Freeborn County

Community Health Improvement Plan
2015-2019, Submitted 12/20/2022

A Collaborative Community Effort Led by: Freeborn County Public Health and Mayo Clinic Health Systems of Albert Lea

FREEBORN COUNTY MINNESOTA

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Dear Residents, Partners, and Staff:
The mission of Freeborn County Public Health strives to preserve, promote and protect the health and well-being of people in Freeborn County. We work towards improving the lifelong health of individuals and communities in Albert Lea, Alden, Clarks Grove, Conger, Emmons, Freeborn, Geneva, Glenville, Hartland, Hayward, Hollandale, Manchester, Myrtle, and Twin Lakes through the effective use of data, evidence-based prevention strategies, leadership, advocacy, partnerships and the promotion of health equity.

In line with our mission, the Centers for Disease Control and Prevention's Essential Public Health Services and the Local Public Health Act passed in 1976, every five years Freeborn County Public Health completes a Community Health Assessment and Community Health Improvement Plan. The purpose of these assessments is to provide an overview of the current health status of our county in order to strategically inform and prioritize the issues we tackle, with our partners, as your local public health department. While we have made great strides in some of our greatest health challenges in our county, it is important to reflect on current and emerging health trends in order to maintain and promote the health of our residents. With that, we are pleased to present the 2019 Community Health Improvement Plan.

As part of this Community Health Assessment, we carried out a survey among our community members, partners, and staff. They told us that health in their communities is most highly influenced by social connection, opportunity, health and wellness services, neighborhood conditions, and safety. Based on this input, we organized the report around these concepts, focusing on what influences our health and how a community supports an individual's health. In contrast to our previous assessments, this report aims to talk about health outcomes and behaviors in the context of the social, economic, and environmental factors in our counties and communities, which are the foundations for establishing a healthy life.

As encouraged by the visionary document on public health in the 21st century, Freeborn County Public Health increasingly strives to play an effective role as a Chief Health Strategist for our communities, mobilizing efforts to form and strengthen strategic partnerships. We hope that the information contained in our new Community Health Improvement Plan will provide a useful synopsis of the health status of our county and increase the understanding of a healthy community and the role we all play in supporting health.

Knowing that this plan will be only as useful as the actions it stimulates, we look forward to working with community members, Freeborn County Public Health staff, and our great range of partners to address the health issues outlined here and create our new, collaborative Community Health Improvement Plan. After all, "Public Health is what we do together as a society to ensure the conditions in which everyone can be healthy." - Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. Happy reading!

Sincerely,
Director of Freeborn County Public Health
Freeborn County CHIP Committee (CHIPC)

Core Team

Freeborn County CHIP Committee Members

Kathy Leidal – Mayo Clinic Health System Albert Lea and Austin Community Engagement Senior Specialist

Sue Yost – Freeborn County Public Health Community Health Service Administrator/Director

Lana Howe – Freeborn County Public Health Statewide Health Improvement Partnership Coordinator

Anita Majerus – Freeborn County Public Health Lead Public Health Nurse

Natalie Loock - Freeborn County Public Health Lead Public Health Nurse

Emmitt Stevens - Freeborn County Public Health Intern

Community Leadership Team		**Community Health Care Collaborative Stakeholders**
Tricia Dahl	Ryan Langemeier	Sara Barnes
Kathy Leidal	Dr. Christopher Shoff	Ariel Winter
Ellen Kehr	Chris Chalmers	Mark Kossman
Dennis Dieser	Jerry Gabrielatos	Gloria Olson
Jeff Thompson	Susie Petersen	Glenna Kristy
Jackie Hillman	Erin Haag	Wah Paw
Jenny Hendrickson		Penny Jahnke

This health improvement plan is possible because of the generous participation and input from the following partners.
Thank you to all who contributed.

The Freeborn County Community Health Improvement Plan (CHIP) was created by a highly engaged and focused CHIP Committee (CHIPC) that met from January 2019 through March 2020 to answer these key questions:

- **What can we do collectively to foster conditions in which people can be healthy?**

- **How can we collectively achieve measurable improvement and confront health inequities?**

Over 80 residents and community leaders from the private, public and non-profit sectors shared their expertise and resources during these meetings.

From the beginning, the CHIPC realized that health must be understood in relation to the social and physical environment that surrounds us. For example, the pilot project brought to us through Blue Zones Project. A project that encourages changes in our community that lead to healthier options. When our entire community participates, from our worksites and schools to our restaurants and grocery stores, the small changes contribute to huge benefits for all of us: lowered healthcare costs, improved productivity, and ultimately, a higher quality of life. We are aware that many residents have limited access to health care and other community resources that support healthy choices and healthy living and we hope to intently focus efforts in areas and populations most in need to prevent negative health outcomes and provide opportunities for people to thrive.

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

We invite Freeborn County residents and community leaders to use this plan as a resource and a platform for action.
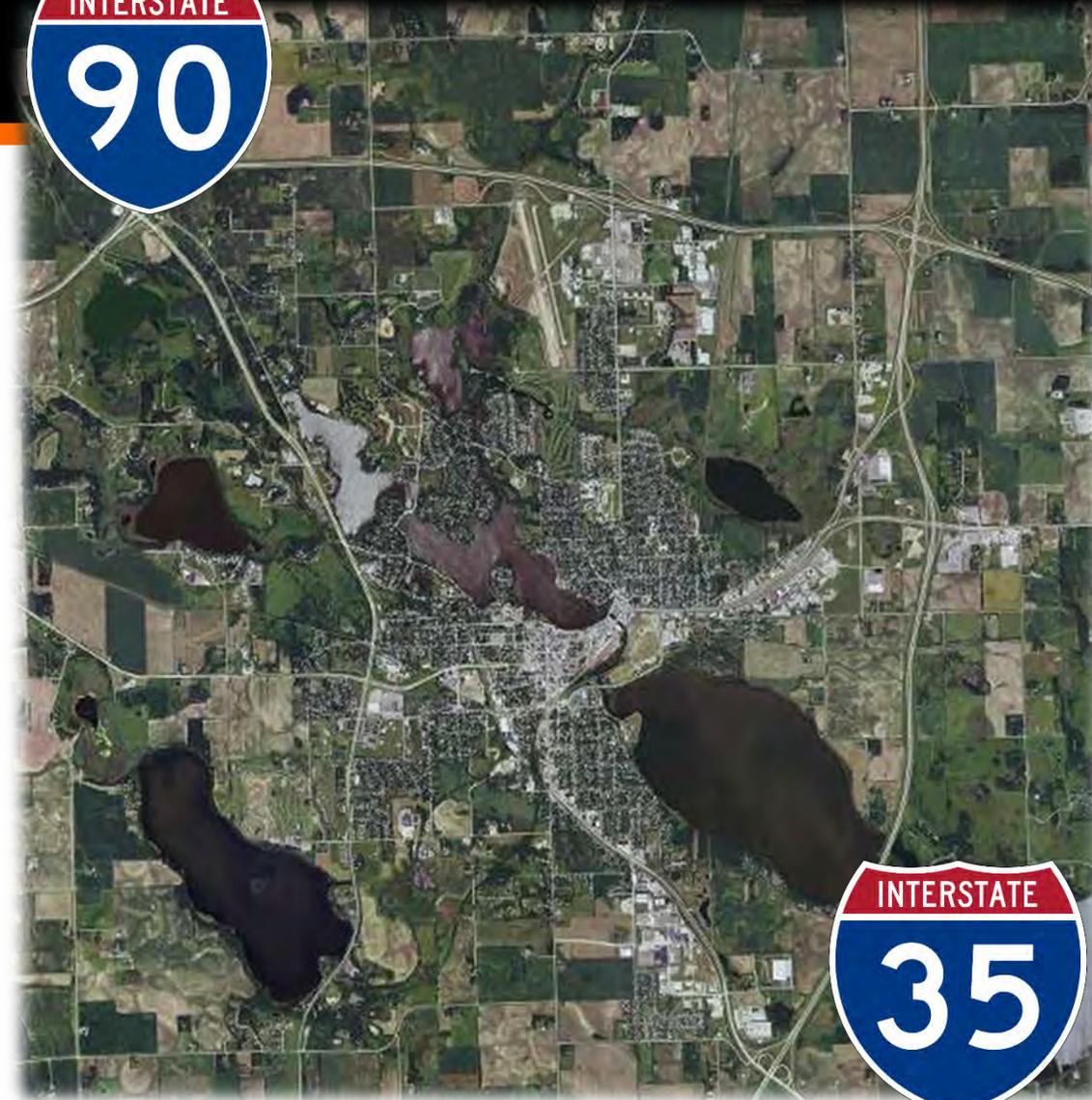
Established in 1855, Freeborn County is home to 30,255 residents (2017 census). Freeborn County lies on Minnesota's border with Iowa. The City of Albert Lea, the county seat, is one of 14 cities located in the county.
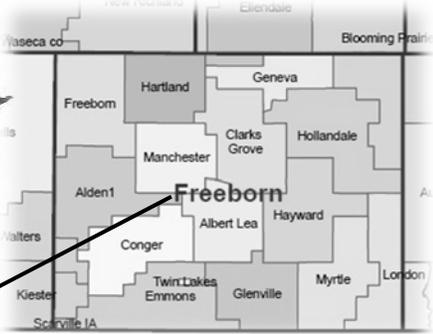
Community Characteristics

