



Public Health
Prevent. Promote. Protect.

Community Health Improvement Plan 2019-2022

Approved and adopted by the Horizon Community Health Board
May 13, 2019

Executive Summary



The Horizon Public Health Community Health Improvement Plan (CHIP) is a long-term plan that identifies health priorities, goals, objectives and action steps. This plan will be used by community organizations for guidance in the development of initiatives, strategies and policies that are aimed at improving the health of Horizon Community residents.

Beginning in 2017, the Horizon Community Health Board initiated the process to identify and describe the health of the community served, the factors that contribute to our health challenges, and the existing community assets and resources that can be mobilized to improve the community's health. This CHIP has been developed in response to the

Horizon Public Health Community Health Assessment (CHA), a collaborative process involving the systematic collection and analysis of data and information to provide a sound basis for decision-making and action.

A variety of tools and processes were utilized to identify community health issues determined to be of greatest significance, and therefore, to be addressed in the Horizon Community Health Improvement Plan. Our communities indicated that **Adverse Childhood Experiences (ACEs) and Drug Misuse and Abuse** were the highest priority issues to address. You will find descriptions of the priority areas and a work plan for our community to guide our response to these serious health issues.

Within each of these community work plans, health equity and access to health services will be addressed by targeting vulnerable populations. Over the next 3 years, Horizon Public Health, together with the Community Partnership Team, will lead the implementation of the CHIP. We would like to thank everyone who participated in the development of this Community Health Improvement Plan and invite you to participate as a partner with us as we work to address Adverse Childhood Experiences and Drug Misuse and Abuse in our communities.

If you have any questions about our Community Health Improvement Plan please contact:

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Horizon Public Health Mission Statement

To work in partnership with individuals and communities in creating an environment that promotes the health and improves the well-being of all people in Douglas, Grant, Pope, Stevens and Traverse Counties.

Acknowledgments

The Horizon Community Health Board (CHB) governs the overall policy direction, operations and financial management of Horizon Public Health. The CHB is comprised of 13 members representing the five Horizon Public Health counties. This includes 11 county commissioners, as well as two community representatives who are appointed by the Horizon Community Health Board.

Horizon Community Health Board Members:

Chair: Larry Lindor, Pope County Commissioner

Vice: Charlie Meyer, Douglas County Commissioner

Douglas County Commissioners:

Heather Larson, Jerry Rapp

Pope County Commissioner:

Gordy Wagner

Traverse County Commissioners:

Todd Johnson, Dave Salberg

Grant County Commissioners:

Doyle Sperr, Dwight Walvatne

Stevens County Commissioners:

Jeanne Ennen, Bob Kopitzke

Community Representatives:

Dennis Thompson, Deb Hengel

Medical Consultant:

Dr. Dan Kryder

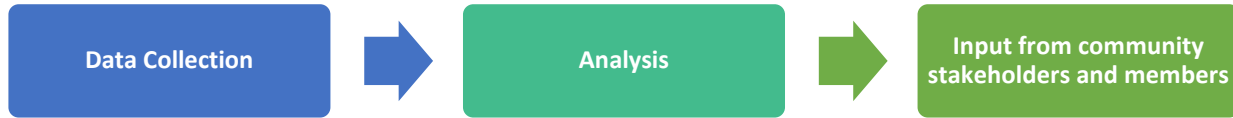
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Introduction

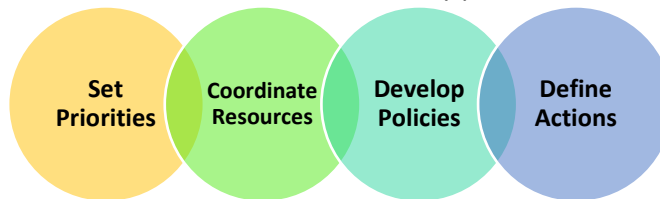
What is a Community Health Improvement Plan?

Beginning in 2017 Horizon Public Health, together with community partners, began an ongoing process to learn more about the health of the community by conducting a Community Health Assessment (CHA). This assessment identifies and measures the health problems within the community through:



Efforts were made to collect community member input using a multifaceted approach including data collection techniques such as focus groups, forums and key-informant interviews.

The 2019 Community Health Improvement Plan (CHIP) is a comprehensive, long-term plan that addresses public health priorities identified from the Community Health Assessment (CHA). The Horizon CHIP will be used by Horizon Public Health and its community partners to:



The CHIP was developed through a collaborative process with representation among community members from all five counties including Douglas, Grant, Pope, Stevens and Traverse. The CHIP is collectively implemented by community partners in order to assure the goals, objectives and strategies are effective and achievable.

For individual county level data or the complete assessment, please see the 2017 Horizon Community Health Assessment at the Horizon Public Health website, www.horizonph.org.

The People and the Place

	Health Services Provided to 67,510 RESIDENTS 		
Geography	High risk of Poor Health Outcomes		
FIVE COUNTIES 	POVERTY 	AGING POPULATION 	GEOGRAPHIC ISOLATION

The Horizon Public Health service area reflects Minnesota's rural geography, encompassing five counties, each of which is comprised of many small communities. This largely agricultural and rural lakes area is located in West Central Minnesota.

Health Inequities as a Result of Social Determinants of Health

Health is a state of complete physical, social, and mental well-being and not merely the absence of disease. During the past two decades, the public health community's attention has been drawn increasingly to the social determinants of health (SDOH). It's time to ensure that everyone can afford to see a doctor when they are sick, to build preventative care like screening for cancer and heart disease into every health care plan and make it available to people who otherwise won't or can't go in for it. It's also time to stop thinking of health as something we get at the doctor's office but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more you see the problem of health this way, the more opportunities you have to improve it. Scientists have found that the conditions in which we live and



work have an enormous impact on our health, long before we ever see a doctor. It's time we expand the way we think about health to include how to keep it, not just how to get it back. (A New Way to Talk About SDOH- Robert Wood Johnson Foundation, 2010)

Health equity means everyone has the opportunity to attain their highest level of health and no one is prevented from being healthy by unfair social policies and practices. Inequities are created when barriers prevent individuals and communities from accessing the conditions they need to be healthy and reach their full potential. We can only be healthy when the conditions in our communities support every one's health.

