objectives and Baselines

There is an expectation that rates would improve in the long term. As awareness grows and stigma is reduced, rates may be increased in some areas as more people seek help.



Action Plan Objectives	Baseline
Between January 1, 2020, and December 31, 2024, participate in or provide 5 presentations, seminars, or events.	0, 2019
By December 31, 2024, reach 3,000 people though social media campaigns and other forms of communication.	0, 2019
By April 30, 2020, evaluate and integrate public health into a Mental Health Collaborative.	0, 2019
By December 31, 2024, maintain an active Mental Health Collaborative.	0, 2019

Alignment with State/National Priorities

Healthy Minnesota 2022

Priority 1: The opportunity to be healthy is available everywhere and for everyone. (9)

Governor's Task Force on Mental Health (2016)

Recommendation #6: Promote Mental Health and Prevent Mental Illness. (10)

Healthy People 2020

MHMD-1: Reduce the suicide rate.

MHMD-2: Reduce suicide attempts by adolescents.

MHMD-6: Increase the percent of children with mental health problems who receive treatment.

MHMD-9: Increase the proportion of adults with mental health disorders who receive treatment.

HRQOL/WB-1.2: Increase the proportion of adults who self-report good or better mental health. (11)

National Prevention Strategy

Mental and Emotional Well-being Recommendation 2: Facilitate social connectedness and community engagement across the lifespan.

Mental and Emotional Well-being Recommendation 3: Provide individuals and families with the support necessary to maintain positive mental well-being.

Mental and Emotional Well-being Recommendation 4: Promote early identification of mental health needs and access to quality services. (12)

Priority 1 Action Plan

Strategy 1.1 Form a mental health and well-being collaborative to create a unified message and framework for improving mental health and well-being.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
1.1a Educate the community about mental health and well-being to improve mental wellness in the community	Evaluate what mental health consortiums and other partners are doing around mental health prevention.	February 2020	Adult and children's mental health advocates -Luv 1 Luv All Rock-Mental Health Team -SW MN Adult Mental Health Consortium	LiveWell Core Team SWHHS PH CHIP team	
	Develop a list of people to invite to be part of mental health collaborative. (LiveWell)	February 2020	Greater Redwood Area Suicide Prevention, Western Mental Health, Sojourn, Choices Behavioral Health, Saving & Protecting Our Youth, Lower Sioux, Circle, Luv 1 Luv All Rock-Mental Health Team	LiveWell Steering Committee TBD in other 5 counties after evaluation	
	Convene Mental Health Collaborative. (LiveWell)	April 2020		LiveWell Steering Committee	

1.1b Educate the community about mental health stigma and awareness campaign to improve mental wellness in the community	Review anti-stigma campaigns to find the right fit for our community.	October 2020		LiveWell Mental Health Collaborative	
	Start anti-stigma campaign implementation.	October 2020 to January 2021		LiveWell Mental Health Collaborative	

Strategy 1.2 Maintain and make public a current resource list through a sponsored website.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
1.2a Maintain a comprehensive resource directory that is updated annually and made available to the public via a sponsored website.	Mental Health Consortium will look through the current list provided by SWHHS-C&TC program	Each April 2020-2024	Adult Mental Health Consortium, Mental Health Collaborative Members	SWHHS-C&TC program; Mental Health Collaborative	
	Add an annual update to SWHHS website for public consumption	Each May 2020-2024	Mental Health Consortium, Mental Health Collaborative Members	SWHHS-C&TC staff	

Strategy 1.3 Organize service delivery and referral systems so there is “no wrong door” in the community.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
1.3a By December 31, 2024, develop “no wrong door” service delivery and partnerships between community organizations.	Build vision and mission of 2GenACT approach for our services area.	January 2020	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team (Garrett County and Brighton Center site visit Teams)	
	Map out service delivery between community partners.		UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team	
	Build support amongst various staff, leadership, and governing boards to move internal and external processes to “no wrong door” approach.		UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team	

	Build internal integration teams to help identify what each partner can do to move toward the 2GenACT approach.			Key person in each partnering agency.	

Strategy 1.4 Develop wellness coaching to help people connect with resources

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
1.4a By December 31, 2024, Develop wellness coaching to help people connect with resources.	Secure funding for wellness coaching pilot project	March 2020	Daktronics	CarrisHealth Redwood	Pilot project with Daktronics Redwood Falls Facility – dependent on funding
	Develop a wellness pilot with Daktronics	March-October 2020	Daktronics	CarrisHealth Redwood	
	Implement wellness pilot	October 2020	Daktronics	CarrisHealth Redwood	

Plans for Sustaining Action & Monitoring Implementation	Progress Notes
Resources for Implementation • Core team time • Staff time • Funding for campaign • Access to social media • Meeting space • Community support • Partnership with the local health system and mental health providers	
Participation of Stakeholders & Partnership Monitoring Implementation • The mental health collaborative will discuss the action plan and review performance measures at regularly scheduled meetings.	

• The CHIP Workgroup will receive updates at least annually on progress. • Annually report progress to MDH as required.	
Process for Revising the Action Plan • Revisions will be reviewed at each mental health collaborative meeting and recorded in the minutes. • Revisions will be adopted by LiveWell Core Team and distributed to LiveWell Steering Committee.	