Freeborn County is located in southeastern Minnesota where I-90 and I-35 intersect and borders Iowa. As of the 2010 United States Census the population was 31,255. As of 2020 it is estimated that the population is 30,537. The county seat is Albert Lea. Freeborn County is made up of 722 square miles and features many lakes. Historically, over the last 30 years, the population of Freeborn County has declined by approximately 1,000 people per decade. Although in this most recent year we have witnessed a growth rate of 0.42%. Freeborn County ranks as the 35th largest county in the state of Minnesota.

Demands on health change due to various reasons over time. Every year, new cures and treatments help manage common diseases, prevention efforts discourage long-term negative health outcomes and research provides a platform to find cures that battle the most deadly disease. As illnesses become more common, our health care system must adapt to treat them. Community needs will also evolve as the population ages and relies more heavily on resources. Freeborn County, among many other rural communities across the state of Minnesota and the nation have seen first hand the impact health and wellness has on a community and the continued need to partner with community members, organizations and agencies to find solutions to meet these demands.

In 2017, Mayo Clinic Health System rolled out a plan to consolidate services between the Austin and Albert Lea campuses due to financial losses, staffing issues and declining inpatient volumes. Albert Lea's Intensive Care Unit services and in-patient surgeries have since been shifted to Austin, MN. While a major shift for our community, we realized now more than ever was the perfect time to collaborate and respond to the ever-changing needs of our communities through the work of the Freeborn County Community Health Improvement Plan.

Freeborn County, Minnesota

30,444

2019 Population

Demographics

2018-2019 School Year

47%

Students receiving free & reduced lunch
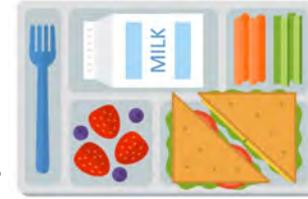
90%

Students graduate high school on time

Geography

Rank by SIZE

41
out of
87

14 Cities

Albert Lea   Conger   Geneva   Hayward   Myrtle
Alden   Emmons   Glenville   Hollandale   Twin Lakes
Clarks Grove   Freeborn   Hartland   Manchester
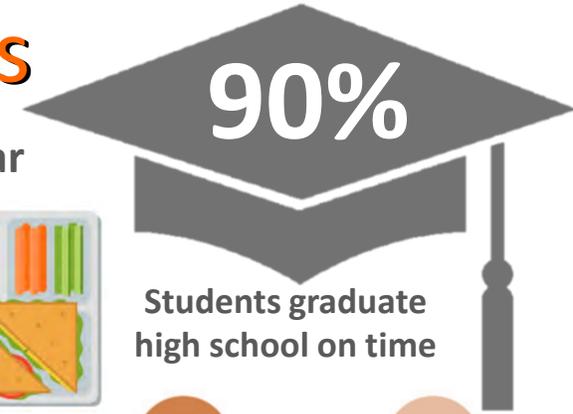
58%

Population lives in Albert Lea
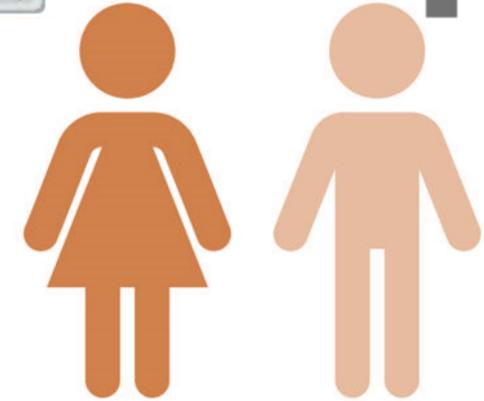
50%

Female

50%

Male

Income

Median Household Income

$52,447

22%

under age 18

44

median age

22%

65 and older

*Data Sources: U.S. Census Bureau, Decennial Census and Population Estimates, Minnesota State Demographic Center, Minnesota Department of Education

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Freeborn County Demographic Trends in Statistics

Population Statistics Populations 65+	2008	2010	2012	2013	2019
State of Minnesota	12.5%	13.1%	13.6%	13.9%	15%
Freeborn County	19.4%	20.2%	20.7%	21.2%	22.1%

Total Population Ratio: Male/Female

■ Female ■ Male
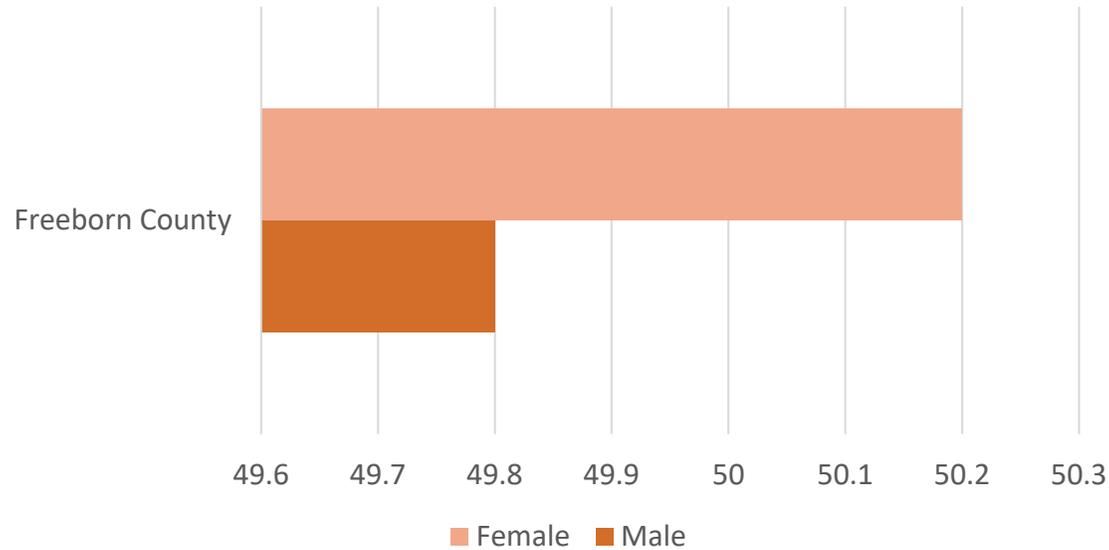
Freeborn County Total Population: Ages