The following conditions, which may create health inequities in Horizon populations, have been identified:

RACE	Pockets of Native American and Hispanics heighten awareness of potential health inequities in these populations. More than 94% of the population across the five county area is Caucasian. Stevens County has the highest percentage of racial diversity , while Traverse has the least.
AGING POPULATION	Horizon has an aging population. 29% of the population in the Horizon communities is over the age of 60.
ACCESS TO MENTAL HEALTH	Ratios of population to mental health providers are much higher in the Horizon counties than the state average (430:1), ranging from 600:1 (Douglas County) to 5,940:1 (Traverse County).
INCOME	The median income is lower than the state average in all five Horizon counties. In some counties the difference is as much as \$10,000. Poverty decreases opportunities in education, employment and living conditions.
POVERTY	Throughout the Horizon counties, 10.3 percent of the population is at or below 200% of poverty, which is higher than the state average.
EMPLOYMENT AND BENEFITS	These may vary. Grant County has the highest rate of unemployment at 4.9% and Stevens has the lowest rate of unemployment at 3.2%.
TRANSPORTATION	Horizon community members stated the lack of adequate public transportation interferes with people meeting basic personal needs, as well as healthcare access, particularly non-emergency medical appointments.

Community Health Improvement Planning Process

This Community Health Improvement Plan will provide guidance to Horizon Public Health, our community partners, and stakeholders to improve the health of the population within the five counties serviced by Horizon Public Health for the next four years. The plan also includes objectives and measures to ensure progress towards the goals. The CHA and the CHIP are important in local health departments who aspire to be accredited through the Public Health Accreditation Process (PHAB). The goal of the public health accreditation program is to promote and protect the health of the public by advancing the quality and performance of all health departments.

Step 1 Formation of a Steering Committee

The 2017-2021 Horizon Public Health CHA process was conducted to identify the current state of health, as well as the priority health issues, availability of health care services, and challenges facing the community. The process was initiated in January 2017 with the formation of a five county

Community Partnership Team (CPT) representing various organizations and sectors, including health care, faith community, businesses, schools, elected officials, early childhood, social services, community members, and other partners within the five counties (members of the Community Partnership Team and the organization/sector represented by each team member can be found on Attachment A). The CPT met on an ongoing basis throughout the entire process and will continue to meet to oversee implementation, monitor progress and address challenges as they arise.

The CPT is essential to creating a CHIP as it ensures effective, sustainable solutions. By engaging existing public and private partnerships, a diverse group of community partners collaborate to focus on

Policy

System

Environmental

changes that support the community health priorities. The Community Partnership Team participated in the CHA by:

- Serving as a steering committee for the development of the CHA and CHIP;
- Using CHA data to identify and prioritize community health priorities;
- Review statistics, survey data, and other data to update assessments; and
- Advocating for the community health assessment and improvement planning process in the Horizon communities.

Step 2 Assessing the Health of the Community

The Community Partnership Team utilized the evidence-based model Mobilizing for Action through Planning and Partnership (MAPP) framework for the planning process. The CPT reviewed demographics, socioeconomic, behavioral risk factor, environmental and quality of life indicators in order to gain a common understanding of the current state of

health. Once this information was compiled, it was shared with the CPT and distributed to partner organizations through various means of communications including emails, announcements and formal presentations.

The CHA process used the evidence based Mobilizing for Action through Planning and Partnerships (MAPP) model. This community-driven strategic planning process includes four separate but complimentary assessments. The data was analyzed focusing on themes of health equity, access to care and social determinants of health.



Data Collection

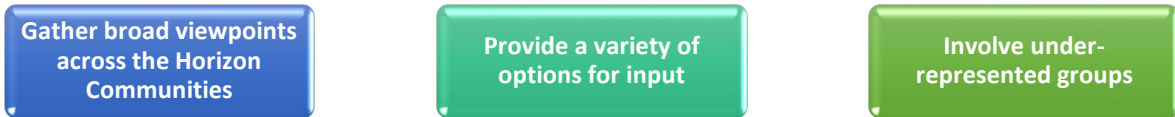
Primary and secondary data from a variety of sources were used to complete the CHA, which includes quantitative and qualitative data.

Primary Data

Horizon Public Health collects primary data for the purpose of incorporating the values and priorities of county residents into health improvement decisions. Sources include:

- The 2015 Horizon Statewide Health Improvement Partnership (SHIP) Community Health Survey
- 2016 Aging and Disability Survey in Douglas County
- Surveys from County Case Managers to aging population in all five counties

Community input was also collected as a part of the Community Health Assessment. Goals of the input were to:



- Key Informant Interviews:
 - Social Services representatives in Pope and Stevens County
 - University of Minnesota Morris Community Engagement Coordinator
 - Early Childhood Director at YMCA
 - City and County law enforcement agency representatives
 - Hospital Emergency Room Director in Douglas County
 - Inpatient Mental Health and Chemical Health Treatment Program Director
 - High School Counselors
 - Someplace Safe Director in Douglas County
- Open Forums:
 - Family child care providers attending County Child Care Association meeting
 - Region IV Mental Health Consortium “Conversations” group with representatives from the five Horizon Public Health counties and community members
- Focus Groups:
 - Conexiones (A non-profit organization working to integrate and empower immigrant families in the community.)

Secondary Data

Secondary data, or data that is not collected directly by Horizon Public Health, include: federal, state and local data; hospitals and health care providers; local schools; other governmental departments; and nonprofit organizations. Sources include:

- U.S. Census
- U.S. Department of Commerce
- USDA Food Access Research
- Centers for Disease and Control Prevention (CDC)
- Behavioral Risk Factor Survey
- Minnesota Department of Health County Health Tables
- Minnesota Student Survey
- Minnesota County Health Rankings
- Minnesota Department of Employment and Economic Development
- Minnesota Department of Health

The Community Health Assessment conclusions were shared widely with partner organizations through various means of communications ranging from presentations, announcements and was made available on the Horizon Public Health website.

Step 3 Selecting Priorities

Selecting priority areas involved bringing the CPT together to complete a two-phase prioritization process. The first phase of the process involved the use of a multi-voting process to reduce 15 potential community health issues to the top seven. The top seven health issues are:

1. ***Lack of adequate and affordable transportation*** – Many in Horizon’s rural communities face a barrier due to the lack of adequate transportation services for individuals who do not have a personal vehicle. This interferes with people meeting basic personal needs, and accessing healthcare, particularly non-emergency medical appointments.



In a rural setting, transportation impacts the usage of health care services, because individuals without reliable transportation are more likely to delay and forgo necessary appointments, preventive care, and health maintenance activities. Without reliable options for transportation, older adults are particularly vulnerable to isolation, which can lead to increased risk of morbidity and mortality.

Transportation is also important to in-home care, including the mobility of the health care workforce throughout rural areas, and the ability of informal caregivers to reach their loved ones and provide necessary resources and support. Beyond health care access, transportation impacts the well-being of rural residents from issues as varied as accessing and obtaining food, social support, education, employment, recreation and community services.

