GOODHUE COUNTY COMMUNITY HEALTH ASSESSMENT COMMITTEE, DECEMBER 2018

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**EXECUTIVE SUMMARY**

A community health improvement plan is a long-term plan, describing how the local health department and a broad set of community partners are addressing needs identified in the last community health assessment. This 2018-2023 plan is based on a community health assessment completed for Goodhue County in 2017. The Community Health Assessment Committee reviewed the top 10 health issues from the 2017 assessment and identified three underlying health priorities for 2018-2023 (see priorities on page 3).

Many organizations are involved in addressing these priorities and the legacy priority from the 2014 plan, Family & Parenting. Completing and monitoring the plan, in collaboration with community stakeholders and partners, is a responsibility of Goodhue County Health and Human Services (GCHHS) under Minnesota Statutes §145A and is required by the Public Health Accreditation Board. GCHHS leads the Community Health Assessment committee and will compile updates and revisions to the plan in annual reports.

“Community” refers to the whole population of Goodhue County, as opposed to the health of any one individual. “Health” includes not only our health outcomes but also the health factors that influence health. This plan is about improving the health of the community together and achieving the Community Health Assessment Committee’s vision.

**Community Health Assessment Committee Mission:**

to identify health disparities and top health issues for Goodhue County and implement and evaluate strategies, policies, and programs.

**Community Health Assessment Committee Vision:**

“...opportunity for all Goodhue County residents to experience optimal health...”

**OVERVIEW OF 2018-2023 ACTION PLANS & STRATEGIES**

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Goodhue County Community Health Improvement Plan 2018-2023 (December 2018)
3

HEALTH PRIORITIES
GOODHUE COUNTY 2018-2023

TALK ABOUT THE IMPACT OF POVERTY ON HEALTH
What can we do to expand conversations on what’s needed to be healthy and increase awareness regarding poverty as a root cause of some substance abuse, obesity, and mental health issues?

REDUCE BARRIERS TO MENTAL HEALTH CARE
How can we reduce barriers to mental health care so people in our county do not live with untreated symptoms of mental illness?

ENGAGE PRIORITY POPULATIONS
How can we authentically engage single moms, people of color, and Indigenous people in determining strategies that reduce their barriers to optimal health?
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Appendix 3  Action Plan 3: Engage Priority Populations

Appendix 4  Legacy Action Plan: Family and Parenting
INTRODUCTION

DESCRIPTION OF GOODHUE COUNTY

This Community Health Improvement Plan is about improving the health of all community members in the geographic area of Goodhue County, which is located in southeast Minnesota. In 2017, Goodhue County’s estimated population was 46,304 (U.S. Census Bureau, Population Division), an increase of 2,177 or 5% since the 2000 Census. According to US Census 2017 Population Estimates, 92% of the population is non-Hispanic white, 3% is Hispanic, 1.5% is American Indian, 1% is Black, 0.7% is Asian, and people who are two or more races make up about 2% of the population.

Goodhue County has 10 cities and 21 townships. The county is on the Highway 52 corridor between the Twin Cities and Rochester, including the towns of Cannon Falls, Zumbrota, and Pine Island. The Mississippi River town of Red Wing, on U.S. Highway 61, is the county seat. Other rural communities include Goodhue, Kenyon, Wanamingo, Bellechester, Dennison, and Lake City. Most of Lake City and a portion of Pine Island are in neighboring counties.

Households with children under 18 make up 31% of households in Goodhue County (U.S. Census Bureau, 2013-2017). School districts include Cannon Falls, Goodhue, Kenyon-Wanamingo, Pine Island, Red Wing, and Goodhue County Education District, plus portions of seven others including Zumbrota-Mazeppa and Lake City, which are officially Wabasha County districts. On average, 26% of students in Goodhue County districts receive free or reduced price lunch (Minnesota Department of Education, 2018). As of 2016, an estimated 7.7% of the population in Goodhue County lived below the poverty line, and households in Goodhue County, MN had a median income of $66,038 compared to the state at $65,583 (U.S. Census Bureau SAIPE).

The county has 780 square miles, much of it prime farmland in active production. Outside of agriculture, the economy of Goodhue County is specialized in manufacturing and utilities, and other large industries include healthcare and retail. A major demographic shift is underway. In 2015, 19% of Goodhue County residents were over age 65, but projections from the Minnesota Department of Employment and Economic Development are that by 2045, 27% will be over age 65.

AGRICULTURAL SCENE IN RURAL GOODHUE COUNTY
**DEFINITIONS**

**Community Health Improvement Plan**
A community health improvement plan is part of a strategic planning process for improving community health, describing how the local health department and a broad set of community partners are addressing needs identified in the last community health assessment. Because writing and updating such a plan is a health department requirement, Goodhue County Health and Human Services (GCHHS) leads the Community Health Assessment Committee. However, the only way we can improve these things is together. The credit for the work goes to the organizations who actively participate and the community members listed.

**Community Health**
“Community health” refers to the health of the whole population, as opposed to the health of individuals. For example, community health strategies would aim to lower the county’s diabetes rate overall, or for groups most at risk. This is different than offering health tips for individuals on how to prevent diabetes. To improve health at the community level requires convening partners and engaging the community. Community health improvement often includes using evidence-based strategies and making changes to policies and systems. There are many collaborative initiatives in Goodhue County, led by a variety of organizations. Efforts to improve equity, education, housing, or access to mental health care can all prevent illness, prevent injury, and prevent health care costs. That’s community health.

**Health**
Our Community Health Assessment Committee’s definition of health is contained in our vision statement (see page 20). This vision describes our desired future. “Health” includes not only our health outcomes but also the health factors that influence health. **Health outcomes** are morbidity and mortality—average quality of life and length of life in Goodhue County. **Health factors** include not only genetics, personal behaviors, and clinical care, but also the physical environment and social and economic factors that influence health outcomes.
Health Equity

As a Community Health Assessment Committee, we are interested in addressing inequities in the county. The Minnesota Department of Health defines health equity as “the opportunity for every person to realize their health potential—the highest level of health possible for that person—without limits imposed by structural inequities” (Advancing Health Equity in Minnesota: Report to the Legislature, 2014). Health inequities are differences in health between groups due to social, economic, environmental, geographic, and political conditions, also known as the social determinants of health. While other health disparities are the consequence of genetic or biological differences between groups, health inequities specifically result from social conditions we can change through the implementation of policies and practices.

Terms Used in Action Plans

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?”

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

Action Plan Objectives
Measure the amount or quality of activities related to the strategy. Specific, measurable, and time-bound.

Community Health Objectives
Population indicators or conditions to which the action plan activities make a contribution. Health outcomes or factors.

Baseline
Most recent data for action plan and community health objectives. The starting point, for comparison.

PRIORITY 3: ENGAGE PRIORITY POPULATIONS

Community Health Objectives

Goal
Authentically engage all races, people of color, and Indigenous people in determining strategies that reduce their barriers to optimal health. (Specific populations were included in this goal because they experience higher rates of poverty than the county average.)

Baseline

- The December 2019 data on the percentage of Goodhue County adults who are at or above age 65 who had an annual visit to a primary care provider is 66.6%.
- Percent of people who received an influenza vaccine in the last 12 months: 52.4%.
- Percent of people who received a mammogram in the last 2 years: 90.0%.
- Percent of people who reported they were physically inactive: 30.5%.
- Percent of people who reported they had poor quality of diet: 67.3%.
- Percent of people who reported they had poor mental health: 20.7%.

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ACTION PLANS CAN BE FOUND ONLINE AT HTTP://WWW.CO.GOODHUE.MN.US/982/COMMUNITY-HEALTH-IMPROVEMENT-PLAN

Goodhue County Community Health Improvement Plan 2018-2023 (December 2018)
OTHER ASSESSMENTS AND PLANS
The Community Health Improvement Plan is meant to complement other action planning documents produced by governmental and community partners. The Goodhue County Community Health Improvement Plan is different:

- Entire Goodhue County population
- 5 year timeframe
- Addresses top health issues (including factors that influence health, see definition of “health” on page 6)
- Required by Public Health Accreditation Board and Minnesota Statute

Hospital Community Health Needs Assessments
In Goodhue County, Mayo Clinic Health System uses local community health needs assessment survey and key informant interview data collected in collaboration with the health and human services department in preparing their Cannon Falls, Lake City, and Red Wing hospitals’ CHNAs. The last CHNAs were in 2016 and the next will be in 2019.

- Population served by each hospital
- 3 year timeframe
- Assesses needs so hospitals can provide community benefits that meet the needs of their communities
- Required by IRS and Affordable Care Act to maintain tax-exempt status

View the CHNA reports online: https://mayoclinichealthsystem.org/about-us/community-health-needs-assessments

MAYO CLINIC HEALTH SYSTEM CANNON FALLS HOSPITAL AND CLINIC

United Way of Goodhue, Wabasha & Pierce Counties Key Goals
United Way organizations often do a community assessment and planning processes. The United Way of Goodhue, Wabasha, and Pierce Counties reviews one focus area annually, rotating through Health, Education, and Basic Needs on a three-year grant cycle.

- Multi-county population
- Rotating 3-year timeframe
- Determines focus of Community Investment grant making

To view the United Way of Goodhue, Wabasha, and Pierce Counties’ Key Goals, visit their Community Investment grant webpage: https://www.uw-gwp.org/our-impact/community-investment/
Comprehensive Plans (such as Red Wing 2040)

Minnesota gives cities and counties the authority to regulate land use through three tools: zoning ordinances, subdivision ordinances, and comprehensive plans ("comp plans"). A comp plan, like Red Wing 2040, contains a community’s vision for the future and its goals and strategies. Smaller cities may do comp plans but are not required.

- Population of city (for city comp plans) or population of county (for the county comp plan)
- Long-term (such as 10-20 years)
- Guides the overall future development and improvement of the city or county

2012 Lake City Comprehensive Plan: https://www.ci.lake-city.mn.us/comprehensiveplan
Red Wing 2040 Comprehensive Community Plan: https://www.red-wing.org/354/Red-Wing-2040
2016 Zumbrota Comprehensive Plan: https://www.ci.zumbrota.mn.us/?SEC=F53D243D-7140-4F30-B944-00C1C6354E2D
2016 Goodhue County Comprehensive Plan: https://www.co.goodhue.mn.us/925/Ordinances-and-Plans

The Red Wing 2040 planning process and the Community Health Improvement Plan process both took place in 2018. Strategy 2-2, Form a Mental Health Coalition to create a unified framework for improved mental health, is a collaborative effort also included in the Red Wing 2040 plan.
WRITING THIS PLAN

MAPP MODEL

Mobilizing for Action through Planning and Partnerships (MAPP) is a national model for health assessment and planning. It is a community-driven strategic planning process to prioritize public health issues and identify resources to address them (National Association of County and City Health Officials, 2018). Writing this plan involved these MAPP phases: Identify Priorities, Formulate Goals and Strategies, and the Action Cycle. The plan is now ready to implement. We will evaluate progress on action plans in annual reports.