■ Percentage of people

7
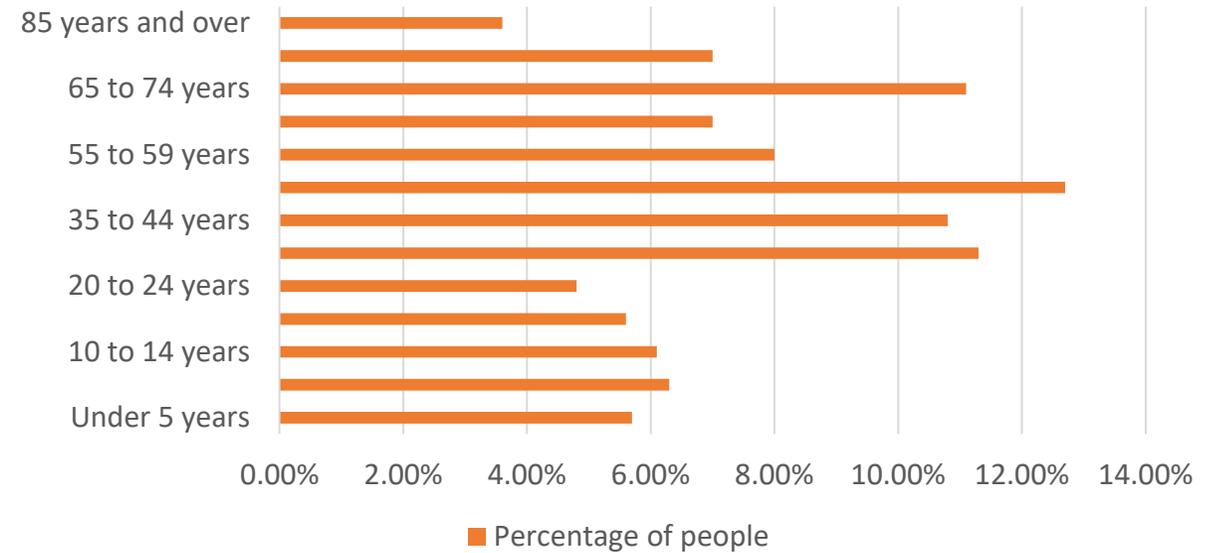
**Total Dependency (under 15, 65+) Ratio per 100 people aged 15-64	2009	2010	2011	2012	2013	2017
State of Minnesota	48.4	49.1	49.2	49.9	50.6	61.3
Freeborn County	59.8	62.2	62.4	63.8	65.3	56.1

**A total dependency ratio is the number of people in the county ages 0 to 14 and 65 and over (those who are "not working") divided by the number of people in the county ages 15 to 65 (those "working") multiplied by 100. In Freeborn County (2013) there are 65.3 people in the not working age groups for every 100 people in the working age groups, in Minnesota there are 50.6 people in the not working category for every 100 in the working category. The dependency ratio is used to measure the pressure on the productive population.

Total Dependency Ratio per 100 people aged 15-64
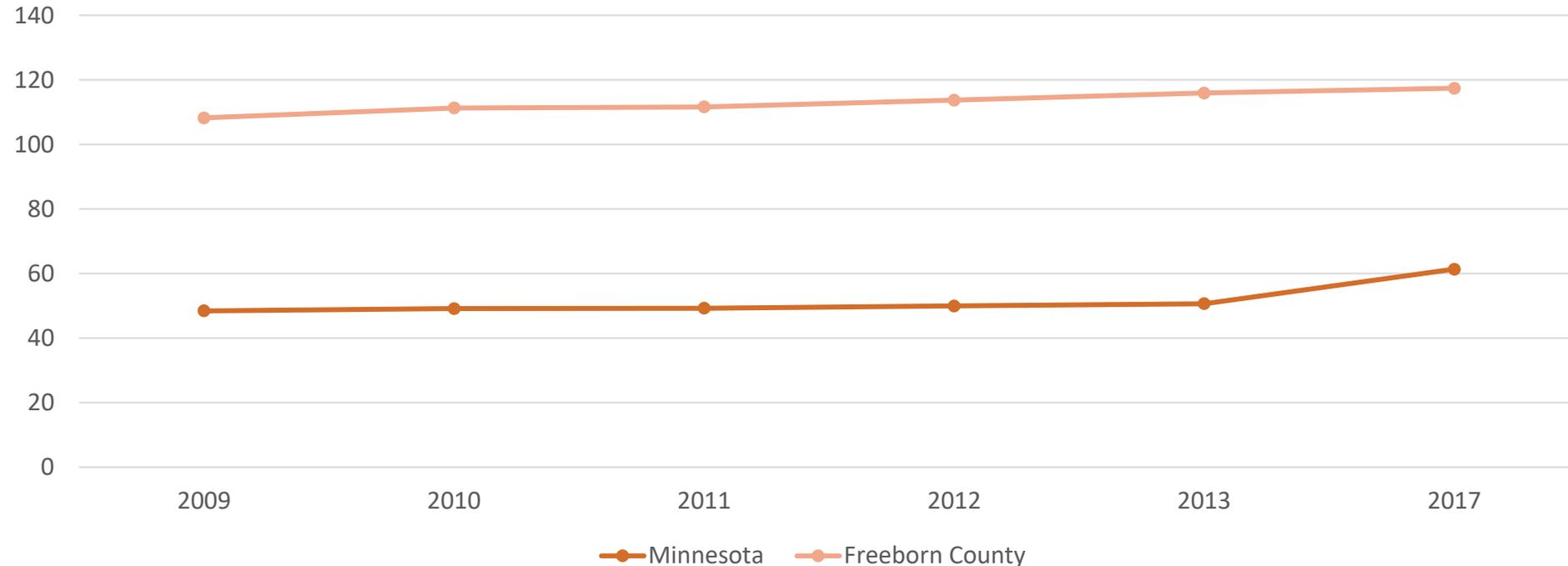
Ethnicity/Race	2008	2011	2013	2019
White	97.7%	96.4%	96.0%	93.7%
Black	0.6%	1.0%	1.1%	1.5%
American Indian/ Alaska Native/ Hawaiian Native/ Pacific Islander/ Other	0.2%	0.36%	0.4%	0.6%
Asian	0.6%	1.0%	1.2%	2.6%
Hispanic or Latino	7.0%	9.1%	9.3%	9.9%
Two or more races reported	0.6%	1.1%	1.2%	1.4%

2019 Freeborn County Ethnicity/ Race

2.60%
1.40%
0.60%
9.90%
1.50%
93.70%

- White
- Black
- American Indian/ Alaska Native/ Hawaiian Native/ Pacific Islander/ Other
- Asian
- Hispanic or Latino
- Two or more races reported
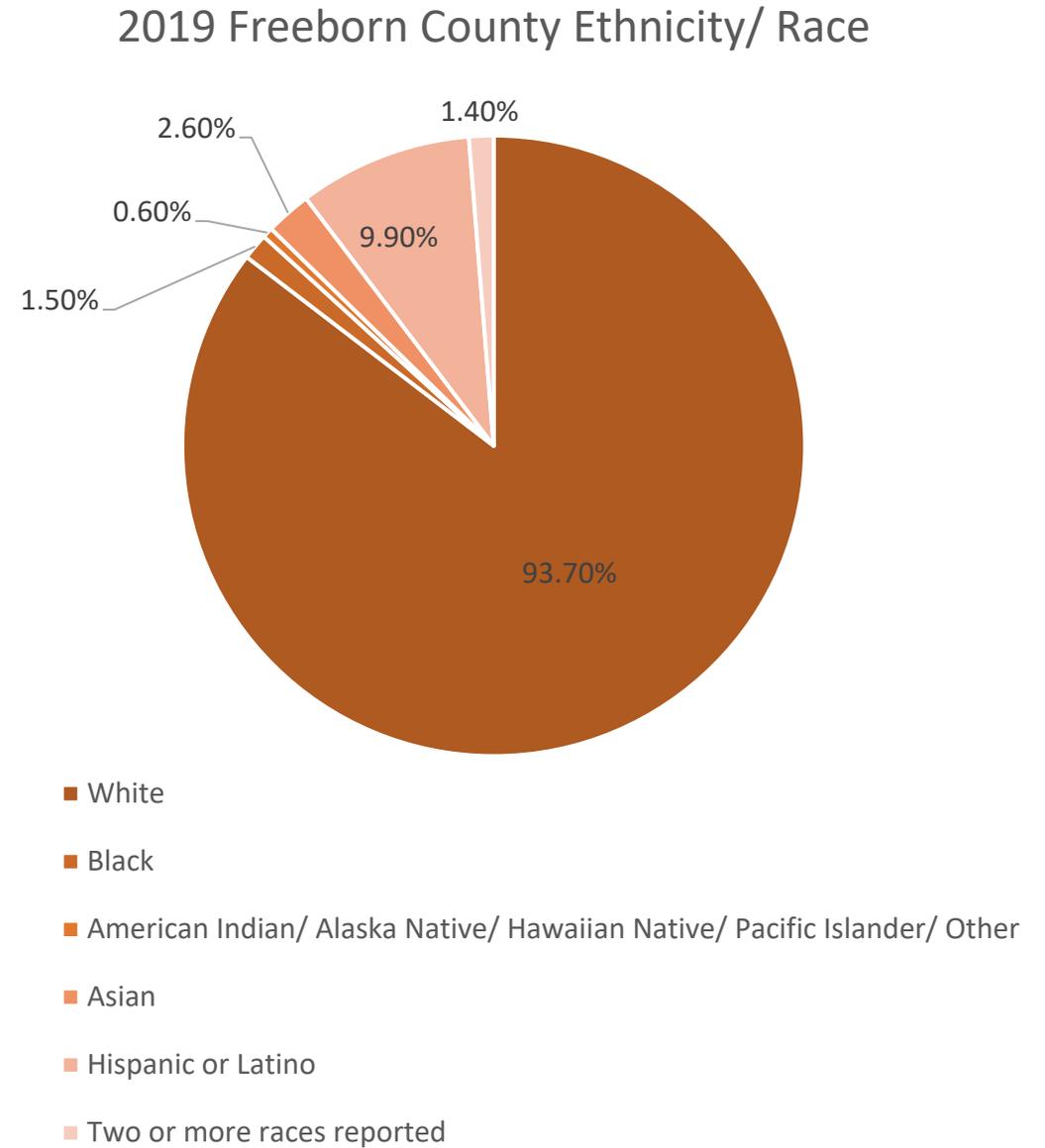
Miscellaneous Statistics	2006-2010	2007-2011	2008-2012	2014-2018
Percent of population aged 25 and older with greater or equal to high school education or equivalent (e.g. GED)	N/A	N/A	N/A	89.9%
Percent of housing occupied by owner	82.8%	80.8%	79.4%	75.4%
Percent of children under 18 living in single parent headed household	25.7%	32.5%	37.0%	34.5%