2. **Drug misuse and abuse** – Drug misuse and abuse has many negative health consequences including unintentional injury, violence, unintended pregnancy, sexually transmitted diseases, birth defects and chronic diseases including cancer and cardiovascular disease.

Through key informant interviews with three law enforcement departments and one hospital Emergency Room department within the five Horizon counties, prescription drug misuse was identified as a growing issue. Many youth find prescription drugs a source of income, as they sell their prescription pills to others, or sell those they have stolen from family or friends. According to the 2016 Minnesota Student Survey 6% of 11th grade students used prescription drugs not prescribed to them, additionally, 14% of 11th graders reported using marijuana within the past 30 days.

Of the substance and chemical abuse and misuse that is occurring, law enforcement indicated that prescription pills, along with methamphetamines, are the top two issues they are seeing within the Horizon area. Drug Seizure data from the West Central MN Drug Task Force reports the majority of the drug seizures are driven by meth. The Douglas County Drug Task Force revealed that opioid misuse and abuse is frequently a contributing factor with many of the child abuse and neglect reports that they receive.

Horizon Public Health has been aware of these conditions and has been working through grants in Douglas and Pope Counties for several years towards health in all policies to address prevention, access and legislative changes.

3. **Access to mental health services** – Mental Health plays a major role in people’s ability to maintain good physical health. Mental illness, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors and affects how people cope with the everyday demands of life. Mental illnesses are among the most common causes of disability. According to the 2016 Minnesota Student Survey 13% of 11th graders reported being seen by a mental health professional in the



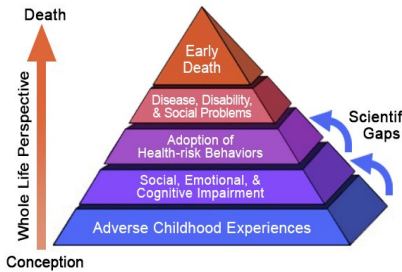
past year. 17% of adults who completed the SHIP 2015 survey reported poor mental health in the past 1-9 days. Through key informant interviews and focus groups, access to mental health services was identified as one of the top seven health issues.

According to data from the 2019 County Health Rankings, mental health providers are sparingly available across the Horizon service area. HPH has established a relationship with the Conexiones, a community organization dedicated to integrating and empowering immigrant families in the community, by addressing emerging issues regarding health care access through a Health Equity Grant. For children and adolescents, anxiety over school, peer pressure, cyber bullying, and intimidation via the internet also contribute to mental health issues.

4. **Lack of community member engagement** – Community engagement involves relationships and dialogue between community members and local public health staff, with varying degrees of

community and health department involvement, decision-making and control. In public health, community engagement are the effort's that promote a mutual exchange of information, ideas and resources between community members and the health department. Through the Community Partnership Team discussion, key informant interviews, and open forum, social support and social associations were identified as important for overall health.

5. **Adverse/negative childhood experiences (ACEs)** – When children experience adverse events in



childhood (ACEs), they are more likely to have poor mental health later in life and often suffer from illnesses such as depression and anxiety. The lack of treatment of mental illness can be quite challenging, especially in rural areas, due to limited access of services, social isolation, and fear of stigmatization. Enhancing protective factors can help create more resilient communities and create a foundation of emotional well-being from the earliest stages of life.

According to 2016 Minnesota Student Survey data, 15% of those who completed the survey living in Douglas, Grant, Pope and Stevens counties reported having two or more ACEs. Of those who did report having an ACE; incarceration and verbal abuse were the highest factors.

6. **Stigma associated with mental health** – Mental Health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors and affects how people cope with the everyday demands of life. Mental disorders are among the most common causes of disability. For children and adolescents, anxiety over school, peer pressure, cyber bullying and intimidation via the internet also contribute to mental health issues.

Stigma associated with mental illness has been detrimental in the attempt to both recognize and treat those who suffer from this disease. Stigma prevents those who need help from seeking the resources they need.

7. **Lack of adequate and affordable child care** – Child care is critical to promoting livable communities and age appropriate development for children. According to data from 2015, provided by Center for Rural Policy and Development, there was a 22% shortfall in number of spaces needed to accommodate families.

Without adequate and affordable child care options, parents face financial and social barriers. Through key informant interviews and open forums with both family and center-based child care providers in the Horizon community, gaps exist in access, supply, demand and reimbursement.

Following the identification of these top seven issues, the Hanlon prioritization method was then utilized with the CPT to identify the top two or three community health concerns. The Hanlon method applies an unbiased, objective perspective using a set of scoring criteria to identify the priority areas of focus. Upon completion of the Hanlon method, two issues clearly topped the priority list when considering the size, seriousness and effectiveness of the problem.

Through the use of the two-phase prioritization process the health issues of greatest significance to be addressed in the Horizon CHIP are;

The impact that **Adverse Childhood Experiences** are having on the health and well-being in Horizon Communities.

Drug Misuse and Abuse in Horizon Communities.

Step 4

Develop Goals,
Objectives and
Strategies

Once the health priorities were selected, the Community Partnership Team met to summarize the health assessment findings, share data, develop goals and share ideas. To be consistent with the planning process, the team reviewed the data from the Community Health Assessment and assessed the need to involve additional community partners and gather additional data.

The Community Partnership Team, along with other community partners will determine what program and policy implementation looks like in their own community. Although there are regional goals and objectives that these groups will work on collaboratively, each county has unique strengths and challenges that must be considered when implementing health improvement strategies. Each county, along with their coalitions and community partners will define what they want to achieve under each priority area and how they will achieve them.