SELECTING TOP HEALTH ISSUES

In 2017, the Community Health Assessment Committee reviewed data summaries on all of the following health topics:

- Access to Dental Care
- Access to Medical Care + Uninsured
- Access to Mental Health Care
- Aging Populations + Falls + Disabilities
- Air Quality + Asthma + Water Quality
- Alcohol
- Animal/Vector-borne Disease
- Bullying
- Cancer + Screenings
- Child Abuse and Domestic Violence
- Child Care Shortage
- Chronic Health Conditions
- Crime
- Educational Attainment + K-12 Education
- Family Planning
- Family and Parenting
- Foodborne Illnesses
- Food Insecurity
- Healthy Eating
- Housing + Homelessness + Affordability
- Lead
- Sexually Transmitted Disease
- Substance Abuse + Prescription Drug Abuse
- Maternal, Infant, and Child Health
- Mental Health
- Mental Health: Youth
- Motor Vehicle Crashes + Driving Behaviors
- Overweight and Obesity
- Parks and Recreation
- Physical Activity
- Population Growth
- Poverty + Income Inequality + Unemployment
- Racially Diverse Populations
- Radon
- Tobacco, E-Cigarettes, and Secondhand Smoke
- Transportation Cost
- Vaccine Preventable Disease

Using the data, they rated health topics by size, seriousness, and unfairness:

- Size is the number of people potentially or actually affected by the health topic.
- Seriousness refers to the impact upon disability, premature death, social burdens or health care costs.
- Unfairness means all people do not have an equal opportunity to be healthy surrounding this topic based upon factors like gender, race, age, or income.
For the 15 topics with the highest average ratings, the committee listed which 3 topics were most important/most related. For example, Income/Poverty was related to 11 of the top 15 health issues, and Mental Health/Wellbeing was related to 7 of the top 15 health issues. This determined which issues were included in the top 10.

A sub-committee finalized the order of the top 10 issues with public input from informal dot surveys. For example, Substance Abuse/Prescription Drug Abuse was moved up from number 7 to number 4 based on public input.

COMMUNITY INPUT AT KENYON ROSE FEST 2017

All health topics are important to monitor. Data on all of the health topics is included in the 2017 Goodhue County Community Health Assessment: http://www.co.goodhue.mn.us/981/Community-Health-Assessment

SELECTING PRIORITIES

In 2018, the Community Health Assessment Committee looked again at data from the six top health issues in the 2017 Community Health Assessment. The task was to identify which data or indicators we hoped would change over the next 5 years in our county. The intent was to look back at the data that were most concerning to our Committee last year in terms of size, seriousness, and unfairness (health inequity), before we brainstormed possible priorities. We wrote answers on cards and posted on a sticky wall. We rearranged and grouped cards.

Next, we brainstormed priorities. A priority is different from a top health issue because it affects more than one issue. The more it requires us to change the way we function, has long-term consequences, and creates tensions in our community, the more strategic it is. After the meeting, the Committee selected these priorities in an online survey:

1. What can we do to expand conversations on what’s needed to be healthy and increase awareness regarding poverty as a root cause of some substance abuse, obesity, and mental health issues?
2. How can we reduce barriers to mental health care so people in our county do not live with untreated symptoms of mental illness?
3. How can we authentically engage single moms, people of color, and Indigenous people in determining strategies that reduce their barriers to optimal health? (Specific populations were included in this priority because they experience higher rates of poverty than the county average.)

This plan also includes a Legacy priority from the 2014-2018 plan, Family & Parenting.

The Committee can reassess and revise community priorities in the future using new or additional information or data.

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**BRAINSTORMED INDICATORS AND PRIORITIES AT A COMMUNITY HEALTH ASSESSMENT COMMITTEE MEETING 2018**

**“IT’S THE COMMUNITY’S PLAN”**

The Community Health Improvement Plan is not about the community telling the health department what to do. It’s meant to be the community’s plan. It describes what the community is doing together with the health department to address the top health issues.

Priorities emerge because organizations agree this is something they are working on or want to work on. We have the perspective, “if no one wants to work on it, maybe we haven’t identified the right problem to work on.” Many different agencies, programs, and initiatives in Goodhue County contribute to improving the community’s health.

The credit for the action plan work goes to the people and organizations who actively participate in meetings about how to improve the community’s health and agree to take on responsibilities. These people and groups are listed in the action plans. All are welcome to join our committee and contribute to future revisions of this plan.

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2 These populations have higher rates of poverty than the county average (11%) according to the American Community Survey 2011-2015: female householder, no husband present (38%), Black (72%), Hispanic or Latino (19%), American Indian (44%).

Goodhue County Community Health Improvement Plan 2018-2023 (December 2018)
Completing and monitoring the plan, in collaboration with community stakeholders and partners, is a responsibility of Goodhue County Health and Human Services (GCHHS) under Minnesota Statutes §145A and is required by the Public Health Accreditation Board standard 5.2. The county provides leadership and support for the planning process in order to meet these requirements. County staff also participate in implementing strategies related to their roles at GCHHS.

Resources for implementing strategies
The action plans are implemented with existing GCHHS and partner organization staff time and volunteer time. Organizations can seek grants or donations or pool money for joint projects. GCHHS budgets $4,500 a year from the state Local Public Health Act grant for the assessment and planning process and implementation. Community Health Assessment Committee members offering grants and donations include:

- United Way Community Investment Grant funding [www.uw-gwp.org](http://www.uw-gwp.org)
- Live Well Goodhue County mini-grants [https://www.co.goodhue.mn.us/1264/Live-Well-Goodhue-County](https://www.co.goodhue.mn.us/1264/Live-Well-Goodhue-County)
- Mayo Clinic Health System community benefit dollars [https://www.mayo.edu/pmts/mc14300-mc14399/mchs14350.pdf](https://www.mayo.edu/pmts/mc14300-mc14399/mchs14350.pdf)

CALL TO ACTION

How can you help improve community health in Goodhue County?
Throughout the planning process, community members and organizations have been actively involved, and our goal is for that to continue. As you think about what you read here, please think about ways YOU can contribute to building an even healthier Goodhue County.

Community health improvement requires partners in a variety of sectors. Therefore, we are always looking for partners from a variety of sectors interested in helping with our mission, which is to identify health disparities and top health issues for Goodhue County and to implement and evaluate strategies, policies, and programs.

Here are some things you might consider:

Expand the work of the plan by advocating for the plan’s priorities
Organizations from all sectors of the community – schools, health care providers, local government, faith organizations, service providers, and others – could potentially use this plan’s priorities to inform their own changes.

In our daily lives, we touch other’s lives throughout our community. Think about the specific priorities listed in this plan. How could you talk about the impact of poverty on health, or engage priority populations, in the places where you learn, work, and play? How can you personally help advocate change? Advocating for changes like this across all sectors of our community is important if we want to see true change.

Stay involved with groups working to implement the plan
Within the community, there are already groups, advisory committees, coalitions, and other action teams implementing strategies to improve community health related to these priorities. These groups are listed in the action plans.

If you, or your organization, are the missing partner in the Community Health Improvement Plan, please contact us. You can contact anyone listed as the “Lead Person/Organization Responsible” in the action plans in the appendices. Or, you can contact Goodhue County Health and Human Services using the contact information on page 1.

We would be happy to get you more information about how you can help support our efforts to improve community health. We look forward to working with you!
PRIORITIES

TALK ABOUT THE IMPACT OF POVERTY ON HEALTH

What can we do to expand conversations on what’s needed to be healthy and increase awareness regarding poverty as a root cause of some substance abuse, obesity, and mental health issues?

Why talking about the impact of poverty on health is a health priority

Poverty creates barriers to access to health services, healthy food, and other necessities, contributing to poor health. Poverty was the #1 top health issue in 2017. Educating about poverty’s relationship to substance abuse, obesity, and mental health relates back to the #2, #3, and #4 top health issues.

As an example of how poverty relates to obesity, nearly twice as many Goodhue County adults who say they “often” worry about running out of food before having money to buy more are obese, as compared to those who “never” worry.

Community engagement

The Community Health Assessment Committee brainstormed existing groups working on poverty issues. Core Group members Pam Horlitz and Laura Prink agreed to co-lead this strategy. They reviewed the list and selected the United Way Poverty Simulations and the Blandin Leaders Partnering to End Poverty (LPEP) to help with this strategy. Blandin staff were consulted in writing the action plan, which includes inviting LPEP participants to revise this strategy in 2019.

Existing community assets and resources

- United Way Poverty Simulations
- Red Wing Homeless Response Team
- Blandin LPEP
- Three Rivers’ Goodhue County Homeless Response Team
- Hunger-Free Kids Network
- Red Wing 2040 Economy Team

About Strategy 1-1: Communicate the impact of poverty on health

- This is a practice-based strategy. We will use best practices for communication.
- This strategy involves organizational-level change.

See Appendix 1 for the Priority 1 action plan.
Note that Goodhue County residents who are Black, two or more races, American Indian, or Hispanic or Latino experience higher rates of poverty.

### Goodhue County Poverty Rate by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Poverty Rate by Race (US Census Bureau 2011-2015 American Community Survey)</th>
<th>Goodhue County Overall Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Two or More Races</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>19%</td>
<td></td>
</tr>
</tbody>
</table>

### Reduce Barriers to Mental Health Care

*How can we reduce barriers to mental health care so people in our county do not live with untreated symptoms of mental illness?*

#### Why reducing barriers to mental health care is a health priority

Mental illness is related to higher rates of chronic disease and risk behaviors including inactivity, smoking, and drinking. Barriers to accessing mental health services lead to unmet health needs, delayed care, and preventable hospitalizations. Treatable conditions like depression and other mental illnesses often contribute to suicidal behavior.