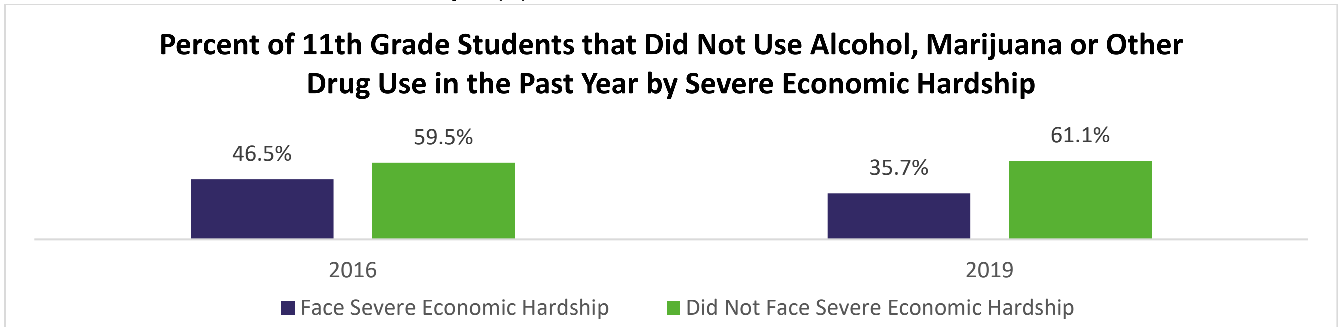
Priority 2: Talk About What Creates Health and Well-being

Overall Goal: Expand conversations on what is needed to be healthy and increase awareness regarding health disparities like geography, race, poverty, and lack of education as a root cause of health issues.

Community Objectives and Baselines

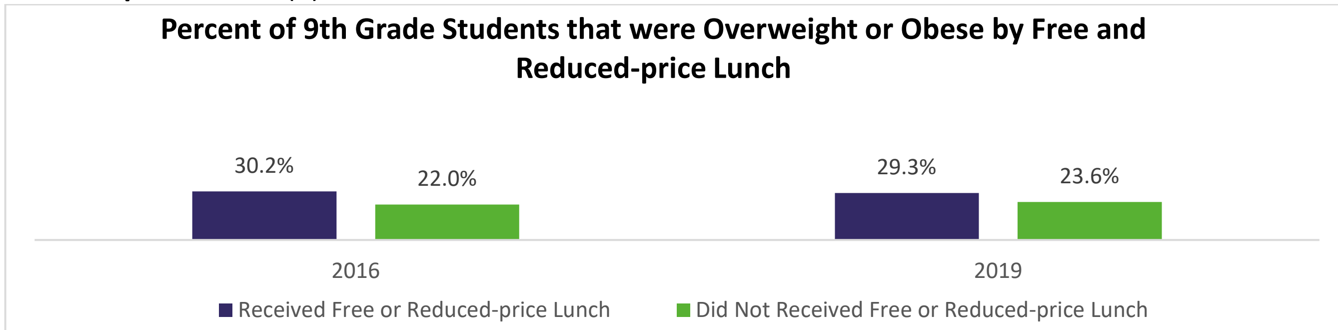
There is an expectation that rates would improve in the long term.

By December 31, 2024, increase the percent of SWHHS 11th grade students that say no to alcohol or marijuana or other drug use that face severe economic hardship[1] to similar levels as those that do not face severe economic hardship[1]. (5)

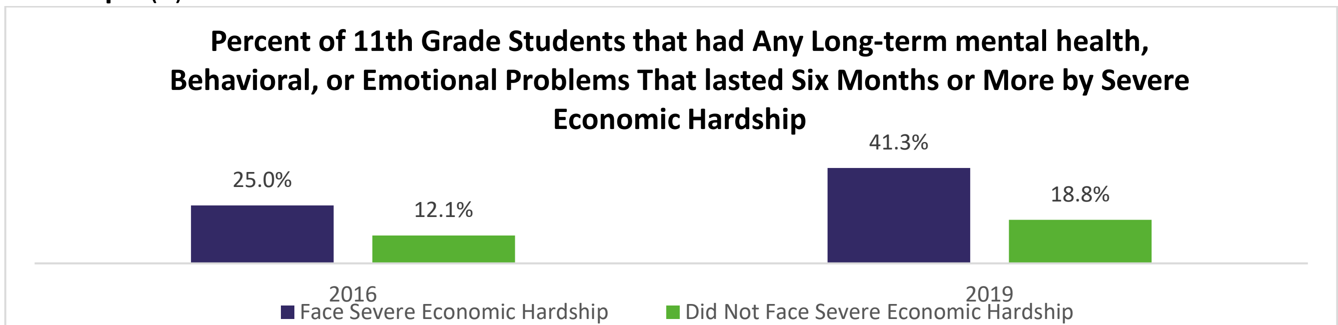


1 Severe economic hardship is defined as either skipping meals in the past 30 days or being homeless at times in the past 12 months.