Freeborn County, MN Education Attainment Breakdown
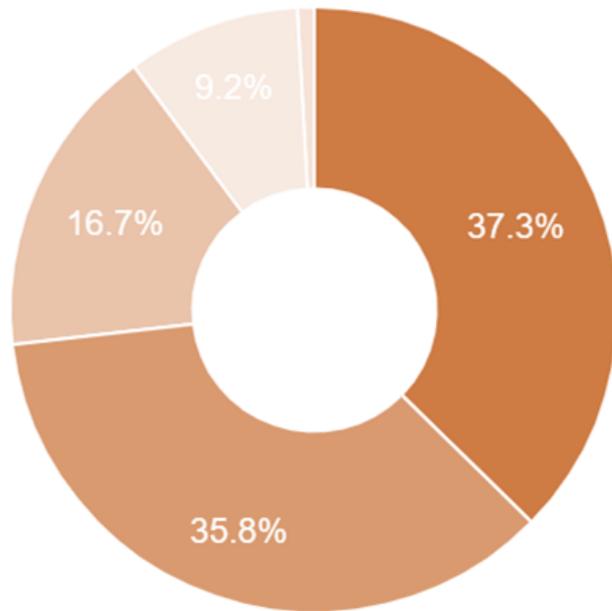
- High School or GED
- Some college or Associates Degree
- Bachelors Degree or higher
- Less than High School
- No schooling

37.3%
35.8%
16.7%
9.2%

Higher Education Attainment (100%=All People with Associate or better)
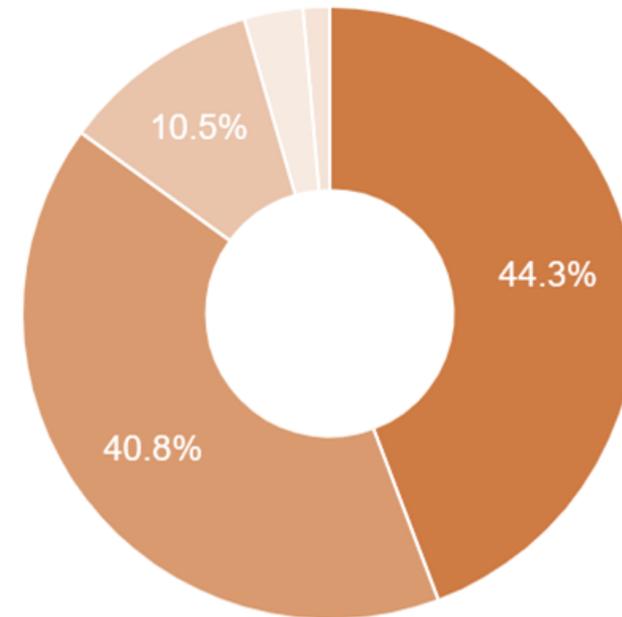
- Associate degree %
- Bachelors degree %
- Masters degree %
- Professional school degree %
- Doctorate degree %

44.3%
40.8%
10.5%

Employment Status

66.90%
61.70%
2.70% 2.80%

Minnesota Freeborn County

Employed Unemployed

Workforce Industry

Agriculture, forestry, fishing and hunting, and...
Construction
Manufacturing
Wholesale trade
Retail trade
Transportation and warehousing, and utilities
Information
Finance and insurance, and real estate and...
Professional, scientific, and management, and...
Educational services, and health care and...
Arts, entertainment, and recreation, and...
Other services, except public administration
Public administration

Minnesota Freeborn County

Median Household Income

Freeborn County $51,174 (2017)

State of Minnesota $65,699 (2017)

National $57,652 (2017)

Household Income per capita

PAST 12 MONTHS (2017)

Freeborn County $27,603

State of Minnesota $34,712

National $31,177

Poverty

Socioeconomic factors are the economic and social experiences and realities that have influence on a person's lifestyle, attitudes, and personality. Freeborn County Public Health has identified four main socioeconomic factors in Freeborn County. Those four main socioeconomic factors are education, income, poverty, and transportation. The education factor refers to individuals who have a low level of education and are unaware of the health resources in the community. In addition, low education can hinder an individual's ability to pay for medical services relating to the income and poverty factors. The last factor is transportation referring to an individual's ability to reach medical services. Many of the socioeconomic factors can be related to each other.

Poverty is important to Public Health. Poverty not only has to do with income but it can have an effect on a person's health. Those living in poverty experience higher rates of some diseases, such as asthma. Federal poverty guidelines are determined by the U.S. Census Bureau and calculated according to income and number of related children in the family. If the household income falls below the poverty level, then every person living in the home are considered to be in poverty.
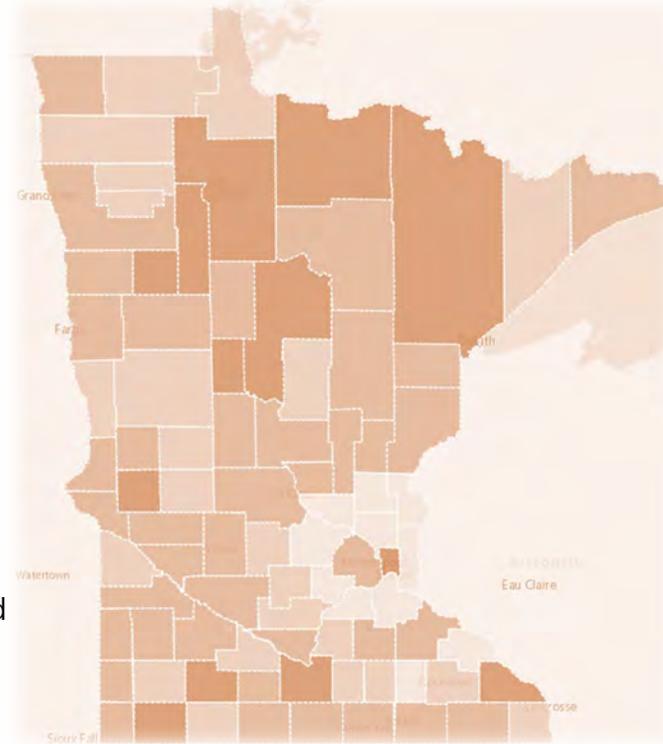
SNAPSHOT: Percent of people living in poverty across the state of Minnesota
Freeborn County: 11.8%

People in poverty: 2017

All ages
- 4.0 - 7.1%
- 7.2 - 10.3%
- 10.4 - 14.1%
- 14.2% +
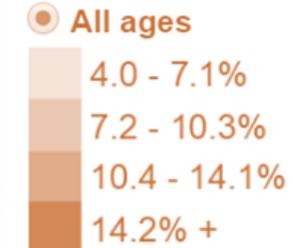
"Poverty includes a family's income, size, and composition (such as the number of children), and has both immediate and long-term effects on health."