Stigma and discrimination can be a barrier to seeking mental health care. People with a history of mental illness were less likely (56%) than those with no history of mental illness (67%) to agree that people are kind to people with mental illness (Goodhue County Community Health Needs Assessment Survey, 2015). As an agricultural county, we are in a position to raise awareness about the stress farmers can face (Minnesota Department of Agriculture, 2018).

A lack of providers and gaps in the service array are also barriers. According to the 2018 County Health Rankings, there is 1 mental health provider for every 1,080 residents in Goodhue County, as compared to 1 mental health provider for every 470 residents in the state of Minnesota. A focus group conducted for the Community Health Assessment identified lack of psychiatrists for medication management as a gap. At the Mental Health Coalition meeting, children’s outpatient and adolescent chemical dependency were also listed as gaps.

#### Community engagement

Our 2014-2018 plan included the Make it OK anti-stigma campaign, which came out of an earlier Greater Red Wing Area Mental Health Initiative. Goodhue County Make it OK has many partners at the table from all sectors: businesses, faith communities, schools, nonprofit organizations and more. The advisory committee helped write the action plan.

In June 2018, the Community Health Assessment Committee brainstormed who should be invited to a “larger meeting” about mental health. Our 2017 assessment, the hospital’s assessment, and the city of Red Wing 2040 assessment had all identified mental health was still an issue. Representatives from these three assessments, plus from Family Services Collaborative, Fernbrook Family Center, Make it OK, and a volunteer (the “mental health conveners”) planned a
November 2018 Mental Health Coalition Meeting attended by 62 people who provided input and wrote action plans around three themes (or “buckets”) from the assessments: service array, improve wellness, and resource directory.

THE "EDUCATE ABOUT MENTAL HEALTH AND IMPROVE MENTAL WELLNESS" GROUP AT THE NOVEMBER 2018 MENTAL HEALTH COALITION MEETING.

Existing community assets and resources

- Family Services Collaborative — ACES/Trauma Training
- SCHA Healthy Pathways Program
- Crisis hotlines
- SE MN Crisis Response
- MDA Coping with Farm and Rural Stress website
- New regional mental health crisis centers
- Emergency Departments
- Make it OK
- School-linked mental health services
- Youth Mental Health First Aid
- United Way 211
- People’s Pamphlet

About Strategy 2-1: Expand Make it OK Anti-Stigma Campaign

- This is an evidence-based strategy.
- This strategy involves community-level change.

About Strategy 2-2: Form a Mental Health Coalition to create a unified framework for improved mental health

- “Mobilize community partnerships to identify and solve health problems” is an essential public health service.
- Measureable objectives have not yet been identified but may involve community- or policy-level change

See Appendix 2 for the Priority 2 action plan.
**ENGAGE PRIORITY POPULATIONS**

How can we authentically engage single moms, people of color, and Indigenous people in determining strategies that reduce their barriers to optimal health? (Specific populations were included in this priority because they experience higher rates of poverty than the county average.)

**Why engaging with low-income audiences and populations with higher rates of poverty is a health priority**

Advancing health equity requires including and engaging with those in poverty and others experiencing health disparities. Efforts will be more successful if they are designed with—not for—community members. True partnerships are not about confirming or advancing a pre-existing idea or agenda, but listening and allowing the community to lead the work (Minnesota Department of Health, 2018).

People of color and people with low incomes both have higher rates of diabetes than the general adult population of Goodhue County.

![Goodhue County Diabetes Rates](image)

**Community engagement**

The Community Health Assessment Committee recommended that the Live Well Goodhue County Community Leadership Team lead this priority due to their existing work. In 2016, Live Well Goodhue County completed a Health Equity Data Analysis (HEDA) about the health disparity of higher diabetes rates in low income populations in our county. In 2017, Goodhue County Health and Human Services received a Health Equity Learning Community grant from the Minnesota Department of Health that led to staff carrying groceries for food shelf clients and organizing Meet and Eats. With Red Wing Area Food Shelf and University of Minnesota Extension, Live Well Goodhue County planned two Meet and Eats in 2018 for food shelf clients and volunteers to work together to brainstorm and prioritize a strategy to increase access to healthy, nutritious foods. This work will continue. The action plan also includes new engagement strategies for I CAN Prevent Diabetes.

---

3 These populations have higher rates of poverty than the county average (11%) according to the American Community Survey 2011-2015: female householder, no husband present (38%), Black (72%), Hispanic or Latino (19%), American Indian (44%).
Existing community assets and resources

- Live Well Goodhue County
- School teachers and social workers
- ECFE programs
- Food shelves
- All Seasons Community Services in Kenyon
- Baby Café in Cannon Falls
- Hispanic Outreach
- MOPS members
- Prairie Island Indian Community
- WIC
- People in poverty
- Brown Girls club of young women of color at RW high school
- County HHS clients

About Strategy 3-1: Authentically engage low-income audiences in selecting, planning, and implementing Live Well Goodhue County strategies

- This is a practice-based and science-based strategy.
- This is a system-level change in how strategies are planned and may lead to other policy and system level changes.

See Appendix 3 for the Priority 3 action plan.

LIVE WELL GOODHUE COUNTY COORDINATOR TALKS WITH A RED WING AREA FOOD SHELF CLIENT ABOUT THE MEET AND EAT IN 2018.

FAMILY AND PARENTING

Why family and parenting is a health priority
The early years are arguably the most crucial for a child’s development, influencing a child’s long-term health. A baby’s brain begins to develop before birth, and babies, toddlers, and preschoolers spend the years before Kindergarten building the skills necessary to learn and enjoy school. The link between education and health is significant. Better-
educated individuals are less likely to report anxiety or depression and are at lower risk of heart disease and diabetes. They are less likely to smoke, to binge drink, to be overweight or obese, or to use illegal drugs (Cutler, 2006).

The link between child abuse and health is also well established. Childhood abuse has been associated with depression, anxiety, eating disorders, PTSD, and risky health behaviors including smoking and alcohol and drug use (Springer, Sheridan, Kuo, & Carnes, 2003).

Parenting choices like smoking during pregnancy also affect children’s health. Smoking can increase a woman's risk of having a low birthweight baby. Teen pregnancy also raises the risk of pregnancy complications and low birthweight. Low birthweight babies face an increased risk of serious health problems during the newborn period and chronic lifelong disabilities.

**Community engagement**

Family and Parenting was the #1 Priority in the 2014-2018 Community Health Improvement Plan. The selected strategy was home visiting, and agencies with home visiting programs met annually to review the action plan. Changes since 2014 included the expansion of Parent Support Outreach Program with a full-time, permanent position at GCHHS and two new evidence-based home visiting programs in Goodhue County: Early Head Start and Healthy Families of America. With so many recent changes, the agencies wanted to continue to meet annually, so Family and Parenting was included as a Legacy Priority in this plan. The agencies met in November 2018 to write the action plan for 2018-2023.

**Existing community assets and resources**

- Schools
- Child Care Providers
- Preschools
- Clinics & Hospitals
- Home Visiting Personnel
- Help Me Grow Minnesota
- Minnesota Coalition for Targeted Home Visiting
- Region 10 Interagency Early Intervention Committee
- Every Hand Joined Early Childhood Network

**About Strategy L-1: Home Visiting**

- This is an evidence-based strategy.
- This is organizational-level change with some system-level change (for example, changes to referral processes).

See Appendix 4 for the Legacy Priority action plan.

**LINK TO APPENDICES (ACTION PLANS)**

The appendices can be accessed online at [https://www.co.goodhue.mn.us/982/Community-Health-Improvement-Plan](https://www.co.goodhue.mn.us/982/Community-Health-Improvement-Plan).

**Appendix 1: Action Plan 1: Talk about the Impact of Poverty on Health**

**Appendix 2: Action Plan 2: Reduce Barriers to Mental Health Care**

**Appendix 3: Action Plan 3: Engage Priority Populations**

**Appendix 4: Legacy Action Plan: Family & Parenting**

The CHA-CHIP visual on the final page of this plan shows our process from identifying 10 top health issues to 3 health priorities that address underlying challenges we must work on to achieve our vision for a healthy Goodhue County.
2017 10 Top Health Issues

1,785
The number of children in poverty

#1. Income/Poverty

#2
Mental Health/Wellbeing

#3
Overweight/Obesity

#4
Substance Abuse/Prescription Drug Abuse

#5
Access to Mental Health/Services

#6
Eating Habits

#7
Underinsured/Uninsured

#8
Safe and Affordable Housing

#9
Chronic Conditions

#10
Food Insecurity

2018 3 Health Priorities

TALK ABOUT THE IMPACT OF POVERTY ON HEALTH
What can we do to expand conversations on what's needed to be healthy and increase awareness regarding poverty as a root cause of some substance abuse, obesity, and mental health issues?

REDUCE BARRIERS TO MENTAL HEALTH CARE
How can we reduce barriers to mental health care so people in our county do not live with untreated symptoms of mental illness?

ENGAGE PRIORITY POPULATIONS
How can we authentically engage single moms, people of color, and Indigenous people in determining strategies that reduce their barriers to optimal health?

2023 Vision

Equitable opportunity for all Goodhue County residents to experience optimal health across the dimensions of wellbeing (physical, social, mental, spiritual, economic, environmental, occupational, intellectual)

- Diverse residents valued for their strengths
- Access to quality healthcare
- Access to healthy foods and places to be active
- Opportunity for academic success
- Strong local economies
- Collaboration to address local needs
WORKS CITED


PRIORITY 1: TALK ABOUT THE IMPACT OF POVERTY ON HEALTH

Goal
Expand conversations on what’s needed to be healthy and increase awareness regarding poverty as a root cause of some substance abuse, obesity, and mental health issues.