By December 31, 2024, decrease the percent of SWHHS 9th graders who are overweight or obese that received free or reduced-price lunch to similar levels as those that do not have free and reduced-price lunch. (5)

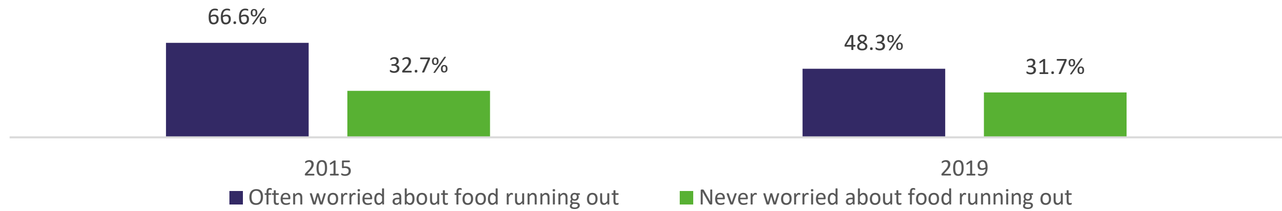


By December 31, 2024, decrease the percent of SWHHS 11th grade students that say they had any long-term mental health, behavioral, or emotional problems that have lasted six months or more, that face severe economic hardship[1] to similar levels of those that do not face severe economic hardship[1]. (5)

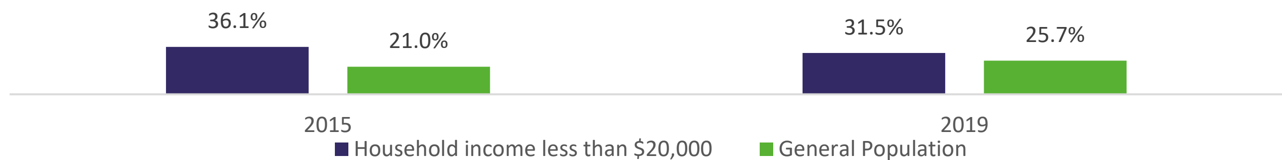


1 Severe economic hardship is defined as either skipping meals in the past 30 days or being homeless at times in the past 12 months.

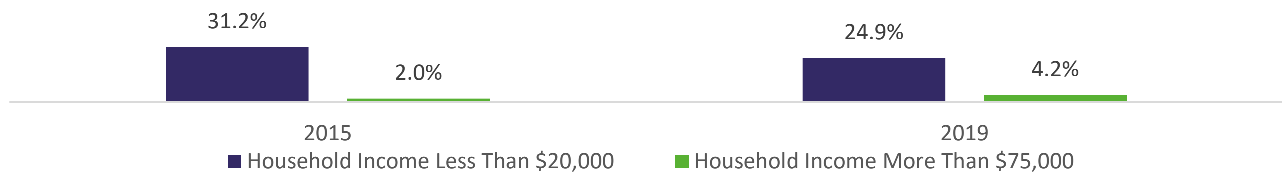
By December 31, 2024, decrease the percent of SWHHS adults who are obese that *often* worried about food running out before having money to similar levels of those who *never* worried about food running out. (6)



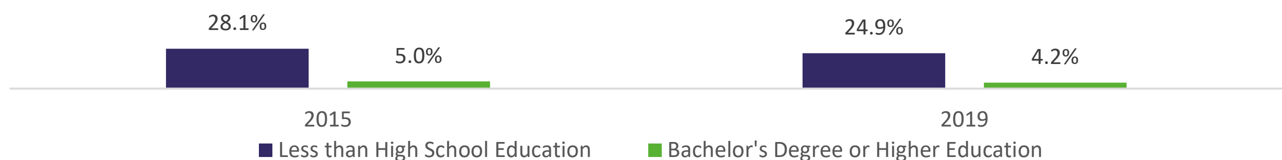
By December 31, 2024, decrease the percent of SWHHS adults that have a history of anxiety, depression, or other mental illness with a household income less than $20,000 to similar levels of those in the general adult population of SWHHS. (6)



By December 31, 2024, decrease the percent of SWHHS adults that rate their health fair or poor with a household income less than $20,000 to similar levels of those making more than $75,000. (6)



By December 31, 2024, decrease the percent of SWHHS adults that rate their health fair or poor with less than high school education to similar levels of those with a Bachelor's degree or higher education. (6)



Action Plan Objectives	Baseline
By December 31, 2024, 50 community leaders and policymakers will have participated in activities to communicate about what creates health or about poverty-related health disparities.	0, 2019
By December 31, 2024, annual poverty simulation will be made available to the public.	1, 2019

Vision for Future Strategy: Action Plan Objectives
Community leaders and policymakers would attend a poverty simulation.
Bring Blandin Leaders Partnering to End Poverty to more counties in the SWHHS region. As of 2019, Rock County has been participating in this competitively awarded grant initiative.
Organize services so that there is a "no wrong door" approach to serving people in need of economic, education or social services.

Alignment with State/National Priorities

Healthy Minnesota 2022

Priority 1: The opportunity to be healthy is available everywhere and for everyone.

Priority 2: Places and systems are designed for health and well-being.

Priority 3: All can participate in decisions that shape health and well-being. (9)

Healthy People 2020

HRQOL/WB-1.1 Increase the proportion of adults who self-report good or better physical health.

HRQOL/WB-1.2 Increase the proportion of adults who self-report good or better mental health.