Step 5

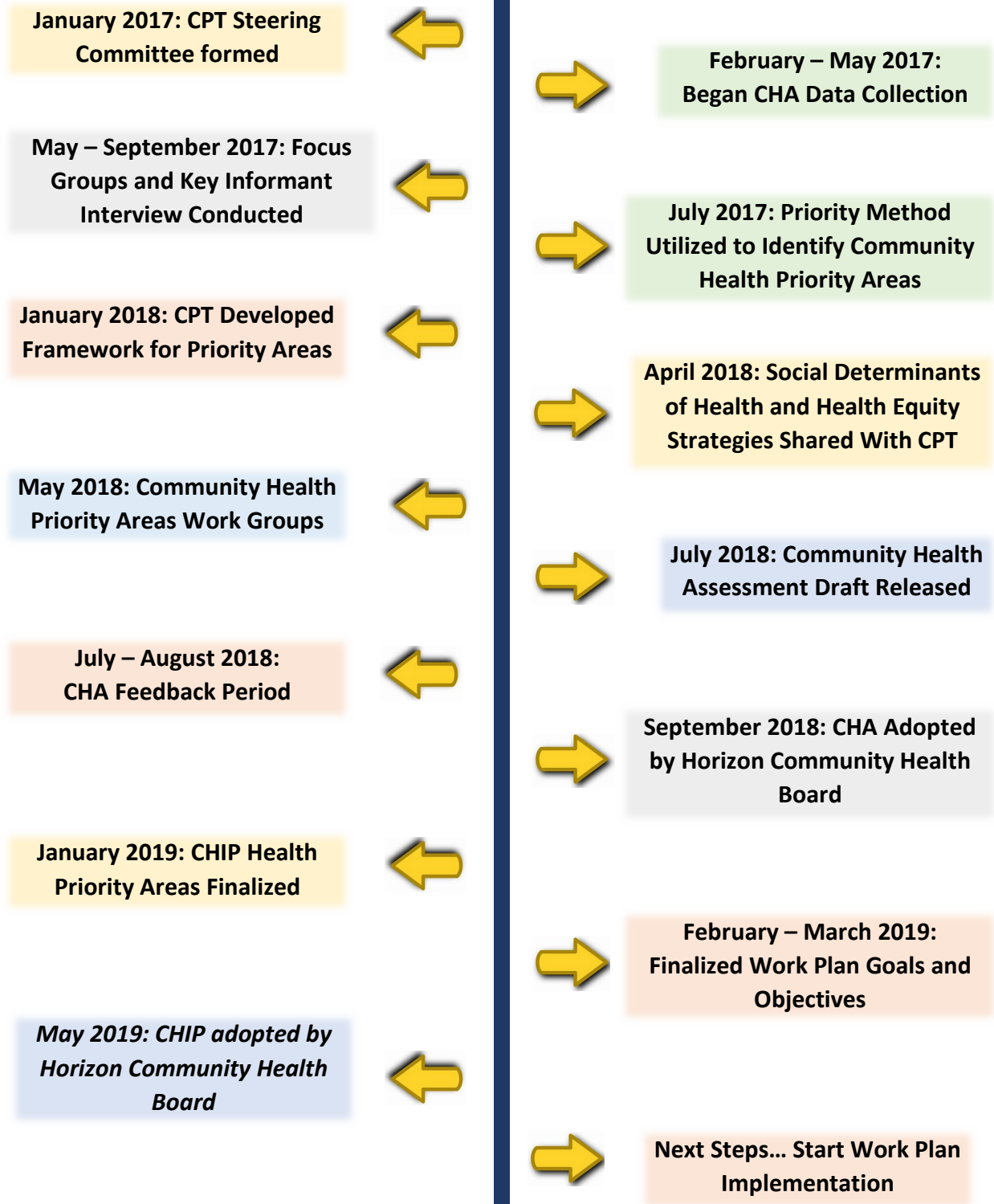
Action Plan
Development

Utilizing the data from the CHA and a list of community assets and resources the workgroups created action plans for the identified priority areas. An action plan acts as a blueprint for addressing these priorities. The action plans include goals, objectives, target population, performance measures, strategies, milestones, partners and timeframes.

For each priority health area, the CPT has identified both long and short-term outcome indicators, which will serve as the primary measures on which to base program evaluation. These short and long-term indicators are directly related to the selected strategies listed under each priority area. Due to the differences in program implementation in each county, evaluation will also look slightly different.

Everyone has a key role to play when it comes to improving the health of a community. As part of the community health improvement process, the CHIP will be updated as new data becomes available and annual reports will be made available in the spring of each year on the Horizon Public Health website.

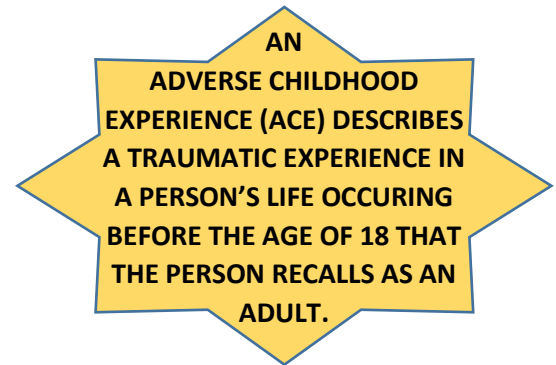
Assessment and Planning Process Timeline



Horizon 2019-2022 Community Health Priorities

Adverse Childhood Experiences (ACE) are traumatic experiences in a person's life. According to the Centers of Disease Control and Prevention, ACEs have been linked to:

- A. Risky health behaviors
- B. Chronic health conditions
- C. Low life potential
- D. Early death



What can be done about ACEs?

These wide ranging health and social consequences underscore the importance of preventing ACEs before they happen. Safe, stable and nurturing relationships and environments can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

- Home visiting to pregnant women and families with newborns
- Social support for parents
- Parent support programs for teens and teen pregnancy prevention programs
- Mental illness and substance abuse treatment
- Parenting education programs
- Intimate partner violence prevention
- Sufficient income support for lower income families
- High quality child care

ACEs have an impact on our health and well-being. According to the Minnesota Department of Health's ACEs in Minnesota study; as the number of ACEs increase, the risk for health problems increases in a strong and graded fashion. The risk for anxiety, depression, chronic drinking, and smoking increases. Minnesotans with more ACEs are more likely to rate themselves as having fair or poor health as compared to those with no ACEs.

What is already happening?

In 2018, after the two priority areas were identified in the Horizon CHA, work began on the ACEs priority. The CPT identified and established the Early Childhood Initiatives, Family Service Collaboratives, and Children's Mental Health Collaboratives (at the county level), to lead the ACEs/Resiliency Education. Further progress has been made by those groups to identify community partners that are interested in engaging in ACEs and Resiliency Practices. Those partners have begun to have screenings of the movie *Resilience* and provide ACEs trainings. This work is documented in the CHIP work plan.

Community Health Priority: Adverse Childhood Experiences

GOAL

Decrease the incidence of Adverse Childhood Experiences (ACEs) and increase resiliency in Horizon County residents.

OUTCOME OBJECTIVE

- ★ By 2022, establish 5 county-level coalitions who will champion the efforts to increase knowledge and awareness of ACEs to community partners.
- ★ By 2022, increase resiliency in Horizon residents by identifying and implementing 10 strategies.

STRATEGIES

Strategy 1: Increase the knowledge of ACEs among community members and partners and their effect on the health of our community.

- By 2020, grow and sustain work groups in each of the five Horizon counties, with a focus on education and prevention of ACEs and promotion of resiliency building policies and practices for all of the Horizon Community residents.