Community Health Objectives with Poverty-Related Disparities

<table>
<thead>
<tr>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Goodhue County 11th graders who faced severe economic hardship(^1) were less likely to have no alcohol or marijuana or other drug use in the past year (37%) compared with Goodhue County 11th graders who did not face severe economic hardship (57%). Source: Minnesota Student Survey, 2016</td>
</tr>
<tr>
<td>• Goodhue County Health and Human Services customers surveyed(^2) were much more likely to be a current cigarette smoker (45%) compared with the general adult population of Goodhue County (8%). Source: Goodhue County Community Health Needs Assessment Survey, 2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Goodhue County 9th graders who received free or reduced price lunch were more likely to be overweight or obese (43%) compared with Goodhue County 9th graders who do not get free or reduced price lunch (23%). Source: Minnesota Student Survey, 2016</td>
</tr>
<tr>
<td>• Goodhue County adults who often worried about food running out before having money to buy more were more likely to be obese (68%) than adults who never worried about food running out (35%). Source: Goodhue County Community Health Needs Assessment Survey, 2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Goodhue County 11th graders who faced severe economic hardship(^1) were more likely to have any long-term mental health, behavioral, or emotional problems that have lasted six months or more (50%) compared with Goodhue County 11th graders who did not face severe economic hardship (15%). Source: Minnesota Student Survey, 2016</td>
</tr>
<tr>
<td>• Goodhue County adults with household incomes less than $25,000 were more likely to have a history of anxiety, depression, or other mental illness (39%) than the general adult population of Goodhue County (27%). Source: Goodhue County Community Health Needs Assessment Survey, 2015</td>
</tr>
</tbody>
</table>

Action Plan Objectives

| 1-1a. By December 31, 2023, 50% of Goodhue County CHA Committee members will have participated in activities to communicate about what creates health or about poverty-related health disparities. | TBD |
| 1-1b. By December 31, 2019, forge relationships and provide technical assistance to Blandin Leaders Partnering to End Poverty (LPEP) participants as they organize a community effort to impact poverty. | N/A |

Alignment with State/National Priorities

**Healthy Minnesota 2022**
- Strategic Activity: Expand conversations about what creates health and well-being

**National Prevention Strategy**
- Elimination of Health Disparities Recommendation 3. Increase the capacity of the prevention workforce to identify and address disparities.

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

\(^2\) These customers were much more likely to have household income less than $35,000 (90%) compared with the general adult population of Goodhue County (19%). A convenience sample of 50 GCHHS customers filled out the survey.
**Priority 1 Action Plan**

**Strategy 1-1  Communicate the impact of poverty on health**

The Minnesota Department of Health’s guide to Health Equity Data Analysis contains a section on **best practices** for communication such as understanding your audience, matching message with messenger, crafting messages, using numbers, and selecting language (Minnesota Department of Health, 2018). According to the HEDA Guide, communication can educate potential partners, serve as a call to action, and ultimately advance health equity. The focus of this strategy in Goodhue County is twofold: first, expanding the understanding that health is not determined by individual behaviors and genetics alone, and, second, communicating differences in health outcomes or health behaviors experienced by populations living in poverty.

<table>
<thead>
<tr>
<th>Action Plan Objectives</th>
<th>Activity</th>
<th>Target Date</th>
<th>Partners</th>
<th>Lead Person/Organization Responsible</th>
<th>Progress Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1a. By December 31, 2023, 50% of Goodhue County Community Health Assessment Committee members will have participated in activities to communicate about what creates health or about poverty-related health disparities.</td>
<td>Create PowerPoint slide/talking points.</td>
<td>2/28/2019</td>
<td>Healthy Communities Supervisor, GCHHS</td>
<td>Community Engagement Specialist, Mayo Clinic Health System</td>
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<tr>
<td></td>
<td>Create Facebook posts with sound bites, stories, and/or visuals</td>
<td>12/31/2023</td>
<td>Community Health Assessment Committee</td>
<td>Community Engagement Specialist, Mayo Clinic Health System</td>
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</tr>
<tr>
<td></td>
<td>Create and maintain a blog</td>
<td>12/31/2023</td>
<td>Community Health Assessment Committee</td>
<td>Community Engagement Specialist, Mayo Clinic Health System</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Host a Poverty Simulation with a health-focused debriefing and/or integrate the relationship between poverty and health throughout.</td>
<td>12/31/2023</td>
<td>Community Health Assessment Committee</td>
<td>Community Impact Manager, United Way of Goodhue, Wabasha, and Pierce Counties</td>
<td></td>
</tr>
<tr>
<td>1-1b. By December 31, 2019, forge relationships and provide technical assistance to Blandin Leaders Partnering to End Poverty (LPEP) participants as they organize a community effort to impact poverty.</td>
<td>Provide a summary of what creates health with examples of poverty-related health disparities from the Community Health Assessment.</td>
<td>2/28/2019</td>
<td>Blandin LPEP Trainers, LPEP participants who are CHA Committee members</td>
<td>Healthy Communities Supervisor, GCHHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide a summary of the Community Health Improvement Plan, especially activities related to poverty, with information about how to get involved if interested.</td>
<td>2/28/2019</td>
<td>Blandin LPEP Trainers, LPEP participants who are CHA Committee members</td>
<td>Healthy Communities Supervisor, GCHHS</td>
<td></td>
</tr>
<tr>
<td>Action Plan Objectives</td>
<td>Activity</td>
<td>Target Date</td>
<td>Partners</td>
<td>Lead Person/ Organization Responsible</td>
<td>Progress Notes</td>
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<tr>
<td></td>
<td>Provide PowerPoint slide/talking points from objective 1-1a.</td>
<td>12/31/2019</td>
<td>Blandin LPEP Trainers, LPEP participants who are CHA Committee members</td>
<td>Community Engagement Specialist, Mayo Clinic Health System</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Invite Blandin LPEP participants to select liaisons to attend 2019 quarterly CHA Committee meetings.</td>
<td>12/31/2019</td>
<td>Blandin LPEP Trainers, Blandin LPEP participants</td>
<td>Healthy Communities Supervisor, GCHHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review/revise this objective.</td>
<td>12/31/2019</td>
<td>Blandin LPEP participants</td>
<td>Healthy Communities Supervisor, GCHHS</td>
<td></td>
</tr>
</tbody>
</table>

### Plans for Sustaining Action & Monitoring Implementation

#### Resources for Implementation
- Mayo Clinic Health System, United Way of Goodhue, Wabasha, and Pierce Counties, and Goodhue County Health and Human Services will provide staff and resources.
- United Way of Goodhue, Wabasha, and Pierce Counties applied to and was accepted to bring the Blandin Foundation’s LPEP training to Red Wing.
- Goodhue County Health and Human Services will contribute up to $500 in 2019 to support implementation. This funding comes from Minnesota’s Local Public Health Act.

#### Participation of Stakeholders & Partners in Monitoring Implementation
- The Community Health Assessment core group will monitor the action plan quarterly.
- The Community Health Assessment committee will receive an update at least annually.

#### Process for Revising the Action Plan
- The Healthy Communities Supervisor will contact partners as needed for progress notes.
- CHA Core group will discuss the progress notes and make revisions to objective 1-1a.
- The Blandin LPEP participants will decide whether any of their community efforts will be related to the impact of poverty on health and determine the future of objective 1-1b.
PRIORITY 2: REDUCE BARRIERS TO MENTAL HEALTH CARE

Goal
Reduce barriers to mental health care so people in our county do not live with untreated symptoms of mental illness.

<table>
<thead>
<tr>
<th>Community Health Objectives</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>By December 31, 2023, decrease the average number of mentally unhealthy days in the past 30 days. Source: Goodhue County Community Health Needs Assessment Survey</td>
<td>2.5</td>
</tr>
<tr>
<td>By 2022, decrease the percent of Goodhue County 11th grade males who attempted suicide in the last year. Source: MN Student Survey</td>
<td>5%</td>
</tr>
<tr>
<td>By 2022, decrease the percent of Goodhue County 11th grade females who attempted suicide in the last year. Source: MN Student Survey</td>
<td>6%</td>
</tr>
<tr>
<td>By December 31, 2023, decrease the annual number of suicides in Goodhue County. Source: Minnesota Department of Health Center for Health Statistics</td>
<td>6</td>
</tr>
<tr>
<td>By December 31, 2023, decrease the ratio of population to mental health providers in Goodhue County. Source: County Health Rankings</td>
<td>1,040:1</td>
</tr>
<tr>
<td>By December 31, 2023, increase the percent of Goodhue County adults with a history of mental illness who agree people are generally caring and sympathetic to people with mental illness (56%, 2015). Source: Goodhue County Community Health Needs Assessment Survey</td>
<td>56%</td>
</tr>
<tr>
<td>By December 31, 2023, decrease the percent of Goodhue County adults who delayed seeking mental health care in the past 12 months. Source: Goodhue County Community Health Needs Assessment Survey</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Plan Objectives</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-1a. Between January 1, 2019, and December 31, 2023, give presentations to 3,000 people.</td>
<td>TBD</td>
</tr>
<tr>
<td>2-1b. By December 31, 2023, participate in 5 community events per year.</td>
<td>5, 2018</td>
</tr>
<tr>
<td>2-1c. By December 31, 2023, maintain active advisory committee and recruit 10-15 new ambassadors.</td>
<td>12, 2018</td>
</tr>
</tbody>
</table>

Vision for future Strategy 2-2 Action Plan Objectives

2-2a. Survey, analyze and improve the array of services available to residents.
2-2b. Educate the community about mental health and on ways to improve mental wellness for all of us
2-2c. Create a comprehensive Resource Directory (or enhance current ones) for services
2-2d. Develop leadership skills and capacity in the Mental Health Coalition

Alignment with State/National Priorities

Healthy Minnesota 2022
- Priority 1: The opportunity to be healthy is available everywhere and for everyone.

Governor’s Task Force on Mental Health (2016)
- Recommendation #1: Create a Comprehensive Continuum of Care

Healthy People 2020
- MHMD-1 Reduce the suicide rate.
- MDM-2 Reduce suicide attempts by adolescents
- MHMD-6 Increase the % of children with mental health problems who receive treatment
- MHMD-9 Increase the proportion of adults with mental health disorders who receive treatment
Alignment with State/National Priorities

National Prevention Strategy

- 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.

Priority 2 Action Plan

Strategy 2-1 Expand Make it OK Anti-Stigma Campaign

Make it OK is a mental illness anti stigma campaign to stop stigma and start talking about mental illnesses. Contact-based education programs and media campaigns (both part of Make it OK) are evidence-based interventions that research shows are effective for changing attitudes and reducing social distance (National Academies of Sciences, Engineering, and Medicine, 2016). Make it OK is both a statewide and local campaign that spreads our message through outreach and promotion. Make it OK was first established in Red Wing in 2013. In 2015, Make it OK’s efforts were expanded from Red Wing to the rest of Goodhue County. With Red Wing being the largest community in the county, much of the work started in Red Wing. Our action plan now is to maintain current relationships and to be strategic to expand into our other communities in Goodhue County.