SDOH-3.1 Proportion of persons living in poverty.

SDOH-3.2 Proportion of children aged 0-17 years living in poverty.

SDOH-4.1.1 Proportion of all households that spend more than 30% of income on housing.

SDOH-5 Proportion of children aged 0-17 years who have ever lived with a parent who has served time in jail or prison. (11)

National Prevention Strategy

Empowered People Recommendation 1: Provide people with tools and information to make healthy choices.

Empowered People Recommendation 2: Promote positive social interactions and support healthy decision making.

Empowered People Recommendation 3: Engage and empower people and communities to plan and implement prevention policies and programs. (12)

Priority 2 Action Plan

Strategy 2.1 Communicate the impact of poverty on health

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
By December 31, 2024, 50 community leaders or policymakers will have participated in activities to communicate about what creates health or about poverty-related health disparities.	Provide poverty simulation opportunities to community leaders/policymakers to provide education on how poverty impacts health.			SWHHS CHIP Team	
By December 31, 2024, develop educational resources for what creates health policy for government leaders.	Determine if education already exists. If not, develop education.			SWHHS prevention staff	
	Implement education/ presentation to various levels of government and community leadership.			SWHHS prevention staff	
By December 31, 2024, explore interest in Blandin Leaders Partnering to End Poverty in those counties that do not have the program.	Explore interest in applying for Blandin Leaders Partnering to End Poverty grant program.			County community group yet to be determined. LiveWell steering committee in Redwood County or Redwood EDA	

Strategy 2.2 Organize service delivery and referral systems so there is “no wrong door” in the community.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes

By December 31, 2024, develop "no wrong door" service delivery and partnerships between community organizations.	Build vision and mission of 2GenACT approach for our services area.	January 2020	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team (Garrett County and Brighton Center site visit Teams)	
	Map out service delivery between community partners.	December 2020	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team	
	Build support amongst various staff, leadership, and governing boards to move internal and external processes to "no wrong door" approach.	Ongoing	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team	
	Build internal integration teams to help identify what each partner can do to move toward the 2GenACT approach.	Ongoing		Key person in each partnering agency.	

Plans for Sustaining Action & Monitoring Implementation	Progress Notes
Resources for Implementation • United Way or United Community Action Poverty Simulation • Staff time • Meeting space	
Participation of Stakeholders & Partnership Monitoring Implementation • CHIP Workgroup at SWHHS • 2GenACT core team	
Process for Revising the Action Plan • Revision will be made by CHIP team • Revision will be made by 2GenACT core team	

Appendix B: Quality of Life Survey LiveWell

Quality of Life Community Health Survey

Please give us your honest opinions about the community you live in. All of your individual responses will be kept anonymous. The survey results will be used to look at overall health trends in Redwood County. Any questions about this survey should be directed to Michelle Salfer 507-637-6084 michelle.salfer@swmhhs.com
If you would like to take the survey online https://www.surveymonkey.com/r/TBJQP5S
Thank you!

1. Zip code where you live ______________

2. Are you: ☐ Male ☐ Female ☐ Do not identify with one gender

3. Your age group:
☐ 12 or under ☐ 25-34 ☐ 55-64
☐ 13-17 ☐ 35-44 ☐ 65-74
☐ 18-24 ☐ 45-54 ☐ 75 or older

4. Which of the following best describes you? **(Mark ALL that apply)**
☐ American Indian ☐ Hispanic/Latino
☐ Asian or Pacific Islander ☐ White
☐ Black or African American or African
☐ Other____

5. What is the highest level of education you have completed? ***(Please mark only ONE)***
☐ Still in High School/Middle School ☐ High school diploma/GED ☐ Associate degree ☐ Doctorate degree
☐ Did not complete 8th grade ☐ Trade/Vocational school ☐ Bachelor's degree ☐ Professional degree
☐ Did not complete high school ☐ Some college credit ☐ Master's degree

6. What is your employment status? ***(Please mark only ONE)***
☐ Employed ☐ Homemaker/Stay at home parent ☐ Retired ☐ Self-employed
☐ Student ☐ Unable to work ☐ Unemployed

7. Are you disabled? ☐ Yes ☐ No

8. Are you happy with the quality of life in your community? ☐ Yes ☐ No

9. Is your community a welcoming community? ☐ Yes ☐ No

10. Is your community a good place to raise children? ☐ Yes ☐ No ☐ Do not know

11. Is your community a good place to grow old? ☐ Yes ☐ No

12. Do you feel there are jobs available in your community where the pay meets your monthly bills? ☐ Yes ☐ No

13. Is your community a safe place to live? ☐ Yes –skip to Question 15 ☐ No –answer Question 14

14. If NO, what are the most likely causes? ***(Mark ALL that apply)***
☐ Crime ☐ Crisis response ☐ Race relations
☐ Street lighting ☐ Unsafe routes to walk
☐ Other____