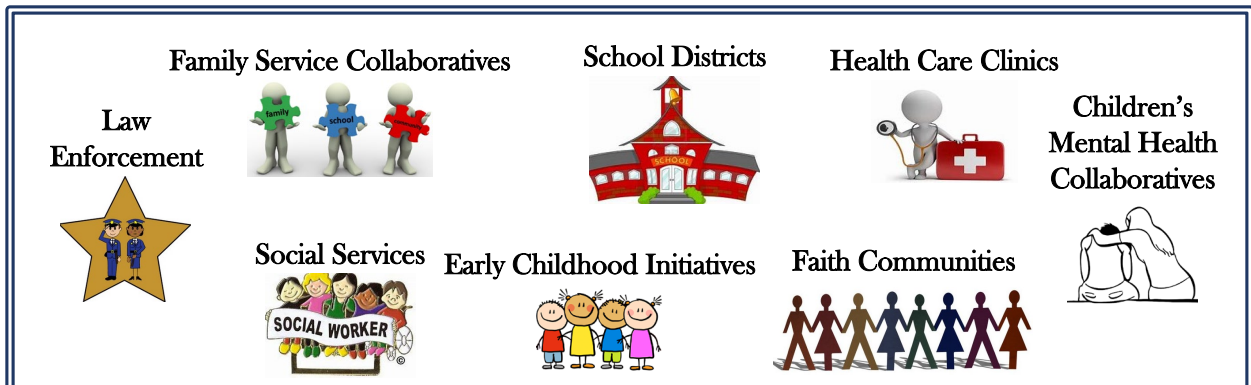
Strategy 2: Support efforts aimed at identifying and understanding current assets and gaps in the Horizon Community related to Adverse Childhood Experiences.

- By 2021, develop two-year action plans for work groups to bring attention to the long term impacts of ACEs and implement trauma-informed care strategies.

Strategy 3: Build resiliency in individuals, families and in the community through the development and implementation of policies and practices.

- By 2022, identify and advance public policies that further the vision of the Horizon Communities ACEs Collaboratives.

COMMUNITY STRENGTHS:



Community Health Priority: Drug Misuse and Abuse

Drug Misuse and Abuse contributes to a number of negative health outcomes including:

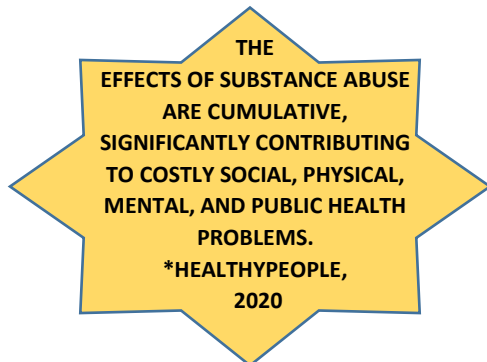
Cardiovascular
Conditions

Pregnancy
Complications

Sexually Transmitted
Infections

HIV/AIDS

What can be done about Drug Misuse and Abuse?



Drug misuse and abuse contributes to negative health outcomes including: cardiovascular conditions, pregnancy complications, sexually transmitted infections and HIV/AIDS. Preventing and treating drug misuse and abuse requires many different partners and strategies across all sectors. This work is aimed at promoting both new and existing strategies to ultimately reduce deaths associated with drug misuse and abuse.

Numerous subpopulations have higher levels of mental and substance use disorders and have higher rates of poverty, domestic violence, suicide, childhood and historical trauma, as well as placement into foster care and the criminal justice systems. These diverse populations have a pattern of less access to care, lower or disrupted service use, and poorer behavioral health outcomes. These may relate to factors such as access to health care, the need for a diverse healthcare workforce, a lack of information, and the need for culturally and linguistically competent care and programs.

During the Community Health Assessment data collection process drug misuse and abuse were identified as an emerging issue. Key informants are concerned that youth are selling prescription medications as a source of income, there is an increase of methamphetamine arrests by law enforcement, and that opioid misuse is a factor with child abuse and neglect.

What is already happening?

Across the HPH service area there are existing partners working on drug misuse and abuse prevention:

- HPH has been the recipient of a Drug Free Community (DFC) grant since 2013. The DFC grant focuses on community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use.
- HPH has a five year Planning and Implementation grant, which began in July 2016. It emphasizes a collective impact model that includes multiple agencies and sectors of the community working together toward a common goal of reducing and delaying youth alcohol use.
- HPH along with community partners has been participating in an Opioid Task Force that is being led by Alomere Health.

Through these initiatives, HPH will utilize existing partners, coalitions, and models to collaborate and initiate future work in communities where there is a void.

Community Health Priority: Drug Misuse and Abuse

GOAL

Prevent and decrease drug misuse and abuse in the Horizon Communities.

OUTCOME OBJECTIVES

- ★ By 2022, establish 5 county level coalitions who will champion the efforts to decrease drug misuse and abuse in Horizon Communities.
- ★ By 2022, decrease drug misuse and abuse by identify and implementing 10 strategies.

STRATEGIES

Strategy 1: Build and expand the capacity of Horizon Community Partners to address drug misuse and abuse.

- By 2020, establish benchmark data to identify drug misuse and abuse throughout the Horizon Communities.
- By 2020, identify or initiate work groups in each of the five Horizon counties to focus on the prevention of drug misuse and abuse.

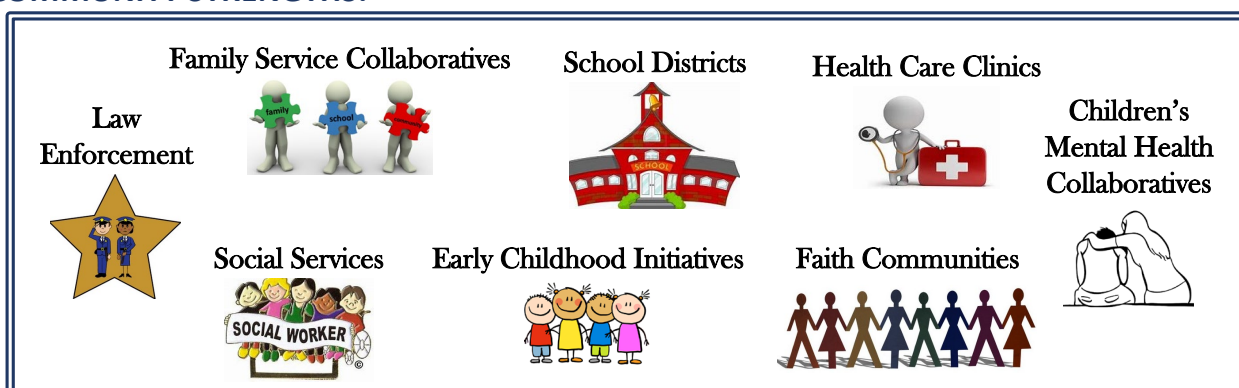
Strategy 2: Increase community and public awareness relative to the harms and consequences of drug misuse and abuse.