<table>
<thead>
<tr>
<th>Action Plan Objectives</th>
<th>Activity</th>
<th>Target Date</th>
<th>Partners</th>
<th>Lead Person/Organization Responsible</th>
<th>Progress Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-1a. Between January 1, 2019, and December 31, 2023, give presentations to 3,000 people.</td>
<td>Presentations within the schools for both staff and students.</td>
<td>12/31/2023</td>
<td>Make it OK Ambassadors</td>
<td>Make it Ok Volunteer Coordinator, GCHHS</td>
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<tr>
<td></td>
<td>Presentations within worksites.</td>
<td>12/31/2023</td>
<td>Make it OK Ambassadors</td>
<td>Make it Ok Volunteer Coordinator, GCHHS</td>
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<td></td>
<td>Presentations to boards and community groups.</td>
<td>12/31/2023</td>
<td>Make it OK Ambassadors</td>
<td>Make it Ok Volunteer Coordinator, GCHHS</td>
<td></td>
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<tr>
<td></td>
<td>Presentations to marginalized populations.</td>
<td>12/31/2023</td>
<td>Make it OK Ambassadors</td>
<td>Make it Ok Volunteer Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td>2-1b. By December 31, 2023, participate in 5 community events per year.</td>
<td>Participate in 5 community events per year throughout the county such as Goodhue County Fairs, Prairie Island Health Fair, Rose Fest, Dennison Days. At least 2-3 a year need to be outside of Red Wing</td>
<td>12/31/2023</td>
<td>Make it OK Ambassadors, Make it OK Volunteer Coordinator</td>
<td>Community Health Specialist, GCHHS</td>
<td></td>
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<tr>
<td></td>
<td>Participate in statewide events such as NAMI WALK, state Make it OK volunteer recognition events, etc.</td>
<td>12/31/2023</td>
<td>Make it OK Ambassadors, MIO Volunteer Coordinator</td>
<td>Community Health Specialist, GCHHS</td>
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<tr>
<td>Action Plan Objectives</td>
<td>Activity</td>
<td>Target Date</td>
<td>Partners</td>
<td>Lead Person/ Organization Responsible</td>
<td>Progress Notes</td>
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<td></td>
<td>Annual October and May Media Campaigns including media such as newspaper ads, television, etc.</td>
<td>12/31/2023</td>
<td>Make it OK Ambassadors, Make it OK Advisory Committee</td>
<td>Community Health Specialist, GCHHS</td>
<td></td>
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<tr>
<td></td>
<td>Public screenings of mental health related shows/movies/documentaries throughout the county</td>
<td>12/31/2023</td>
<td>Partner Locations</td>
<td>Community Health Specialist, GCHHS</td>
<td></td>
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<tr>
<td></td>
<td>Host community conversations with meal, speaker, panel discussion, and table exhibitors throughout the county</td>
<td>12/31/2023</td>
<td>Speaker, Panelists, Table Exhibitors, Make it OK Ambassadors, Make it OK Volunteer Coordinator</td>
<td>Community Health Specialist, GCHHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintain current relationships with faith communities.</td>
<td>12/31/2023</td>
<td>Make it OK Ambassadors</td>
<td>Community Health Specialist and Make it Ok Volunteer Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Build relationships with faith communities outside of Red Wing. (Movie screenings, Make it Ok Sundays, presentations.)</td>
<td>12/31/2023</td>
<td>Make it OK Ambassadors</td>
<td>Community Health Specialist and Make it Ok Volunteer Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support/promote a new or existing NAMI support group in Goodhue County</td>
<td>12/31/2023</td>
<td>NAMI Minnesota</td>
<td>Community Health Specialist, GCHHS</td>
<td></td>
</tr>
<tr>
<td>2-1c. By December 31, 2023, maintain active advisory committee and recruit 10-15 new ambassadors.</td>
<td>Trainings for new MIO Ambassadors will be held annually.</td>
<td>12/31/2023</td>
<td>New Make it OK Ambassadors</td>
<td>Make it OK Volunteer Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Engage 30% of ambassadors annually</td>
<td>12/31/2023</td>
<td>Make it OK Ambassadors</td>
<td>Make it OK Volunteer Coordinator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monthly Make it OK Newsletter</td>
<td>12/31/2023</td>
<td></td>
<td>GCHHS</td>
<td>Community Health Specialist and Make it OK Volunteer Coordinator</td>
</tr>
<tr>
<td></td>
<td>Ask Advisory Committee, and past/newly trained ambassadors to complete annual Commitment Cards</td>
<td>12/31/2023</td>
<td>Make it OK Advisory Committee, Make it OK Ambassadors</td>
<td>Make it Ok Volunteer Coordinator</td>
<td></td>
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</tbody>
</table>
### Action Plan Objectives

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Partners</th>
<th>Lead Person/Organization Responsible</th>
<th>Progress Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain Make it OK Materials Database</td>
<td>12/31/2023</td>
<td>Make it Ok Volunteer Coordinator, GCHHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold 6-12 advisory meetings each year</td>
<td>12/31/2023</td>
<td>Make it OK Advisory Committee</td>
<td>Community Health Specialist, GCHHS</td>
<td></td>
</tr>
<tr>
<td>Hold 6-12 Make it OK ambassador volunteer meetings each year</td>
<td>12/31/2023</td>
<td>Make it OK Ambassadors</td>
<td>Make it Ok Volunteer Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td>Advisory Committee meetings will have a standing agenda item where members can mention work that they have done in the community around Make it OK. (i.e. putting Make it OK articles/information in their organizations newsletters/website, worksite activities, organizations sponsoring)</td>
<td>12/31/2023</td>
<td>Make it OK Advisory Committee</td>
<td>Community Health Specialist, GCHHS</td>
<td></td>
</tr>
</tbody>
</table>

### Strategy 2-2  Form a Mental Health Coalition to create a unified framework for improved mental health.

“Mobilize community partnerships to identify and solve health problems” is essential public health service #4. The mental health conveners—a group of individuals working on mental health or assessments—came together in 2018 and organized what they had heard from the community into a practical vision with three buckets: 1. Survey/Analyze and Improve Service Array, 2. Educate and Improve Mental Wellness, and 3. Create/Enhance Resource Directory. The conveners combined their email lists from various initiatives and committees and invited a larger group to dialogue about these mental health needs in our county. At this first mental health coalition meeting in November, 62 people discussed what is already happening, the vision, and next steps. Currently, the coalition is informal, and at this stage in the planning process, there are no measureable objectives for each vision area.

### Action Plan

<table>
<thead>
<tr>
<th>Vision</th>
<th>Activity</th>
<th>Target Date</th>
<th>Partners</th>
<th>Lead Person/Organization Responsible</th>
<th>Progress Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-2a. Survey, analyze and improve the array of services available to residents.</td>
<td>Put together a linear map that groups types of services already available in order to identify gaps</td>
<td>1/22/2019</td>
<td>Service Array Group</td>
<td>Alyssa Meyer, MPH Capstone Student, Des Moines University</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify potential strategies to increase services based on gaps</td>
<td>4/4/2019</td>
<td>Service Array Group</td>
<td>Administrative Director, Fernbrook Family Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify measurable group objective(s) to work towards</td>
<td>4/26/2019</td>
<td>Service Array Group</td>
<td>Service Array Group</td>
<td></td>
</tr>
<tr>
<td>Action Plan Vision</td>
<td>Activity</td>
<td>Target Date</td>
<td>Partners</td>
<td>Lead Person/Organization Responsible</td>
<td>Progress Notes</td>
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<tr>
<td></td>
<td>ensuring that all services will be in Goodhue County</td>
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</tr>
<tr>
<td>2-2b. Educate the community about mental health and ways to improve mental wellness for all of us</td>
<td>Look into the use of Social Emotional Curriculum in all areas of the schools consistently</td>
<td>4/4/2019</td>
<td>Red Wing HRA</td>
<td>Burnside Social Worker, Red Wing Public Schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Look into the use of the Duluth Civility Project model to spread a message of civility throughout the community – prenatal to seniors</td>
<td>4/4/2019</td>
<td>United Way of GWP</td>
<td>Community Engagement Specialist, Mayo Clinic Health System</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify measurable group objective(s) to develop civility in our community and establish the social norms and support</td>
<td>4/26/2019</td>
<td>Improve Wellness Group</td>
<td>Improve Wellness Group</td>
<td></td>
</tr>
<tr>
<td>2-2c. Create a comprehensive Resource Directory (or enhance current ones) for services</td>
<td>The group will continue the discussion via email to gather a list of information they’d like to know if 2-1-1 can incorporate into their system</td>
<td>12/31/2018</td>
<td>Resource Directory Group</td>
<td>Community Health Specialist, Goodhue County Health and Human Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Take the list of requests to Greater Twin Cities United Way, which manages the regional 2-1-1 call center.</td>
<td>1/31/2019</td>
<td>Resource Directory Group</td>
<td>Community Impact Manager, United Way of Goodhue, Wabasha, and Pierce Counties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confirm that 2-1-1 includes resources for coping with farm &amp; rural stress, or find out process to add.</td>
<td>1/31/2019</td>
<td>Minnesota Department of Agriculture website, <a href="http://www.minnesota">www.minnesota</a> farmstress.com.</td>
<td>Community Impact Manager, United Way of Goodhue, Wabasha, and Pierce Counties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify measurable objective(s) for expanding 2-1-1 or replicating other models (what other communities are doing)</td>
<td>4/26/2019</td>
<td>Resource Directory Group</td>
<td>Resource Directory Group</td>
<td></td>
</tr>
</tbody>
</table>
### Action Plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Partners</th>
<th>Lead Person/Organization Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-2d. Develop leadership skills and capacity in the Mental Health Coalition&lt;br&gt;Have discussion of future of current convener’s group</td>
<td>1/31/2019</td>
<td>Mental Health Conveners</td>
<td>Community Engagement Specialist, Mayo Clinic Health System</td>
</tr>
<tr>
<td>Possibly schedule conveners follow up meetings</td>
<td>4/26/2019</td>
<td>Mental Health Conveners</td>
<td>Mental Health Conveners</td>
</tr>
</tbody>
</table>

### Plans for Sustaining Action & Monitoring Implementation

#### Resources for Implementation
- Goodhue County Health and Human Services provides staff leadership for Make it OK Advisory Committee and Make it OK Ambassadors (Volunteers), as well as staff participation in the Mental Health Coalition and Mental Health Conveners.
- In 2019, Goodhue County Health and Human Services will contribute up to $2000 for implementation of Strategy 2-1, and up to $500 for implementation of Strategy 2-2. This funding comes from Minnesota’s Local Public Health Act.
- Mayo Clinic Health System has contributed staff time and resources for the work of the mental health coalition and the conveners, and will contribute $6,000 in 2019.
- Live Healthy Red Wing contributed staff time and funding for the mental health coalition and the conveners in 2018 as part of the Red Wing 2040 Comprehensive Plan process.
- The Make it OK Advisory Committee and Make it OK Ambassadors contribute staff time and volunteer time (see lists of names on the next page), as well as donations.