15. Are you happy with the health care system in your community? ☐ Yes ☐ No

16. How healthy would you say your community is?

☐ Very unhealthy ☐ Unhealthy ☐ Somewhat healthy ☐ Healthy ☐ Very healthy

17. What do you think are the three **MOST** important factors for a "healthy community"? *(Please mark only THREE)*

☐ Access to health care (physical and mental)	☐ Clean environment	☐ Low crime/safe neighborhoods
☐ Access to healthy food options	☐ Good race relations	☐ Religious or spiritual values
☐ Access to transportation	☐ Good jobs and healthy economy	☐ Youth & family activities (e.g. parks & recreation)
☐ Affordable housing	☐ Good place to raise children	
☐ Arts and cultural events	☐ Good schools	
☐ Other______________________		

18. What do you think are the three **MOST** important "health problems" in your community? *(Please mark only THREE)*

☐ Aging problems (e.g., arthritis hearing/vision loss, etc.)	☐ Heart disease and stroke	☐ Mental health problems
☐ Alcohol related illness and death	☐ High blood pressure	☐ Motor vehicle crash injuries
☐ Alzheimer's disease	☐ HIV/AIDS	☐ Obesity
☐ Cancers	☐ Homicide	☐ Rape/sexual assault
☐ Child abuse/neglect	☐ Infant death	☐ Respiratory/lung disease (e.g. asthma, COPD)
☐ Dental problems	☐ Infectious diseases (e.g. hepatitis, TB, measles, pertussis, influenza, etc.)	☐ Sexually transmitted diseases
☐ Diabetes	☐ Kidney disease (nephritis)	☐ Suicide
☐ Domestic violence	☐ Lack of healthy food	☐ Teenage pregnancy
☐ Drug related illness and death	☐ Lack of health screenings	☐ Tobacco and e-cigarette use & exposure
☐ Environment that is not healthy	☐ Lack of physical activity	☐ Unintentional injury
☐ Firearm-related injuries	☐ Lack of prenatal care	
☐ Other______________________		

19. Do you have any additional comments about the health of your community?

____

____

____

20. Your total household income per year:

☐ Less than $20,000 ☐ $35,000 - $49,999 ☐ $75,000 - $99,999 ☐ Do not know

☐ $20,000 - $34,999 ☐ $50,000 - $74,999 ☐ $100,000 or more

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Appendix C: Quality of Life Survey SWHHS/Avera Marshall

Quality of Life Community Health Survey

Please give us your honest opinions about the community you live in. All of your individual responses will be kept anonymous. The survey results will be used to look at overall health trends in Southwest Health and Human Services service area. Any questions about this survey should be directed to Michelle Salfer 507-637-6084 michelle.salfer@swmhhs.com If you would like to take the survey online https://www.surveymonkey.com/r/QZTJ2NS. Thanks!

1. Zip code where you live ______________ **2.** Are you: ☐ Male ☐ Female ☐ Other____________________

3. County you live in: ☐ Lincoln ☐ Lyon ☐ Murray ☐ Pipestone ☐ Redwood ☐ Rock ☐ Other______________

4. Your age group:

☐ 12 or under ☐ 25-34 ☐ 55-64
☐ 13-17 ☐ 35-44 ☐ 65-74
☐ 18-24 ☐ 45-54 ☐ 75 or older

5. Which of the following best describes you? (Mark ALL that apply)

☐ Native American/American Indian ☐ Hispanic/Latino
☐ Asian or Pacific Islander ☐ White
☐ Black or African American or African
☐ Other____

6. What is the highest level of education you have completed? ***(Please mark only ONE)***

☐ Still in High School/Middle School ☐ High school diploma/GED ☐ Associate degree ☐ Doctorate degree
☐ Did not complete 8th grade ☐ Trade/Vocational school ☐ Bachelor's degree ☐ Professional degree
☐ Did not complete high school ☐ Some college credit ☐ Master's degree

7. What is your employment status? ***(Please mark only ONE)***

☐ Employed ☐ Homemaker/Stay at home parent ☐ Retired ☐ Self-employed
☐ Student ☐ Unable to work ☐ Unemployed

8. Are you disabled? ☐ Yes ☐ No

9. Are you happy with the quality of life in your community? ☐ Yes ☐ No

10. Is your community a welcoming community? ☐ Yes ☐ No

11. Is your community a good place to raise children? ☐ Yes ☐ No ☐ Do not know

12. Is your community a good place to grow old? ☐ Yes ☐ No

13. Do you feel there are jobs available in your community where the pay meets your monthly bills? ☐ Yes ☐ No

14. Is your community a safe place to live? ☐ Yes –SKIP to Question 16 ☐ No –answer Question 15

15. If NO, what are the most likely causes? ***(Mark ALL that apply)***

☐ Crime ☐ Crisis response ☐ Drugs
☐ Race relations ☐ Street lighting ☐ Unsafe routes to walk
☐ Other____

16. Are you happy with the health care system in your community? ☐ Yes ☐ No ☐ I have not used the health care system

16a. If you have not used the health care system in your community, why?

____

17. How healthy would you say your community is?

☐ Very unhealthy ☐ Unhealthy ☐ Somewhat healthy ☐ Healthy ☐ Very healthy

Please turn OVER and complete page 2.