Source: Minnesota Compass

Poverty	2007	2008	2009	2010	2011	2012	2013	2013-2019
Freeborn County Percent- All Ages living in poverty	8.7%	10.9%	10.9%	11.5%	11.8%	11.4%	10.5%	9.9%
Percentage of people under 18 years of age living in poverty in Freeborn County	N/A	N/A	15.6%	7.2%	17.3%	17.1%	16.9%	14.1%
Food stamp utilization- Average Monthly total	N/A	766	978	766	1,371	1,468	1,560	2,861

Health Equity

What is Health Equity?
The Robert Wood Johnson Foundation (RWJF) provides the following definition: "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Health Inequities in Freeborn County
Health equity is of concern in our community with the diverse populations within Freeborn County and throughout the state of Minnesota. Over the past 5 years, since the last Freeborn County Public Health Community Health Assessment and Improvement Plan were completed, our diverse populations and cultures have continued to emerge. Previously, the primary diverse population of color was Hispanic and Latino. Freeborn County has also had a small percentage of South Sudanese people move to our community. Most recently the population from Sudan has relocated outside of Freeborn County and we now have Karen, Burmese and Karene cultures that have moved into our community.

The Karen, pronounced Kah-Ren (emphasis on the second syllable), are indigenous to the Thailand-Burma border region in Southeast Asia and are one of the many ethnic groups in Burma. Due to the conflict in Burma, thousands of Karen refugees have crossed the border to Thailand for safety and live in large refugee camps. Many of the adults that are new to our community have been refugees in Thailand for many years. Freeborn County Public Health works with many families of the Karen, Burmese and Karene cultures. More than half of our families that we serve in the Family Home Visiting program, are of other cultures.

Health equity is especially a concern with those that are living in poverty. The current poverty rate in Freeborn County is 11.8%. According to Data USA, 93.3% of the population of Freeborn County, MN has health coverage, with 43.3% on employee plans, 18.2% on Medicaid, 15.5% on Medicare, 14.4% on non-group plans, and 1.86% on military or VA plans.

Given these challenges and the dynamic nature of the people and places within Freeborn County, we must be prepared to address issues affecting our health to ensure that current and future Freeborn County residents have a great place to live, work and play.
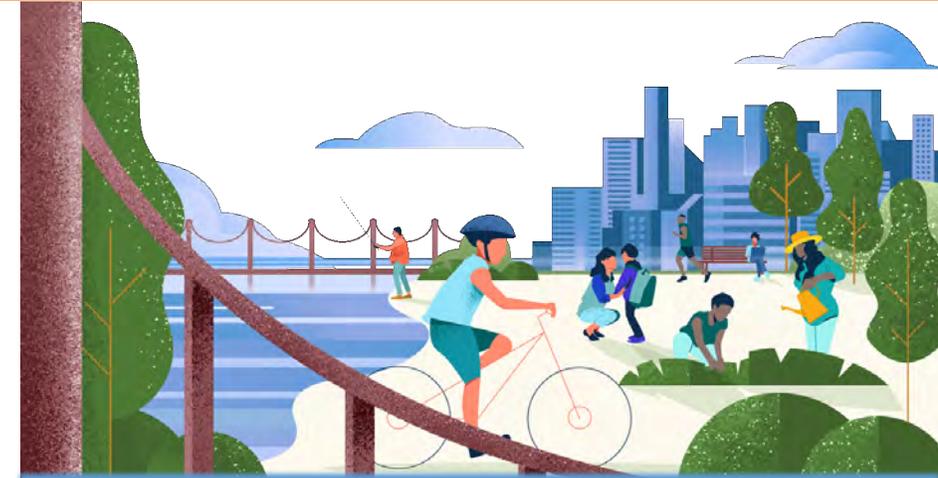
"We rise by lifting others."

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Planning Process

"Making the Healthy Choice, the Easy Choice."

Core Values

- ❖ Data Driven
- ❖ Community Focused
- ❖ Actionable
- ❖ Sustainable
- ❖ Collaboration
- ❖ Health Equity

Overarching Goals

- ❖ Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
- ❖ Achieve health equity, eliminate disparities, and improve health of all groups
- ❖ Create social and physical environments that promote good health for all
- ❖ Promote quality of life, healthy development, and healthy behaviors across all life stages

ASSESS

PRIORITIZE

IMPLEMENT

PLAN

Assess Health Indicators

Prioritize Indicators

Monitor & Evaluate the Impact

Freeborn County Community Health Assessment & Planning Process

Identify Workgroups

Implement Initiatives & Activities

Develop Community Strategies
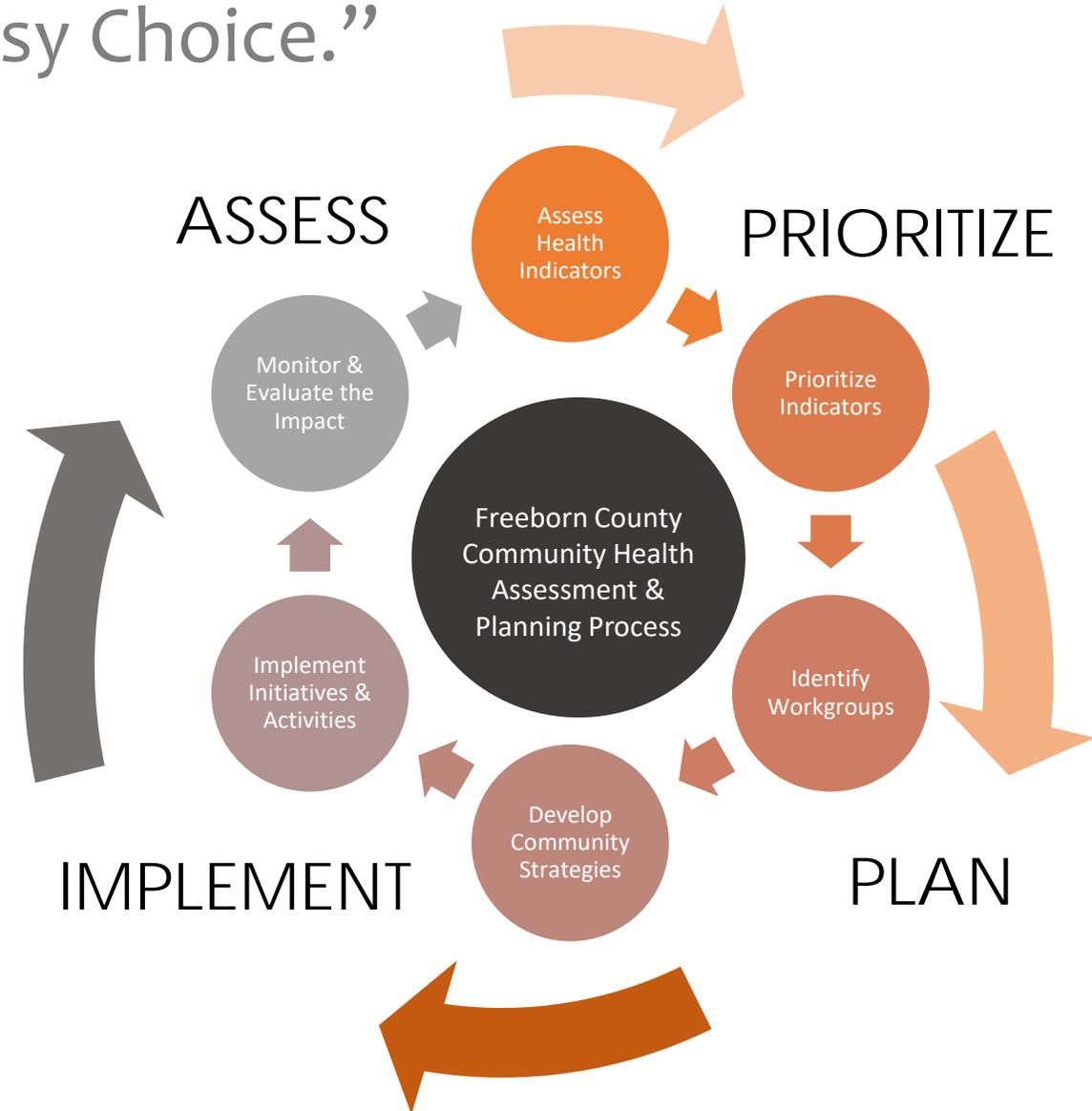
Purpose

Freeborn County Public Health is a single county Community Health Board (CHB) governed under Minnesota Statute Chapter 145A. The purpose of this community health assessment (CHA) is to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community assets and resources that can be mobilized to improve population health.