#### Participation of Stakeholders & Partners in Monitoring Implementation
- The Make it OK Advisory Committee will discuss the action plan at a meeting annually.
- The mental health coalition will review progress at an April 2019 meeting.
- The Community Health Assessment committee will receive updates at least annually.

#### Process for Revising the Action Plan
- GCHHS staff drafted the Strategy 2-1 Make it OK action plan, and the Make it OK Advisory Committee reviewed. They will record revisions in minutes annually.
- The Strategy 2-2 Mental Health Coalition Action Plan was written at the November 2018 meeting. The Mental Health Conveners and the Mental Health Coalition groups (Service Array, Improve Wellness, and Resource Directory) will continue planning in 2019.
- Make it OK advisory committee members and ambassadors can send pictures to the Community Health Specialist and Make it OK Volunteer Coordinator. The GCHHS Healthy Communities Supervisor will contact partners for Mental Health Coalition progress notes and pictures.
Goodhue County Make It OK Advisory Committee
Facilitator: Jessica Seide, Community Health Specialist (GCHHS)

<table>
<thead>
<tr>
<th>Current Members</th>
<th>Organizational Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandy Arden</td>
<td>Red Wing Youth Outreach Program</td>
</tr>
<tr>
<td>Julie Birk-Betcher</td>
<td>Red Wing Shoe Company</td>
</tr>
<tr>
<td>Beth Breeden</td>
<td>Community Member, Red Wing</td>
</tr>
<tr>
<td>Father Tristan English</td>
<td>Christ Episcopal Church</td>
</tr>
<tr>
<td>Ruth Greenslade</td>
<td>Goodhue County Health &amp; Human Services</td>
</tr>
<tr>
<td>Carrie Heimer</td>
<td>Red Wing Shoe Company</td>
</tr>
<tr>
<td>Pam Horlitz</td>
<td>Mayo Clinic Health System Red Wing</td>
</tr>
<tr>
<td>Phillip Martin</td>
<td>Goodhue County Health &amp; Human Services</td>
</tr>
<tr>
<td>Mike Melstad</td>
<td>Red Wing Family YMCA</td>
</tr>
<tr>
<td>Maureen Nelson</td>
<td>United Way of Goodhue, Wabasha &amp; Pierce Counties</td>
</tr>
<tr>
<td>Anita Otterness</td>
<td>NAMI Southeast Minnesota</td>
</tr>
<tr>
<td>Laura Smith</td>
<td>Goodhue County Health &amp; Human Services</td>
</tr>
<tr>
<td>Dawn Wettern</td>
<td>Red Wing Community Education and Recreation</td>
</tr>
<tr>
<td>Chelsey Will</td>
<td>Red Wing Youth Outreach Program</td>
</tr>
</tbody>
</table>

Make it OK Ambassadors (Volunteers)
Make it OK Volunteer Coordinator: Laura Smith, GCHHS

<table>
<thead>
<tr>
<th>Current Ambassadors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Pettman</td>
</tr>
<tr>
<td>Dave Hill</td>
</tr>
<tr>
<td>Bobbi Sinn</td>
</tr>
<tr>
<td>Jessica Jacobson</td>
</tr>
<tr>
<td>Tim Dehmer</td>
</tr>
<tr>
<td>Emma Jean Anderson</td>
</tr>
<tr>
<td>Amber Gabrielson</td>
</tr>
<tr>
<td>Kristina Streich</td>
</tr>
<tr>
<td>Sonja Munson</td>
</tr>
<tr>
<td>Maggie Block</td>
</tr>
<tr>
<td>Lisa Hanson</td>
</tr>
<tr>
<td>Yanelis Jinete</td>
</tr>
</tbody>
</table>

Mental Health Conveners (Planning Team for Nov. 2018 Mental Health Coalition Meeting)

<table>
<thead>
<tr>
<th>Mental Health Conveners</th>
<th>Group Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelsey Frawley</td>
<td>Fernbrook Family Services</td>
</tr>
<tr>
<td>Ruth Greenslade</td>
<td>Goodhue County Community Health Assessment Committee</td>
</tr>
<tr>
<td>Dave Hill</td>
<td>Community Member, Red Wing</td>
</tr>
<tr>
<td>Pam Horlitz</td>
<td>Mayo Clinic Health System in Cannon Falls, Lake City, and Red Wing</td>
</tr>
<tr>
<td>Kris Johnson</td>
<td>Goodhue County Family Services Collaborative</td>
</tr>
<tr>
<td>Elaine O’Keefe</td>
<td>Live Healthy Red Wing/Red Wing 2040 Comprehensive Plan</td>
</tr>
<tr>
<td>Jessica Seide</td>
<td>Goodhue County Make it OK</td>
</tr>
</tbody>
</table>
**PRIORITY 3: ENGAGE PRIORITY POPULATIONS**

**Goal**

Authentically engage single moms, people of color, and Indigenous people in determining strategies that reduce their barriers to optimal health. (Specific populations were included in this goal because they experience higher rates of poverty than the county average.)

**Community Health Objectives**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>By December 31, 2023, increase the percentage of Goodhue County adults who ate 5 or more servings of fruits and vegetables a day. Source: Goodhue Community Health Needs Assessment Survey</td>
<td>37% 2015</td>
</tr>
<tr>
<td>By 2022, decrease the percentage of Goodhue County 5th grade males who did NOT eat any green salad, potatoes, carrots, or other vegetables in the last week. Source: MN Student Survey</td>
<td>17% 2016</td>
</tr>
<tr>
<td>By 2022, decrease the percentage of Goodhue County 5th grade females who did NOT eat any green salad, potatoes, carrots, or other vegetables in the last week. Source: MN Student Survey</td>
<td>13% 2016</td>
</tr>
<tr>
<td>By 2022, decrease the proportion of Goodhue County 9th graders on free or reduced price lunch who are overweight or obese. (For 9th graders not on free or reduced, the percentage was 23% in 2016.)</td>
<td>43% 2016</td>
</tr>
<tr>
<td>By December 31, 2023, decrease the diabetes rate for Goodhue County adults with annual household incomes less than $25,000. Source: Goodhue County Community Health Needs Assessment Survey</td>
<td>14% 2015</td>
</tr>
<tr>
<td>By December 31, 2023, decrease the diabetes rate for Goodhue County adults who are people of color. (The overall diabetes rate for Goodhue County adults in 2015 was 7%).</td>
<td>14% 2015</td>
</tr>
</tbody>
</table>

**Action Plan Objectives**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-1a. In 2019, spend $1,000 on supporting participation of low-income community members (e.g., childcare, transportation, meals, payment for time) in developing/revising CHIP strategies.</td>
<td>TBD</td>
</tr>
<tr>
<td>3-1b. In 2019, hold 3 meetings to engage food shelf clients in prioritizing, planning and piloting ways of increasing healthy, nutritious food at the Red Wing Area Food Shelf.</td>
<td>2 meetings 2018</td>
</tr>
<tr>
<td>3-1c. In 2019, engage Zumbrota area residents in planning and promoting I CAN Prevent Diabetes classes, and track number of changes in program planning (e.g. day, time, and location of class, identifying and addressing barriers to participation) influenced by community members.</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Alignment with State/National Priorities**

**Healthy Minnesota 2022**

- Priority 3: All can participate in decisions that shape health and well-being

**Healthy People 2020**

- D-16 Increase prevention behaviors in persons at high risk for diabetes with prediabetes
- NWS-10.3 Reduce the proportion of adolescents aged 12 to 19 years who are considered obese
- NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older

**National Prevention Strategy**

- Healthy Eating Recommendation 1. Increase access to healthy and affordable foods
- Healthy Eating Recommendation 4. Help people recognize and make healthy food and beverage choices

---

*Populations with higher rates of poverty than the county average (11%) according to the American Community Survey 2011-2015: female householder, no husband present (38%), Black (72%), Hispanic or Latino (19%), American Indian (44%).

Goodhue County CHIP 2018-2023 Action Plan
Priority 3 Action Plan

Strategy 3-1 Authentically engage low-income audiences in selecting, planning, and implementing Live Well Goodhue County strategies

Engaging communities affected by health issues is a practice-based and science-based strategy (CDC, 2011). Authentically engaging with the community is included as one of six practices in the Minnesota Department of Health online Resource Library for Advancing Health Equity (Minnesota Department of Health, 2018). The Resource Library states, “Community history, wisdom, and knowledge is a critical source of information and experience that should be considered together with public health practice and evidence.” The Resource Library also refers to national public health standards 1.1, 1.2, 3.1, 4.1, 4.2, 5.1, 5.2, 6.1, and 7.1 (Public Health Accreditation Board, 2016).

Live Well Goodhue County’s mission is to improve the health of our residents by making it easier to be active, eat nutritious foods and live tobacco-free, so engagement will focus on strategies related to that mission:

- Red Wing Area Food Shelf clients and volunteers will select and pilot a strategy to increase access to healthy, nutritious foods based on ideas from two “Meet and Eats” organized by Live Well Goodhue County in 2018. The U.S. Dietary Guidelines provides an evidence-based approach to chronic disease prevention and recommend increasing access to fruits and vegetables and reducing access to sodium, added sugar, and saturated fat, while offering culturally desirable foods. (U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2015).
- Zumbrota area seniors and food shelf participants will be invited to help with planning and participant recruitment for I CAN Prevent Diabetes (also known as National Diabetes Prevention Program). I CAN Prevent Diabetes is based on a randomized-control trial showing that changes in lifestyle such as losing 7% of bodyweight (about 15 lbs. if you weigh 200 lbs.) and exercising at least 150 minutes a week reduced type 2 diabetes risk among people at high risk (Knowler, et al., 2002). Many other studies have found the group program helped participants achieve desired lifestyle changes.