18. What do you think are the three MOST important factors for a "healthy community"? *(Please mark only THREE)*

☐ Access to health care (physical and mental)	☐ Clean environment	☐ Low crime/safe neighborhoods
☐ Access to healthy food options	☐ Good race relations	☐ Religious or spiritual values
☐ Access to transportation	☐ Good jobs and healthy economy	☐ Youth & family activities (e.g. parks & recreation)
☐ Affordable housing	☐ Good place to raise children	
☐ Arts and cultural events	☐ Good schools	
☐ Other_______________		

19. What do you think are the three MOST important "health problems" in your community? *(Please mark only THREE)*

☐ Aging problems (e.g., arthritis hearing/vision loss, etc.)	☐ Heart disease and stroke	☐ Mental health problems
☐ Alcohol related illness and death	☐ High blood pressure	☐ Motor vehicle crash injuries
☐ Alzheimer's disease	☐ HIV/AIDS	☐ Obesity
☐ Cancers	☐ Homicide	☐ Rape/sexual assault
☐ Child abuse/neglect	☐ Infant death	☐ Respiratory/lung disease (e.g. asthma, COPD)
☐ Dental problems	☐ Infectious diseases (e.g. hepatitis, TB, measles, pertussis, influenza, etc.)	☐ Sexually transmitted diseases
☐ Diabetes	☐ Kidney disease (nephritis)	☐ Suicide
☐ Domestic violence	☐ Lack of healthy food	☐ Teenage pregnancy
☐ Drug related illness and death	☐ Lack of health screenings	☐ Tobacco and e-cigarette use & exposure
☐ Environment that is not healthy	☐ Lack of physical activity	☐ Unintentional injury
☐ Firearm-related injuries	☐ Lack of prenatal care	
☐ Other_______________		

20. What is a community need you are more concerned about today than you were 3 years ago?

____

21. What is preventing you from living a healthier life?

____

22. Do you have any additional comments about the health of your community?

____

____

____

23. Your total household income per year:

☐ Less than $20,000 ☐ $35,000 - $49,999 ☐ $75,000 - $99,999 ☐ Do not know
☐ $20,000 - $34,999 ☐ $50,000 - $74,999 ☐ $100,000 or more

24. Do you live: ☐ in town/city ☐ on acreage/hobby farm ☐ on fully functional farm ☐ Other_______________

Thanks you for participating!

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Appendix D: LiveWell Prioritization Activity

Final Scores from LiveWell January 31, 2019 meeting

Problem	Size Score	Seriousness Score	QLS Community Ranking	Total Score	Rank
Obesity	10	10	8	38	**1**
Mental Health Problems	7	8	10	33	**2**
Lack of physical activity	10	8	6	32	**3**
Dental problems	10	8	4	30	**4**
Alcohol-related illness and death	9	6	8	29	**5**
Suicide	7	7	7	28	**6**
Child abuse/neglect	5	9	5	28	**6**
High blood pressure	9	7	5	28	**6**
Other: Childcare Accessibility	9	9	0	27	**9**
Drug-Related illness and death	1	7	10	25	**10**
Aging problems (e.g., arthritis, hearing/vision loss, etc.)	8	4	9	25	**10**
Cancers	6	5	9	25	**10**
Diabetes	6	6	7	25	**10**
Heart disease and stroke	7	6	6	25	**10**
Other: Health Worker Shortage	7	9	0	25	**10**
Tobacco and e-cigarette use & exposure	7	6	5	24	**15**
Lack of healthy food	10	4	4	22	**16**
Lack of health screenings	9	5	3	22	**16**
Other: Racism/Classism	10	6	0	22	**16**
Other: Distracted Driving	4	8	0	20	**20**
Lack of prenatal care	8	5	1	19	**21**
Alzheimer's Disease	5	4	3	16	**22**
Other: Poverty	6	5	0	16	**22**
Respiratory/lung disease (e.g. asthma, COPD)	6	3	3	15	**24**
Environment that is not healthy	7.25	1	3	12.25	**25**
Kidney disease (nephritis)	5	3	1	12	**26**
Domestic violence	3	1	4	9	**27**
Rape/sexual assault	3	2	2	9	**27**
Infectious diseases (e.g. hepatitis, TB, measles, pertussis, influenza, etc.)	2	3	1	9	**27**
Motor vehicle crash injuries	3	1	3	8	**30**
Unintentional injury	3	1	2	7	**31**
Teenage pregnancy	3	1	2	7	**31**
Sexually transmitted diseases	3	0	2	5	**33**
Firearm-related injuries	3	0	0	3	**34**

Infant death	1	0	1	2	**35**
HIV/AIDS	1	0	1	2	**35**
Homicide	0	0	1	1	**37**
Other: Lack of Adult Health Education	0	0	0	0	**38**
Other: Enforcement	0	0	0	0	**38**

Size Scoring

Rating	Size of Health Problem (% of population w/health problem)
10	40%-100%
9	25%-39.9%
8	17.6%-24.9%
7	10%-17.5%
6	4.6%-9.9%
5	1%-4.5%
4	.46%-.99%
3	.1%-.45%
2	.046%-.099%
1	.01%-.045%
0	<.01%

Seriousness Scoring

Rating	Seriousness of Health Problem
10	Very serious
8	Relatively Serious
6	Serious
4	Moderately Serious
2	Relatively Not Serious
0	Not Serious

Seriousness Scoring Questions

Yes =2 points No = 0 points

1. Does it require immediate attention?
2. Is there public demand?
3. What is the economic impact?
4. What is the impact on quality of life?
5. Is there a high hospitalization rate, mortality rate or prevalence?