- By 2021, identify and disseminate effective messages for a range of topics, public audiences and media outlets annually.
- By 2021, increase knowledge and skills of the public about the harms and consequences of drug misuse and abuse as measured by benchmark data.

Strategy 3: Implement effective policies, practices and programs that are effective at preventing drug misuse and abuse across the Horizon communities.

- By 2022, increase on-going data collection, analysis, and reporting to support quality, sustained policies, practices and programs.

COMMUNITY STRENGTHS:



Adverse Childhood Experiences Work Plan

Issue Statement

The Centers for Disease Control, in partnership with Kaiser Permanente, led one of the largest investigations of childhood abuse and neglect and later-life health and well-being, referred to as the Adverse Childhood Experiences (ACEs) Study. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person’s lifespan. According to Horizon County residents, ACE scores are a significant factor contributing to lifelong health and opportunity.

Population Goal and Objectives

Goal

Decrease the incidence of Adverse Childhood Experiences (ACEs) and increase resiliency in Horizon County residents.

Outcome Objective

- By 2022, establish 5 county level coalitions who will champion the efforts to increase knowledge, awareness and impacts of ACEs to community partners.
- By 2022, increase resiliency in Horizon residents by identifying and implementing 10 strategies.

Community Partners

Early Childhood Initiatives (ECI)
 County Collaborative’s
 University of MN – Morris
 Alexandria Technical and Community College
 Horizon Public Health
 School Districts
 Social Services
 Law Enforcement
 Community Partnership Team (CPT)
 MN Communities Caring for Children
 RUSC (Rising Up Stevens County) Kinship
 West Central Community Action
 Hospitals and Clinics
 Region 4 Mental Health
 Conexiones
 Community Members

Alignment with State and National Priorities

Healthy Minnesota 2022:

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

National Prevention Strategy:

Mental & Emotional Well-Being:

Recommendation 1: Promote positive early childhood development, including positive parenting and violence-free homes.

Recommendation 2: Facilitate social connectedness and community engagement across the lifespan.

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

Adverse Childhood Experiences Work Plan

CHIP Strategies and Objectives

Strategy 1: Increase the knowledge of ACEs among community members and partners and their effect on the health of our community.

- By 2020, grow and sustain work groups in each of the five Horizon counties, with a focus on education and prevention of ACEs and promotion of resiliency building policies and practices for all of the Horizon Community residents.

Source: Connections Matter; connectionsmatter.org

Evidence Base: Yes

Policy Change: No

Key Activities	Who is responsible?	By when?
Identify and establish partnerships with the five county level Early Childhood Initiative, Family Services Collaborative, and Children's Mental Health Collaborative partners to lead ACEs/Resiliency Community Education.	HPH Community Health Strategist/ECI/Collaboratives	July 2018
Identify Community Partners that are interested in engaging in ACEs and Resiliency Practices.	HPH Community Health Strategist/ECI/Collaboratives	September 2018
Establish five county level ACE work groups.	HPH Community Health Strategist/ECI/Collaboratives	October 2018
Identify gaps in community where ACE trainings and resiliency movie showings are needed.	ACE work group(s)	December 2019
Develop an ACEs training implementation plan.	ACE work group(s)	March 2020
Hold ACE cohort training for additional identified partners.	Identified partners/ACE work group	June 2020
Provide education and trainings to community champions on ACEs, their impact on social and physical health, and the importance of building resiliency.	ACE work group(s)	September 2020
Increase awareness and competencies in our partner agencies regarding ACEs and resilience.	ACE work group(s)	December 2020
Increase ACEs awareness and trauma-informed practices in the education community.	ACE work group(s)	December 2020
Increase ACEs awareness and education in the healthcare community.	ACE work group(s)	December 2020
Increase ACEs awareness and education among public safety partners.	ACE work group(s)	December 2020
Document trainings.	ACE work group(s)	Ongoing

Adverse Childhood Experiences Work Plan

Strategy 2: Support efforts aimed at identifying and understanding current assets and gaps in the Horizon Community related to Adverse Childhood Experiences.

- By 2021, develop two-year action plans for work groups to bring attention to the long term impacts of ACEs and implement trauma informed care strategies.

Source: Connections Matter; connectionsmatter.org

Evidence Base: Yes

Policy Change: No

Key Activities	Who is responsible?	By when?
Review ACE work group membership and increase/recruit to add those who have received ACE trainings and/or Resiliency movie showings.	HPH Community Health Strategist/ECI/Collaboratives/ACE work group	December 2020 – and ongoing
Create baseline data by identifying data sources.	ACE work group(s)	December 2020
Map community assets to identify prevention and early education opportunities.	ACE work group(s)	December 2020
Conduct county/community level- ‘Community Conversations’ to identify and prioritize needs and gaps in activities and services.	ACE work group(s)	September 2021
Prioritize and determine next steps to build authentic relationships to assure social and health equity for all residents.	ACE work group(s)	December 2021
Identify ‘communities’ that experience health inequities and high rates of SDOH through qualitative and quantitative data collection.	HPH Community Health Strategist/ACE work group(s)	December 2021
Identify best practice strategies to implement.	HPH Community Health Strategist/ACE work group(s)	December 2021
Share information with sub-committees, CPT and community.	HPH Community Health Strategist/ACE work group(s)	December 2021
Make modifications on proposed strategies.	HPH CHS/ACE work group(s)	December 2021
Develop final action plans.	HPH CHS/ACE work group(s)	December 2021

Adverse Childhood Experiences Work Plan

Strategy 3: Build resiliency in individuals, families and in the community through the development and implementation of policies and practices.

- By 2022, identify and advance public policies that further the vision of the Horizon Communities ACEs Collaboratives.