<table>
<thead>
<tr>
<th>Action Plan Objectives</th>
<th>Activity</th>
<th>Target Date</th>
<th>Partners</th>
<th>Lead Person/Organization Responsible</th>
<th>Progress Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-1a. In 2019, spend $1,000 on supporting participation of low-income community members (e.g., childcare, transportation, meals, payment for time) in developing/revising CHIP strategies.</td>
<td>Offer childcare, meals, and gift card incentives for attendance at Red Wing Area Food Shelf Increasing Healthy, Nutritious Food Meetings</td>
<td>January, March, and June 2019</td>
<td>Red Wing Food Shelf, First United Methodist Church</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
<td></td>
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<tr>
<td></td>
<td>Provide healthy food and beverages to encourage attendance at “Stop Diabetes” Informational Meetings and “Are YOU at Risk” Screenings. Hold meetings and screenings where clients are and when they are there.</td>
<td>February &amp; March, 2019</td>
<td>University of Minnesota Extension, Mayo Clinic Health System, Zumbrota Towers, Zumbrota Food Shelf, Pine Island Home Services/Senior Center, Pine Island Sharing Shelves, All Seasons Community Services</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
<td></td>
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</table>

Goodhue County CHIP 2018-2023 Action Plan  

Appendix 3 Page 2
<table>
<thead>
<tr>
<th>Action Plan Objectives</th>
<th>Activity</th>
<th>Target Date</th>
<th>Partners</th>
<th>Lead Person/Organization Responsible</th>
<th>Progress Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Offer childcare, healthy food and beverages and gift cards to encourage attendance at Healthy Community Forums in each of our communities. The forums will include engaging residents about future strategies that fit their town.</td>
<td>October, 2019</td>
<td>Cities of Cannon Falls, Goodhue, Kenyon, Pine Island, Red Wing, Wanamingo, Zumbrota; Cannon Falls, Goodhue, Pine Island, Kenyon-Wanamingo, Zumbrota-Mazeppa School Districts; Mayo Clinic Health System; All Seasons Community Services, Cannon Falls Food Shelf, Pine Island Sharing Shelves, Red Wing Food Shelf, and Zumbrota Food Shelf</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td>3-1b. In 2019, hold 3 meetings to engage food shelf clients in prioritizing, planning and piloting ways of increasing healthy, nutritious food at the Red Wing Area Food Shelf.</td>
<td>Increasing healthy, nutritious food pilot meeting – Selection of pilot strategy to implement</td>
<td>January, 2019</td>
<td>Red Wing Area Food Shelf clients, board, and volunteers, First UMC, U of M Extension</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increasing healthy, nutritious food pilot meeting with Food Shelf Board – Approval of select pilot strategy</td>
<td>February, 2019</td>
<td>Red Wing Area Food Shelf Board</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increasing healthy, nutritious food pilot meeting - Develop action plan for pilot strategy implementation</td>
<td>March, 2019</td>
<td>Red Wing Area Food Shelf clients, board, and volunteers, First UMC, U of M Extension</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
<td></td>
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<tr>
<td></td>
<td>Increasing healthy, nutritious food pilot meeting - Review results from pilot implementation and discuss additional options</td>
<td>June, 2019</td>
<td>Red Wing Area Food Shelf clients, board, and volunteers, First UMC, U of M Extension</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
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<tr>
<td></td>
<td>Increasing healthy, nutritious food meeting with Food Shelf Board - Review results, approve strategy implementation or new pilot strategy</td>
<td>June, 2019</td>
<td>Red Wing Area Food Shelf Board</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td>Action Plan Objectives</td>
<td>Activity</td>
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<tr>
<td>3-1c. In 2019, engage Zumbrota area residents in planning and promoting I CAN Prevent Diabetes classes, and track number of changes in program planning (e.g. day, time, and location of class, identifying and addressing barriers to participation) influenced by community members.</td>
<td>Stop Diabetes Presentation at Zumbrota Towers - Recruit residents to participate in stop diabetes awareness campaign planning</td>
<td>January, 2019</td>
<td>University of Minnesota Extension, Zumbrota Towers</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stop Diabetes Awareness Campaign Meeting - Identify local opportunities to host “Stop Diabetes” Informational Sessions and “Are YOU at Risk” engagement meetings</td>
<td>February, 2019</td>
<td>Will seek to meet with Zumbrota area residents who have low income or are at high risk for diabetes</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Host “Stop Diabetes” Informational Sessions - Educate residents</td>
<td>February, 2019</td>
<td>Zumbrota Food Shelf, Pine Island Home Services/Senior Center, Pine Island Sharing Shelves, All Seasons Community Services</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Host “Are YOU at Risk” Engagement Meetings - Recruit 4-8 low-income individuals for I CAN Prevent Diabetes class</td>
<td>March, 2019</td>
<td>Zumbrota Food Shelf, Pine Island Home Services/Senior Center, Pine Island Sharing Shelves, All Seasons Community Services</td>
<td>Live Well Goodhue County Coordinator, GCHHS</td>
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</tbody>
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### Plans for Sustaining Action & Monitoring Implementation

<table>
<thead>
<tr>
<th>Resources for Implementation</th>
<th>Progress Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To support implementation of 3-1a in 2019, Goodhue County Health and Human Services will contribute up to $500 in funding from Minnesota’s Local Public Health Act and $500 in funding from the Statewide Health Improvement Partnership (SHIP).</td>
<td></td>
</tr>
<tr>
<td>Live Well Goodhue County (GCHHS), Red Wing Area Food Shelf, and First United Methodist Church provide staff/volunteer time, space, and funds for objective 3-1b.</td>
<td></td>
</tr>
<tr>
<td>University of Minnesota Extension, Mayo Clinic Health System, and Live Well Goodhue County (GCHHS) provide staff and funding for 3-1c., I CAN Prevent Diabetes.</td>
<td></td>
</tr>
<tr>
<td>Live Well Goodhue County is supported by the Statewide Health Improvement Partnership (SHIP) of Minnesota Department of Health (MDH).</td>
<td></td>
</tr>
</tbody>
</table>

### Participation of Stakeholders & Partners in Monitoring Implementation

- Live Well Goodhue County Community Leadership Team will review action plan annually.
- The Community Health Assessment committee will receive an update at least annually.

### Process for Revising the Action Plan

- Live Well Goodhue County Community Leadership Team will discuss and record revisions in meeting minutes annually.
- The Healthy Communities Supervisor and Live Well Goodhue County Coordinator will contact partners as needed for progress notes and pictures and draft revisions.
**Current Members** | **Organizational Affiliation**
---|---
Elaine O'Keefe | Live Healthy Red Wing
Gene Leifeld | Community Member, Zumbrota
Ruth Greenslade | Goodhue County Health and Human Services
Jessica Kitzmann | Red Wing Housing and Redevelopment Authority
Kanko Akakpovi | University of Minnesota Extension
Katy Schuerman | Kenyon-Wanamingo Public Schools
Kim Wojcik | Red Wing Area Seniors, Inc.
Kirsten Ford | Focus Design
Laura Prink | United Way of Goodhue, Wabasha and Pierce Counties
Mike Melstad | Red Wing Family YMCA
Pam Horlitz | Mayo Clinic Health System in Cannon Falls, Lake City, Red Wing
Pastor Karl Rydholm | United Lutheran Church, Red Wing
Jessica Seide | Goodhue County Health and Human Services
Laura Smith | Goodhue County Health and Human Services
Teri Washburn | The Kenyon Leader
Yaneth Santiago | Community Member, Red Wing
# LEGACY PRIORITY: FAMILY & PARENTING

**Goal**

Connection between communities, schools, agencies, and families leading to healthy development for children in greatest need in Goodhue County.

## Community Health Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>By December 31, 2023, decrease the percentage of low birthweight babies in Goodhue County.</td>
<td>4.9% 2016</td>
</tr>
<tr>
<td>Source: MDH</td>
<td></td>
</tr>
<tr>
<td>By December 31, 2023, decrease the percentage of very low birthweight babies in Goodhue County.</td>
<td>1.1% 2016</td>
</tr>
<tr>
<td>Source: MDH</td>
<td></td>
</tr>
<tr>
<td>By December 31, 2023, decrease the Goodhue County teen pregnancy rate for 15-19 year olds.</td>
<td>19.8% 2016</td>
</tr>
<tr>
<td>Source: MDH</td>
<td></td>
</tr>
<tr>
<td>By December 31, 2023, decrease the total number of child protection assessments and investigations per year in Goodhue County.</td>
<td>233 2015</td>
</tr>
<tr>
<td>Source: GCHHS</td>
<td></td>
</tr>
<tr>
<td>By Fall 2023, increase the number of children assessed as developmentally ready for Kindergarten in the Red Wing School District.</td>
<td>82% Fall 2016</td>
</tr>
<tr>
<td>Source: Red Wing KSEP</td>
<td></td>
</tr>
<tr>
<td>By Dec. 31, 2023, decrease the percentage of Goodhue County mothers who smoked during pregnancy.</td>
<td>17.0% 2016</td>
</tr>
<tr>
<td>Source: MDH</td>
<td></td>
</tr>
</tbody>
</table>

## Action Plan Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>By December 31, 2023, increase the percentage of children ages 0-3 eligible for early intervention services identified by school districts (referred for services) before early childhood screening.</td>
<td>TBD</td>
</tr>
<tr>
<td>L-1b. By December 31, 2023, expand the number of families served by evidence-based home visiting programs such as Early Head Start and Healthy Families of Southeast Minnesota.</td>
<td>10 2017</td>
</tr>
<tr>
<td>L-1c. By December 31, 2023, representatives from each home visiting program will meet 1 time per year so home visiting personnel know the criteria for other home visiting programs in order to make referrals.</td>
<td>0 2017</td>
</tr>
</tbody>
</table>

## Alignment with State/National Priorities

**Healthy Minnesota 2022**
- Priority 1: The opportunity to be healthy is available everywhere and for everyone.
- Priority 1 Key condition: Positive early life experience

**Healthy People 2020**
- EMC-1 (Developmental) Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development
- FP-8.1 Reduce pregnancies among adolescent females aged 15 to 17 years. FP-8.2 Reduce pregnancies among adolescent females aged 18 to 19 years.
- IVP-38. Reduce nonfatal child maltreatment
- MICH-8.1 Reduce low birth weight (LBW). MICH-8.2 Reduce very low birth weight (VLBW).
- MICH-11.3 Increase abstinence from cigarette smoking among pregnant women.