Health departments, hospitals, health systems, health plans and federally qualified health centers are all strengthening their efforts to incorporate local community health needs assessments and collaborative planning into their work. Representatives from each of these groups joined the Community Health Improvement Partnership to align their local assessments and develop a collaborative approach to address common priorities.

This assessment is a component of the Local Public Health Act that was passed in 1976. Minnesota Department of Health (MDH) provides step-by-step guidance on how to carry out an 8-phased collaborative community health assessment and community health improvement planning process on a 5-year cycle. The process hinges on engaging the community to increase the availability and quality of public health services and ultimately improve health outcomes.

Community health needs assessments and implementation strategies are also required to be completed by tax-exempt hospitals as a result of the Patient Protection and Affordable Care Act in collaboration with Public Health. These assessments and strategies also provide an opportunity to improve coordination of hospital community benefits programs with other local efforts to improve community health.

How to Use a CHIP
A CHIP is developed to provide guidance to its partners, and its stakeholders, on improving the health of the county's population. This plan can be used to set priorities, coordinate efforts, and target resources. Partners can use the CHIP to prioritize existing activities and set new priorities. The plan can serve as the basis for taking collective action and can facilitate collaboration.

What is the relationship between CHIP and other assessments and planning efforts?
The CHIP does not replace or supersede any concurrent action planning document produced by Freeborn County Public Health or any of our community partners. Freeborn County Public Health worked in collaboration with MCHS – Albert Lea in organizing and coordinating the community health improvement process. Freeborn County Public Health does not own the process and is not the sole organization responsible for CHIP implementation. In fact, the CHIP is meant to complement the various other action planning documents produced by governmental and community partners. The partnership concentrated on creating healthy strategies – not simply correcting problems. Themes important to the CHIP stakeholders included prevention and health promotion; building on strengths and supporting strong beginnings; viewing health holistically as physical, mental, emotional and spiritual; engaging the community as we move forward; and the importance of addressing basic needs, health care access, and social conditions that impact health.

"Active, Healthy families and people of all ages, abilities and cultures living, learning, working and playing in thriving communities… a healthy Freeborn County."

Process

There are many frameworks and models that influenced and guided Freeborn County's CHA and CHIP process. The committee did not follow just one specific framework or model, but rather applied multiple methods in combination to steer the direction of the community process to identify and determine next steps.

Steps and/or phases of the following frameworks/models were used throughout Freeborn County's CHA/CHIP process:
- ◘ Collective Impact
- ◘ Core Public Health Functions and Essential Services
- ◘ County Health Rankings and Roadmaps
- ◘ Health Impact Pyramid
- ◘ Minnesota Local Public Health Assessment and Planning Process- (Direct guidance and assistance from Ann March)
- ◘ Mobilizing for Action through Planning and Partnerships
- ◘ Precede-Proceed Model
- ◘ Results Based Accountability
- ◘ Social Determinants of Health Framework

For example: The process used for the collection of verbal information shared from partners and community members was the Results Based Accountability. Focus groups and a Community Forums were conducted to share and process data. This process was a way for planning and taking action that can be used in communities to make needed improvements to the community as a whole, in addition to the specific lives of adults, families, youth, and children. Results Based Accountability is a data-based, decision-making process that helps communities to take action to resolve the identified issues. Results Based Accountability starts with the end goal and works backwards, then identifies what steps and actions are needed to reach the desired outcome.

In 2018, the Freeborn County Health Care Collaborative was formed in response to Mayo Clinic Health Systems of Albert Lea transition of services. This group established workgroups allowing for targeted and thoughtful planning for the 2018 CHIP. The established workgroups also have allowed for greater participation in the development of strategies for each CHIP priority. Learning from the previous CHIP, a small planning group was established for barriers in accessing health care, mental health, families and children and seniors to assist with the creation of the data profile and strategy selection.

With guidance and leadership from the CHIPC and Community Leadership Team/ Key Stakeholders, a comprehensive community health needs assessment (CHNA) was completed in late 2018. The assessment process integrated a variety of steps, including: identifying potential health indicators; collecting and analyzing relevant information, including data from a community survey and community listening sessions; and the assembly and dissemination of the final document. Data profiles were created for every priority to provide a deeper dive into each of the CHIP priorities to assist with strategy selection and action planning. The profiles include both quantitative and qualitative data that was collected through various data sources to better understand each priority in Freeborn County. Each profile also includes contributing factors (local conditions).

Community Health Assessment and Planning Process Timeline
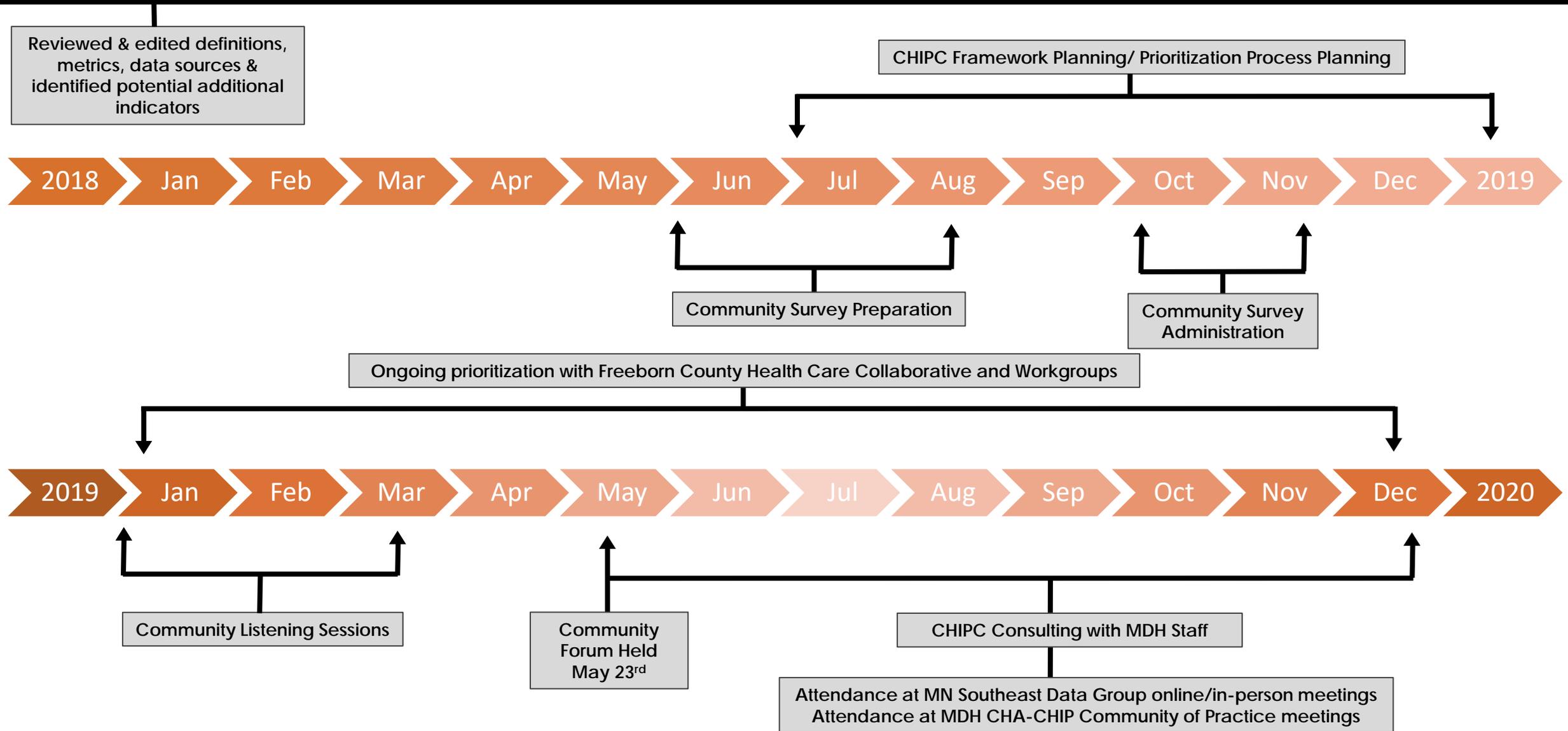
Assessing the Needs of the Community