QLS Rank

Rating	QLS Rank
10	27-28
9	25-26
8	23-24
7	21-22
6	19-20
5	16-18
4	13-15
3	10-12
2	7-9
1	4-6
0	1-3

Appendix E: SWHHS Prioritization Activity

	Impact	Coverage	Complementary	Investment	Capacity	Sustainability	Momentum	Immediacy	Permanency	Urgency	Leadership	Public will	Stakeholder will	Weighted total
Aging problems (e.g., arthritis, hearing/vision loss, etc.)														
Alcohol-related illness and death														
Alzheimer's Disease														
Cancers														
Child abuse/neglect														
Dental problems														
Diabetes														
Domestic violence														
Drug-related illness and death														
Environment that is not healthy														
Firearm-related injuries														
Heart disease and stroke														
High blood pressure														
HIV/AIDS														
Homicide														
Infant death														
Infectious diseases (e.g. hepatitis, TB, measles, pertussis, influenza, etc.)														
Kidney disease (nephritis)														
Lack of health screenings														
Lack of healthy food														
Lack of physical activity														
Lack of prenatal care														
Mental health problems														
Motor vehicle crash injuries														
Obesity														
Rape/sexual assault														
Respiratory/lung disease (e.g. asthma, COPD)														
Sexually transmitted diseases														
Suicide														
Teenage pregnancy														
Tobacco and e-cigarette use & exposure														
Unintentional injury														

Each attendee will be given a worksheet with the top issues that emerged in the Quality of Life survey. The participants were asked to examine each issue and rank the top three issues that could be addressed based on each of the following criteria if that criterion was the only one used.

For example, participants identified their top three priority areas if the only criterion was impacted (below). Then they identified their top three priorities if the only criterion was coverage, and so on.

- Impact- How much impact can we have on _____?
- Coverage-Can we help a significant percentage of the population?
- Complementary-Does reducing ____ also mitigate other priorities?
- Investment-Can we make an impact with a reasonable investment?
- Capacity-Do we have sufficient resources to attach _____?
- Sustainability-Can we allocate resources long enough to make a difference?
- Momentum-Do we already have momentum in this area?
- Immediacy-Can we have an impact in a reasonable time frame?
- Permanency-Can we make a long-term impact on _____?
- Urgency-How urgent is _____?
- Leadership-Is there a champion(s) in the community for _____?
- Public Will-Is the public on-board with this being a priority?
- Stakeholder will-Are leaders and practitioners on-board with this being a priority?

After a presentation, each person completes the worksheet. Top priorities are ranked on a three-point scale with 3 as the top priority, 2 as the second-highest priority, and 1 as the third-highest priority and others scored as zero.

Using this scale, all participant's priority scores are combined and summed and then presented to the group for discussion.

Once the top 3-5 priorities are scored, we will divide into smaller groups for discussion. Each individual received a worksheet to fill out on their own (about 10 minutes). They then get into their groups to discuss the five questions together. Each group chooses a spokesperson and that person presents the group's consensus ideas to the larger group.

Priority worksheet

Please fill in the priority you have been assigned to discuss below.	Impact	Coverage	Complementary	Investment	Capacity	Sustainability	Momentum	Immediacy	Permanency	Urgency	Leadership	Public will	Stakeholder will
Priority:													

We have just completed an exercise to establish our top 3-5 priorities. Now that the assessment processes have concluded, now it's time to create solutions.

1. What is your goal(s) for this priority? *How will we know when we have successfully addressed this priority?*

2. What is the best strategy to accomplish this goal?

3. What are the main barriers of accomplishing this goal?

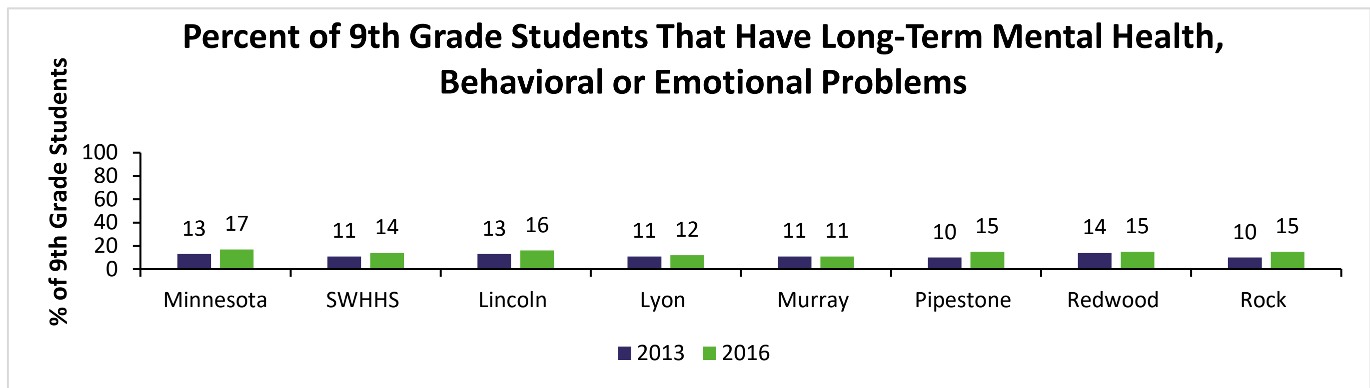
4. What are the opportunities to accomplish this goal?