**National Prevention Strategy**
- Mental and Emotional Well-being Recommendation 1. Promote positive early childhood development, including positive parenting and violence-free homes.
Legacy Priority Action Plan

Strategy L-1  Home visiting

According to What Works for Health, early childhood home visiting programs are **scientifically supported** to reduce child maltreatment, reduce child injury, improve cognitive skills, improve social-emotional skills, improve parenting, improve birth outcomes, and improve economic security (County Health Rankings, 2018). “Home visiting programs” include regular visits with a nurse, social worker, parent educator, paraprofessional, teacher, or other trained personnel to provide information, support, and/or training regarding child health, development, and care for at-risk expectant parents and families with young children based on families’ needs.

In 2018, there are several organizations offering different home visiting programs to Goodhue County families:

- **GCHHS Family Home Visiting**: Public health family home visiting practice is grounded in empirically-based research (Minnesota Department of Health - Community & Family Health Division, 2012).
- **GCHHS Healthy Families America**: According to HomVEE, the Healthy Families America model has **favorable results in high or moderate studies** of impacts on maternal health, child health, child development and school readiness, reductions in child maltreatment, family economic self-sufficiency, and linkages and referrals (U.S. Department of Human Services, 2018). Healthy Families of Southeast Minnesota uses the Growing Great Kids Curriculum (great kids, inc., 2017).
- **GCHHS Parent Support Outreach Program**: A report prepared for the Minnesota Department of Human Services found that the Parent Support Outreach Program increased services and referrals to community services and provided support for families in the form of transportation, financial assistance, help with housing and the like (Loman, Shannon, Sapokaite, & Siegel, 2009).
- **Three Rivers Head Start**: Three Rivers Head Start serves children ages 3 to 5 in the classroom and has a home visiting component as well.
- **Three Rivers Early Head Start**: According to What Works for Health, Early Head Start is **scientifically supported** and expected beneficial outcomes include improved cognitive skills, improved social-emotional skills, and improved family functioning (County Health Rankings, 2014). Three Rivers Community Action uses the Partners for Healthy Babies curriculum.
- **School Birth to 3 programs** (Early Childhood Special Education Infant and Toddler Intervention): Schools’ Early Childhood Special Education programs for children ages birth to three with developmental delays or disabilities are recommended by informed clinical opinion as well as observation and normative testing.

<table>
<thead>
<tr>
<th>Action Plan Objectives</th>
<th>Activity</th>
<th>Target Date</th>
<th>Partners</th>
<th>Lead Person/Organization Responsible</th>
<th>Progress Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>L-1a. By December 31, 2023, school districts will increase the percentage of children ages 0-3 eligible for early intervention services identified (referred for services) before early childhood screening.</td>
<td>Increase Follow Along Program return rate, to ensure enrolled families get referrals to early intervention services if needed.</td>
<td>12/31/2019</td>
<td>GCHHS, Every Hand Joined, SMIF</td>
<td>Follow Along Nurse, GCHHS</td>
<td></td>
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<td></td>
<td>Formal and informal promotion for Minnesota Help Me Grow (information regarding child development and how to make a referral).</td>
<td>12/31/2023</td>
<td>Red Wing Public School and GCED staff, GCHHS, Region 10 IEIC</td>
<td>Early Childhood Services Coordinator, Red Wing Public Schools</td>
<td></td>
</tr>
<tr>
<td>Action Plan Objectives</td>
<td>Activity</td>
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<td>L-1b. By December 31, 2023, expand the number of families served by evidence-based home visiting programs such as Early Head Start and Healthy Families of Southeast Minnesota.</td>
<td>Apply for grant to add another 30 EHS spots between Goodhue &amp; Wabasha counties</td>
<td>5/1/2019</td>
<td>Three Rivers Community Action</td>
<td>Head Start Director, Three Rivers Community Action</td>
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<td></td>
<td>Public health will receive 16-week prenatal referrals of Goodhue County residents from Mayo Clinic Health System clinics</td>
<td>12/31/2019</td>
<td>Mayo Clinic Health System, GCHHS</td>
<td>Family Health Supervisor, GCHHS</td>
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<tr>
<td></td>
<td>Enroll 15 Goodhue County families in Healthy Families of SE Minnesota 2019 (HFA model) and grow to serve 25 families in 2020</td>
<td>12/31/2020</td>
<td>GCHHS</td>
<td></td>
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<tr>
<td></td>
<td>Support participation of families in the Healthy Families of SE Minnesota board through child care, transportation, meals, payment for time, etc.)</td>
<td>12/31/2020</td>
<td>GCHHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L-1c. By December 31, 2023, representatives from each home visiting program will meet 1 time per year so home visiting personnel know the criteria for other home visiting programs in order to make referrals.</td>
<td>Annual 90 minute meeting among agencies that provide home visiting to learn about each other’s criteria and discuss how to achieve other objectives.</td>
<td>12/31/2023</td>
<td>GCHHS, Three Rivers, Red Wing Public Schools, and GCED</td>
<td>Healthy Communities Supervisor, GCHHS</td>
<td></td>
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<tr>
<td></td>
<td>Explore ways to connect the work of this meeting with the existing Every Hand Joined Early Childhood Network.</td>
<td>12/31/2023</td>
<td>Every Hand Joined</td>
<td></td>
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</tbody>
</table>
### Plans for Sustaining Action & Monitoring Implementation

#### Resources for Implementation
- Goodhue County Education District, Red Wing Public School District, Three Rivers Community Action, and Goodhue County Health and Human Services all have separate sources of ongoing funding for their home visiting programs.
- Minnesota Department of Health awarded a 3-year grant in 2018 to implement Healthy Families of Southeast MN home visiting program in 7 counties.
- GCHHS is applying to Southern Minnesota Initiative Foundation for additional funds to increase Follow Along Referrals.
- Three Rivers Community Action is applying for a Minnesota Department of Health evidence-based home visiting grant.
- Goodhue County Health and Human Services will contribute up to $500 in 2019 to support implementation. This funding comes from Minnesota’s Local Public Health Act.

#### Participation of Stakeholders & Partners in Monitoring Implementation
- Home visiting meetings will include agency representatives from each home visiting program and Every Hand Joined. The Healthy Communities Supervisor (GCHHS) will facilitate the group, and the group will explore how they can be self-sustainable.
- The Community Health Assessment committee will receive an update at least annually.

#### Process for Revising the Action Plan
- The Healthy Communities Supervisor will contact each home visiting agency as needed for data, progress notes, and pictures.
- During the annual home visiting meeting, the group will discuss the progress notes and make revisions to the action plan.

### Home Visiting Action Team

Facilitator: Ruth Greenslade, Healthy Communities Supervisor (GCHHS)

<table>
<thead>
<tr>
<th>Home Visiting Action Team</th>
<th>Organizational Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Adams Barber</td>
<td>Head Start Director, Three Rivers Community Action</td>
</tr>
<tr>
<td>Rene Arendt</td>
<td>Social Worker, Goodhue County Education District</td>
</tr>
<tr>
<td>Jeanne Freier</td>
<td>Family Home Visiting Coordinator (Healthy Families of America Program Manager), Goodhue County Health and Human Services</td>
</tr>
<tr>
<td>Brooke Hawkenson</td>
<td>Family Health Supervisor, Goodhue County Health and Human Services</td>
</tr>
<tr>
<td>Min Martin-Oakes</td>
<td>Early Childhood Services Coordinator, Red Wing Public Schools and Goodhue County Education District</td>
</tr>
<tr>
<td>Amy Merschbrock</td>
<td>Parent Support Outreach Program, Goodhue County Health and Human Services</td>
</tr>
<tr>
<td>Aimee Clites</td>
<td>Collective Impact Specialist, Every Hand Joined</td>
</tr>
</tbody>
</table>
## Goodhue County Home Visiting Matrix

<table>
<thead>
<tr>
<th>Organization</th>
<th>Program</th>
<th># Visits</th>
<th>Who Visits</th>
<th>Who Qualifies</th>
<th>Child Age</th>
<th>Service Area</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goodhue County Health and Human Services</td>
<td>FAMILY HOME VISITING</td>
<td>Varies based on need</td>
<td>Public Health Nurse</td>
<td>Anyone Target: low-income (200% poverty), teen pregnancy, high risk</td>
<td>prenatal-18 years</td>
<td>Goodhue County</td>
<td></td>
</tr>
<tr>
<td>Parent Support Outreach Program</td>
<td>Varies based on need</td>
<td>Social Worker</td>
<td>“Screened out” maltreatment reports, self-referrals, community referrals</td>
<td>0-10 years</td>
<td>Goodhue County</td>
<td>New in 2013</td>
<td></td>
</tr>
<tr>
<td>Three Rivers Community Action, Inc.</td>
<td>HEAD START</td>
<td>Varies based on need (minimum 2 per year)</td>
<td>Teacher/Family Advocate</td>
<td>Under 100% federal poverty level or homeless or in foster care</td>
<td>3-5 years</td>
<td>Goodhue County</td>
<td>New in 2015</td>
</tr>
<tr>
<td>Early HEAD START</td>
<td>48 weeks per year, 2 hours per visit</td>
<td>Teacher</td>
<td>Under 100% federal poverty level or homeless or in foster care</td>
<td>prenatal-3 years</td>
<td>Goodhue County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goodhue County Education District</td>
<td>EARLY CHILDHOOD SPECIAL EDUCATION (ECSE) BIRTH TO THREE</td>
<td>Varies based on Individual Family Service Plan (IFSP)</td>
<td>Teacher or Other Professional</td>
<td>Diagnosed condition, 1 or more significant delay, or clinical opinion</td>
<td>0-3 years</td>
<td>Cannon Falls, Goodhue, K-W, and Z-M school districts*</td>
<td></td>
</tr>
<tr>
<td>Red Wing Public Schools</td>
<td>ECSE BIRTH TO THREE</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Red Wing School District*</td>
<td></td>
</tr>
<tr>
<td>Zumbro Valley Education District</td>
<td>ECSE BIRTH TO THREE</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Pine Island School District*</td>
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</tbody>
</table>

*Note: Schools’ Early Childhood Family Education (ECFE) and School Readiness Programs may also provide some early childhood home visits.
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The Goodhue County Community Health Improvement Plan 2018-2023 is available online:

https://www.co.goodhue.mn.us/982/Community-Health-Improvement-Plan