Overview
Freeborn County Public Health and Mayo Clinic Health System community assessment process was led by staff with Freeborn County Public Health and the Community Engagement Specialist with Mayo Clinic Health System. The team worked directly with each other to conduct surveys, key-informant interviews, as well as conducted 8 focus groups. The team followed a systematic process to evaluate the health needs of our communities and determine the top health priorities.
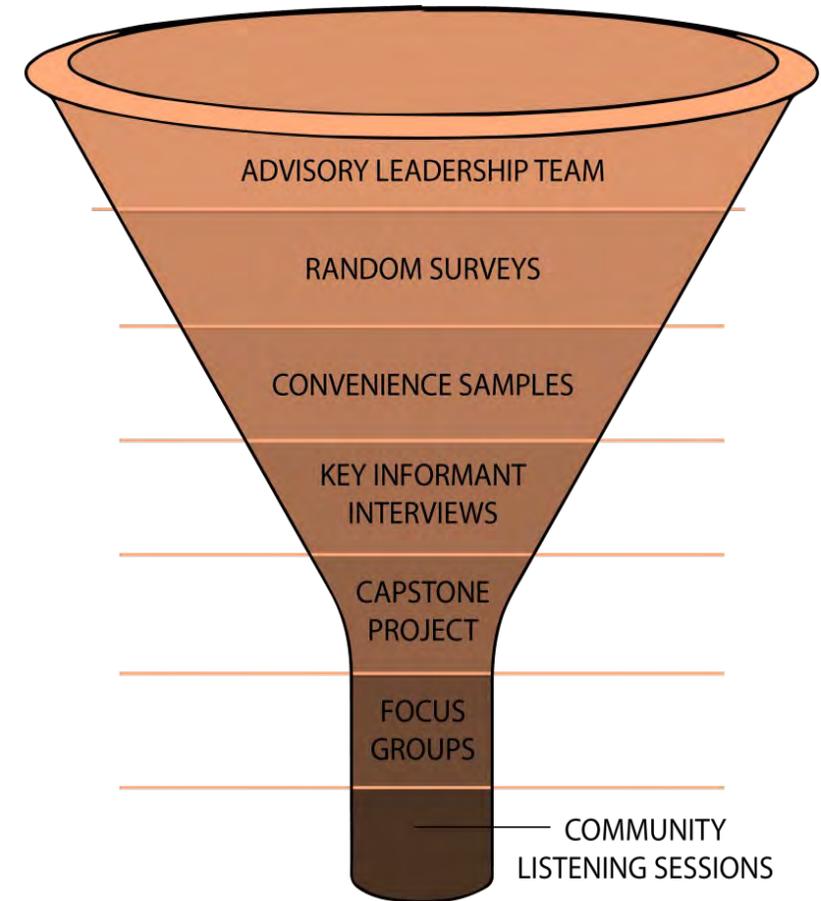
One notable difference in the approach used in 2018, was implementation of a new tri-county survey with changed questions from the 2016 assessment. In the process of data review it was a challenge to compare data from the 2016 assessment, due to changes in how the questions were asked. The benefit of this new survey will support our work in years to come by being transparent with our surrounding communities, and working collaboratively to reduce social determinants of health and the top three health outcomes across the region and state of Minnesota.

Community Input
Freeborn County Public Health and Mayo Clinic Health System- Albert Lea have a long history of engaging the community to identify local health care needs and build long lasting partnerships. Our leadership and staff serve on local boards/committees including, SHIP/ Blue Zones Community Leadership Team, economic development and Chamber of Commerce committees, service organizations, community college foundation, and other initiatives important to the community.

Process and Methods
Working in conjunction with the public health department in Mower and Goodhue Counties, as well as the Minnesota Department of Health, Freeborn County Public Health and Mayo Clinic Health System; took a multi-faceted approach to gathering information and identifying local health needs among Freeborn County residents.

ADVISORY LEADERSHIP TEAM

RANDOM SURVEYS

CONVENIENCE SAMPLES

KEY INFORMANT INTERVIEWS

CAPSTONE PROJECT

FOCUS GROUPS

COMMUNITY LISTENING SESSIONS

Community Health Needs Assessment 2018

First, we would like to thank the Minnesota Department of Health and Minnesota Center for Health Statistics for providing ongoing data support and analysis. We could not have done the CHA and CHIP without the assistance in compiling and contracting with us to develop and distribute our Community Health Needs Assessment. The random mailed Community Health Assessment instrument was conducted in conjunction with all three public health departments (Freeborn, Mower and Goodhue Counties).

An initial survey packet was mailed to 4,800 sampled households in Freeborn, Mower and Goodhue counties on September 21st and 24th, 2018, that included a cover letter, the survey instrument, and a postage-paid return envelope. One week after the first survey packets were mailed (October 1st), a postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. Two weeks after the reminder postcards were mailed (October 15th), another full survey packet was sent to all households that had still not returned the survey. The remaining completed surveys were received over the next six weeks, with the final date for the receipt of surveys being November 26, 2018.

This community health needs assessment and health improvement plan take the solid foundation of our strong community and moves it to the next level: aligning health improvement efforts across multiple organizations for collective impact. By focusing on a few important health issues together, the partnership will maximize current efforts, better address gaps and policy issues, and advocate for changes that will have lasting impact on the health of our residents. It is the data that leads our efforts to find solutions and we can't thank Freeborn County residents enough for the participation in completion of our assessments.

Completed surveys were received from 1,189 adult residents of Freeborn, Mower and Goodhue counties for an overall response rate of 24.8% (1,189/4,800). The county level response rates are as follows:

Demographics	Percentages	Number of completed surveys received from adult residents of the county
Freeborn County	23.4%	372
Goodhue County	26.0%	413
Mower County	24.9%	396

(Too few of respondents age 18-24 returned completed surveys, so results were reported only for adults age 25 and over.)

Fall 2018

Dear Southeastern Minnesota Resident:

This is your opportunity to help improve the health of your community!

Freeborn, Mower and Goodhue Counties, in partnership with Mayo Clinic Health System, are conducting the 2018 Community Health Needs Assessment Survey. Your household has been randomly selected to participate.

This survey helps us gather information to complete an in-depth assessment of our community's health and determine how to direct resources in the future. This information is used by many organizations including local counties and Mayo Clinic Health System to design programs to support community health and wellness.

Participation in this survey is completely voluntary. All answers to the questions are strictly confidential and no identifying information will be linked to any of the responses. We do track which surveys have been completed through the identifying number on each survey. This allows us to remove addresses from the mailing list for reminder notices once we receive the completed survey.

Only a limited number of randomly selected addresses are receiving this mailing. The study will be more meaningful if someone from your household completes the survey and mails it back. In order to get a mix of the population, please give the survey to the ADULT (age 18 or older) in your household who has most recently had a birthday. Please complete the enclosed survey form and return it in the postage-paid envelope provided.

By completing this survey, your household will make a valuable contribution to improving the health of people living in your community. If you have any questions, please contact the State Health Improvement Partnership (SHIP) Coordinator in your county: Sue Yost – Freeborn County (507-377-5273), David Anderson – Goodhue County (651-385-6148) or Chris Weis – Mower County (507-437-9701).