Source: Building Community Resilience, George Washington Public Health Evidence Base: Yes Policy Change: Yes

Key Activities	Who is responsible?	By when?
Develop an inventory of existing agencies and community efforts already working to reduce ACEs and support resiliency.	HPH Community Health Strategist	March 2021
Review existing data on Social Determinants of Health predisposing our communities to ACEs, identify highest priority area.	ACE work group(s)	March 2021
Disseminate data on Social Determinants of Health and Health Equity to raise awareness with community partners.	ACE work group(s)	December 2021
Address unmet needs of the community predisposing children to ACEs.	ACE work group(s)	December 2022
Continue to host and facilitate Minnesota Department of Health Monthly Mental-Wellbeing webinars.	Designated community partner in each of the five counties	Monthly
Review Best Practice Frameworks using networking techniques to build networks.	ACE work group(s)	December 2022
Convene community partners to develop a common agenda and a path forward.	ACE work group(s)	December 2022

Adverse Childhood Experiences Evaluation Plan

What are we going to do?		What are we going to measure?	
Key Activities	Outputs/Reach	Process Measures	Outcome Measures
Recruit community members to participate in workgroup committees.	# of new members # of members in workgroup	% of workgroup members that felt the work aligned with the workgroup goals	% of workgroup members that reported that as a result of the group they are more aware of ACEs
Research community-based ACE initiatives.	# of ACE based health initiatives researched	Research completed	Recommendations shared
Hold advocacy training(s).	# of attendees	Training completed	% that found value in participating
Community members, partner agencies receive ACE trainings.	# of trainings	% of participants that reported that the training met expectations % of participants that reported the information presented will be useful	% that found value in participating
Community members, partner agencies receive Resiliency movie screenings.	# of screenings	% of participants that reported that the training met expectations % of participants that reported the information presented will be useful	% that found value in participating
Conduct Community Conversations.	# of conversations # of participants	% of participants that are diverse by gender/race/agency/socioeconomic	Recommendations developed and shared
Determine strategies.	# of strategies reviewed	Goals, objectives, work and evaluation plans to reflect strategies	% of criteria implemented

Drug Misuse and Abuse Work Plan

Issue Statement

The drug misuse and abuse epidemic is of national, state, and local concern. Drug misuse and abuse negatively impacts our community socially, economically, genetically and environmentally. Preventing and treating drug misuse and abuse requires many different partners and strategies across all sectors. This goal is aimed at promoting both new and existing strategies to ultimately reduce deaths associated with drug use disorders.

Population Goal and Objectives

Goal

Prevent and decrease drug misuse and abuse in the Horizon Communities.

Outcome Objectives

- By 2022, establish 5 county level coalitions who will champion the efforts to decrease drug misuse and abuse in Horizon Communities.
- By 2022, decrease drug misuse and abuse by identify and implementing 10 strategies.

Alignment with State and National Priorities:

Hospitals and Clinics	Horizon Public Health
Law Enforcement	ASAP Coalition
Social Services	HVHC Coalition
Head Start	Community Members
University of MN-Morris	
School Districts	
Pharmacies	
Dental Clinics	
Oral Surgeons	
Probation	
Corrections	
Minnesota Community Caring for Children	
Alexandria Technical and Community College	

Alignment with State and National Priorities:

<p>Healthy Minnesota 2022: Priority 2: Places and systems are designed for health and well-being. Priority 3: All can participate in decisions that shape health and well-being.</p>	<p>Healthy People 2022: SA-13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days.</p>	<p>National Prevention Strategy: <i>Preventing Drug Abuse</i> Recommendation 2: Create environments that empower young people not to drink or use other drugs. Recommendation 3: Identify alcohol and other drug abuse disorders early and provide brief interventions, referral, and treatment. Recommendation 4: Reduce inappropriate access to and use of prescription drugs.</p>
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Drug Misuse and Abuse Work Plan

CHIP Strategies and Objectives

Strategy 1: Build and expand the capacity of Horizon Community Partners to address drug misuse and abuse.

- By 2020, establish benchmark data to identify drug misuse and abuse throughout the Horizon Communities.
- By 2020, identify and/or initiate workgroups in each of the five Horizon counties to focus on the prevention of drug misuse and abuse.
- Source: SAMHSA (Substance Abuse and Mental Health Services Administration) Focus on Prevention Evidence Base: Yes Policy Change: No
NACCHO (Opioid Toolkit for Local Health Departments)

Key Activities	Who is responsible?	By when?
Research and identify existing drug task force/work groups in Horizon communities.	HPH Community Health Strategist	March 2020
Research community-based drug misuse and abuse prevention initiatives.	HPH Community Health Strategist	March 2020
Research local and regional data to identify drug misuse and abuse indicators.	HPH Community Health Strategist	June 2020
Establish partnerships with community partners/subject matter experts.	HPH Community Health Strategist/Identified partners	June 2020
Develop/strengthen/replicate 5-county level workgroups to focus on identification and prevention of drug misuse and abuse.	HPH Community Health Strategist/Identified partners	September 2020
Develop workgroup goals.	County level Workgroups	December 2020
Establish benchmark data and indicators.	HPH Community Health Strategist/County level workgroups	December 2020
Data sources will be identified and utilized.	HPH Community Health Strategist/County level workgroups Opioid Task Force	December 2020

Drug Misuse and Abuse Work Plan

Strategy 2: Increase community and public awareness relative to the harms and consequences of drug misuse and abuse.

- By 2021, identify and disseminate effective messages for a range of topics, public audiences and media outlets annually.
- By 2021, increase knowledge and skills of the public about the harms and consequences of drug misuse and abuse as measured by benchmark data.

Source: SAMHSA (Substance Abuse and Mental Health Services Administration): Focus on Prevention Evidence Base: Yes Policy Change: No
NACCHO (Opioid Toolkit for Local Health Departments)

Key Activities	Who is responsible?	By when?
Build awareness of drug misuse and abuse as a public health problem.	County level workgroups	March 2020
Engage stakeholder groups in the dissemination of messages and materials.	County level workgroups	June 2020
Increase the knowledge and skills of the public about the harms and consequences of drug misuse and abuse.	County level workgroups	December 2020
Research evidence based prevention practices and programs.	County level workgroups	March 2021
Educate local leaders and elected officials about the impact of drug misuse and abuse.	County level workgroups	March 2021

Drug Misuse and Abuse Work Plan

Strategy 3: Implement effective policies, practices and programs that are effective at preventing drug misuse and abuse across the Horizon communities.

- By 2022, increase on-going data collection, analysis and reporting to support quality, sustained policies, practices and programs.