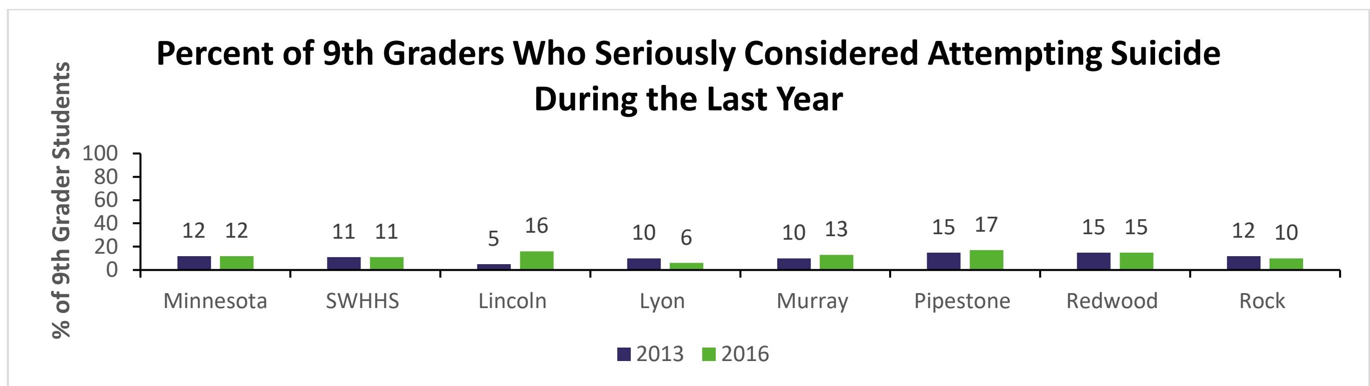
5. Who should lead/partner to accomplish this goal?

Appendix F: County-level data in CHIP

Have you ever been told by a doctor or other health care professional that you had…

	Any Mental Health Condition		Depression		Anxiety or Panic Attacks		Other Mental Health Condition	
	2015	2019	2015	2019	2015	2019	2015	2019
SWHHS	20.7%	25.2%	16.1%	17.5%	13.0%	17.3%	3.3%	5.6%
Lincoln	23.6%	26.7%	17.2%	15.8%	17.1%	19.6%	6.6%	7.7%
Lyon	23.3%	27.0%	18.1%	18.7%	16.3%	19.3%	3.6%	7.0%
Murray	18.7%	25.1%	13.9%	19.3%	10.9%	14.1%	3.8%	3.7%
Pipestone	20.7%	21.9%	15.0%	13.5%	14.4%	14.9%	4.3%	4.9%
Redwood	16.2%	25.0%	13.0%	17.1%	8.4%	17.5%	1.3%	5.0%
Rock	21.4%	23.1%	19.1%	18.1%	10.0%	15.5%	2.4%	4.5%





Appendix A Expanded Data Sets not listed in Community Health Assessment:

Average Number of Mentally Unhealthy Days in the Past 30 Days

	2015	2019
16 County Region	2.64	3.19
SWHHS	2.63	3.10
Lincoln	3.10	3.28
Lyon	3.35	3.50
Murray	1.97	2.64
Pipestone	2.54	2.67
Redwood	2.57	2.88
Rock	1.33	3.13

Percent of 11th graders who attempted suicide in the last year

	2013	2016	2019
Minnesota	3	3	3
SWHHS	3	3	4
Lincoln	7	0	5
Lyon	2	2	4
Murray	1	3	5
Pipestone	3	4	2
Redwood	4	8	4
Rock	0	0	5

Count of Suicide Deaths by County, by Year

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
SWHHS	9	3	6	11	11	16	8	11	11	10
Lincoln	0	0	0	1	1	1	1	1	0	1
Lyon	4	1	0	5	1	2	2	4	5	4
Murray	1	0	2	2	4	3	0	0	1	2
Pipestone	1	0	2	0	1	2	0	1	2	1
Redwood	2	1	1	2	3	7	2	3	3	1
Rock	1	1	1	1	1	1	3	2	0	1

5 Year Average Count of Suicide Deaths by County

	1993-1997	1998-2002	2003-2007	2008-2012	2013-2017
SWHHS	6.4	8.6	9.2	8	11.2
Lincoln	1	0.6	0.2	0.4	0.8
Lyon	2	2.6	3	2.2	3.4
Murray	0.2	1	1	1.8	1.2
Pipestone	0.6	0.6	1.8	0.8	1.2
Redwood	1.2	2.6	2.4	1.8	3.2
Rock	1.4	1.2	0.8	1	1.4

Percent of Adults That Delayed Getting Mental Health Care

	2015	2019
SWHHS	9.1	10.7
Lincoln	10.1	8.2
Lyon	8.9	12.4
Murray	10.7	10.3
Pipestone	7.6	10.7
Redwood	8.0	7.6
Rock	11.2	13.5