Source: SAMHSA (Substance Abuse and Mental Health Services Administration): Focus on Prevention Evidence Base: Yes Policy Change: Yes
NACCHO (Opioid Toolkit for Local Health Departments)

Key Activities	Who is responsible?	By when?
Identify evidence-based prevention practices and programs relevant to drug misuse and abuse.	County level workgroups	December 2021
Support local and state policies that reduce drug misuse and abuse.	HPH Administration/HPH Community Health Strategist/County level workgroups	Ongoing
Work to improve coordination between social services systems and the healthcare system to address the social and health equity factors that contribute to the risk for drug misuse and abuse disorders.	HPH Administration/HPH Community Health Strategist/County level workgroups	December 2022
Identify and implement programming to prevent and reduce drug misuse and abuse in the community with specific attention to vulnerable groups such as pregnant women and youth.	County level workgroups	December 2022

Drug Misuse and Abuse Evaluation Plan

What are we going to do?		What are we going to measure?	
Key Activities	Outputs/Reach	Process Measures	Outcome Measures
Workgroup established in each of the five Horizon Counties	# of community partners a part of each workgroup	% of workgroup that felt the goals/objectives meet community needs	% of workgroup that find value in participating and collaborating
Research local and regional data	# of data sources identified	% of data sources shared	% of sources acquired
Determine strategies	# of strategies reviewed	Goals, objectives, work and evaluation plans to reflect strategies updated	% of criteria implemented

COMMUNITY PARTNERSHIP TEAM - Membership

<u>Name</u>	<u>Agency</u>
Amy Reineke	Horizon Public Health
Ann Stehn	Horizon Public Health
Anna Johnson	Minnesota Communities Caring for Children
Bob Kopitzke	Stevens County Commissioner
Carl Vaagenes	Alomere Health
Connie Fields	Douglas County Early Childhood Initiative
Diane Strobel	Stevens County Early Childhood Initiative
Deb Hengel	Grant County Early Childhood Initiative/Elected Official
Deb Rapp	Grant County Social Services
Dustin Sperr	Prairie Ridge Hospital and Health Services
Erin Koehntop	RUSC (Raising Up Stevens County) Kinship
Jason Breuer	Stevens Community Medical Center
Jeanne Ennen	Stevens County Commissioner/RUSC Kinship
Jeanne Pederson	Pope County Family Collaborative
Jessica Boyer	West Central Area Community Action – Head Start
Jessica Kirwin	Stevens & Traverse County HRA
Jim Haugen	West Central Community Action Head Start
Joan Spaeth	Riverview LLP
Julie Smith	Traverse County Early Childhood Initiative
Karen Folkman	Morris Area High School
Kathy Werk	Horizon Public Health
Kelly Irish	Horizon Public Health
Kesha Anderson	Region IV South Mental Health Consortium
Leah Kranth	Traverse County Social Services
Louis Folkman	Stevens County Human Services
Lynn Siegel	Traverse County Emergency Management
Marcia Schroeder	Horizon Public Health
Margaret Kalina	Alomere Health
Matt Konz	Riverview Dairy
Mike Burke	Alexandria Opportunities Center
Minette Stahlheim-Johnson	Chokio Alberta and Lutheran Campus Ministry
Nicole Names	Pope County Human Services
Sandy Tubbs	Horizon Public Health
Sara Peterson	YMCA Child care
Sarah Richter	Region IV South Mental Health Consortium
Sara Suchy	Minnewaska Area Elementary School
Val Trumm	Alexandria First Lutheran Church



COMMUNITY ASSETS AND RESOURCES AVAILABLE TO ADDRESS PRIORITY PUBLIC HEALTH ISSUES

PUBLIC HEALTH ISSUE	COMMUNITY ASSETS AND RESOURCES
Lack of adequate and affordable transportation	<ul style="list-style-type: none"> • Social Service Departments in Douglas, Grant, Pope, Stevens and Traverse Counties • Rainbow Rider (public transportation system) in five counties, which includes volunteer driver services • Morris Transit System in Stevens County • Transportation Advisory Committee in Douglas County • Taxi-cab services in Alexandria area (Douglas County)
Drug Misuse and Abuse – Prescription and street drugs	<ul style="list-style-type: none"> • County Sheriffs’ Departments in Douglas, Grant, Pope, Stevens and Traverse Counties • City Police Departments throughout the five counties • West Central Drug Task Force • Douglas County Opioid Abuse Prevention Task Force • Prescription drop-off programs in all five counties • Stevens County Drug Court • Pope County Drug Free Community Coalition • Hospital Emergency Departments in the five counties • New Visions Treatment Program in Douglas County • DARE programs at select school districts in the five counties • Social Service Departments in the five counties (Rule 25 Chemical Dependency Assessments) • Health Voices Healthy Choices/VIBE (Voice. Influence. Build. Educate)
Access to mental health services	<ul style="list-style-type: none"> • Social Service Departments in Douglas, Grant, Pope, Stevens and Traverse Counties • Region IV South Adult Mental Health Initiative serving Douglas, Grant, Pope, Stevens and Traverse Counties • Mental health providers including Lakeland Mental Health, Lutheran Social Services, Village Family Services, Stevens Community Medical Center’s behavioral health program, and counseling services • Acute mental health care providers including Behavioral Health Hospital and Emergency Departments at hospitals located in all five counties • Douglas County Children’s Mental Health Collaborative

	<ul style="list-style-type: none"> • Family Service Collaboratives in Grant, Pope, Stevens and Traverse Counties • Socialization Drop-in Centers in all five counties • Local Advisory Councils in all five counties • Post-secondary counseling services at University of MN Morris and Alexandria Community and Technical College
Lack of community member engagement	<ul style="list-style-type: none"> • Conexiones, a Stevens County Organization dedicated to integrating and empowering immigrant families • Community Expos or Family events in Grant, Pope and Stevens Counties • “Community Night Out” events in the five counties • YMCA in Douglas County • Area churches including sponsorship of free community meals • Love in the Name of Christ (Love Inc) in Douglas County • Mentorship programs/book clubs/public library events • Annual community celebrations
Adverse/negative childhood experiences (ACEs)	<ul style="list-style-type: none"> • Early Childhood Initiatives in Douglas, Grant, Pope, Stevens and Traverse Counties • Douglas County Children’s Mental Health Collaborative • Grant County Child and Youth Council • West Central Community Action Head Start • Horizon Public Health and County Social Service Programs • Raise Up Stevens County (RUSC) Kinship Program • Someplace Place for victims of domestic violence • Intensive in-home treatment programs • ACEs cohort training opportunities and community-based ACEs training • School district programming including ECFE
Stigma associated with poor mental health	<ul style="list-style-type: none"> • Region IV South Adult Mental Health Initiative serving the counties of Douglas, Grant, Pope, Stevens and Traverse • Drop-in Socialization Centers located in each of the five counties • Local Advisory Councils in all five counties • School counselors and other staff providing education within the school district
Lack of adequate and affordable child care	<ul style="list-style-type: none"> • Existing family-based and center-based child care providers in the five counties • Knute Nelson Child Care Center in Alexandria, a new child care center in final stages of development • Chamber of Commerce/area businesses throughout the five counties