Thank you very much for your participation.

Sincerely,

Sue Yost
Public Health Director
Freeborn County Public Health

Nina Arneson
Director
Goodhue County
Health and Human Services

Lisa Kocer
Director
Mower County
Health and Human Services

Annie T. Sadosty M.D.
Regional Vice President
Mayo Clinic Health System
South East Minnesota

2018 Community Health Needs Assessment Survey

SURVEY INSTRUCTIONS

Correct marks   Incorrect marks

- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

1. In general, would you say that your health is:

○ Excellent   ○ Very good   ○ Good   ○ Fair   ○ Poor

2. Have you ever been told by a doctor or other health care professional that you had any of the following health conditions?

|	No	Yes	Yes, but only during pregnancy
a. High blood pressure/hypertension	○	○	○
b. Pre-hypertension	○	○	○
c. Diabetes	○	○	○
d. Pre-diabetes	○	○	○
e. Overweight	○	○	
f. Cancer	○	○	
g. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	○	○	
h. Heart trouble or angina	○	○	
i. Stroke or stroke-related health problems	○	○	
j. High cholesterol or triglycerides	○	○	
k. Arthritis	○	○	
l. Depression	○	○	
m. Anxiety or panic attacks	○	○	
n. Other mental health problems	○	○	
o. Obesity	○	○	
p. Asthma	○	○	

3. What kind of place do you usually go to when you are sick or need advice about your health?

○ A doctor's office   ○ A tribal clinic   ○ An urgent care clinic
○ A clinic   ○ Some other health center   ○ No usual place
○ A free clinic   ○ An emergency room   ○ Some other place _____

4. When was the last time you had...

	Within the past year	Within the past 2 years	Within the past 5 years	Five or more years ago	Never
a. ... a flu shot?	○	○	○	○	○
b. ... a dental exam or your teeth cleaned?	○	○	○	○	○
c. ... a hearing test?	○	○	○	○	○
d. ... an eye exam?	○	○	○	○	○
e. ... your blood pressure checked?	○	○	○	○	○
f. ... your blood cholesterol checked?	○	○	○	○	○
g. ... your blood sugar checked?	○	○	○	○	○
h. ... any screening for skin cancer?	○	○	○	○	○
i. ... any screening for colon cancer? Examples are fecal occult blood test, proctoscopic exam, sigmoidoscopy, colonoscopy or barium enema	○	○	○	○	○
j. ... a prostate exam (men only)?	○	○	○	○	○
k. ... a Pap test (women only)?	○	○	○	○	○

Freeborn County Community Health Needs Assessment Survey:
Trend Data Priority Issues
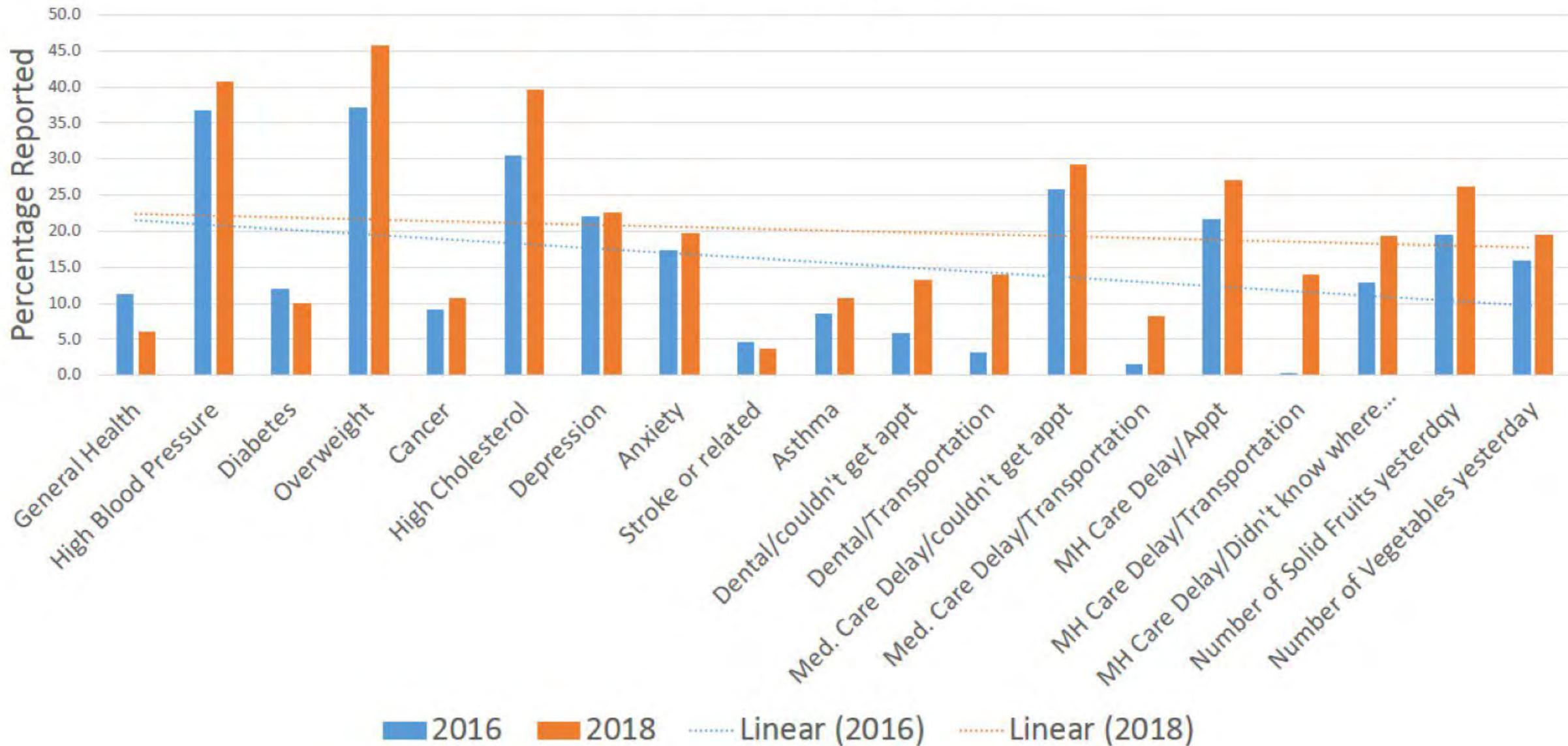
Convenience Sample

In addition, separate surveys and feedback mechanisms were employed within each county to supplement the community survey, solicit feedback from typically underserved or at-risk populations and gain general perspectives about social and environmental issues affecting health.

In Freeborn County, the 2018 survey was also used to poll a convenience sample of over 200 additional adults. This convenience sample was done to include more people of color and under-represented demographics. Respondents in the convenience sample completed the survey in the lobby of Freeborn County Women, Infants & Children (WIC) clinic and with Family Home Visiting clients and Adult Basic Education.

Input from the community for the Community Health Assessment was sought through several mechanisms.

Freeborn County Public Health, in collaboration with Mayo Clinic Health System of Albert Lea, requested initial input through a variety of methods. Initially in the fall of 2018, a paper survey was mailed out to randomly selected community members at large that were over the age of 18. A total of 372 surveys were returned.

In January 2019, key informant interviews were conducted with community stakeholders. Focus groups were then conducted, in the spring of 2019, with partners in the community and with community members from Adult Basic Education that consisted of several people from the Karen and Hispanic cultures. Additional focus groups were conducted with workgroups from the Community Health Care Collaborative including: Family and Children, Mental Health, Barriers to Health Care and Worksite Wellness. With this step to dive deeper into the health priorities identified, Freeborn County partners, and community members at large worked together through a survey which asked respondents to: 1) describe the characteristics of a healthy community, and 2) identify the three most important health issues facing the communities in which they live, work and play. This data was used to develop our image of a Healthy Community and guided the content of this assessment.

Following development of the CHA, community members and partners were asked to provide input into the preliminary findings and to suggest priority focus areas for the next phase which is the Community Health Improvement Plan. It was this process that allowed for a broad and diverse community group to participate in, and to oversee the entire planning process. It is with their help that our CHIPC was able to select final priorities and conduct an in-depth community asset assessment for the top priority issues.
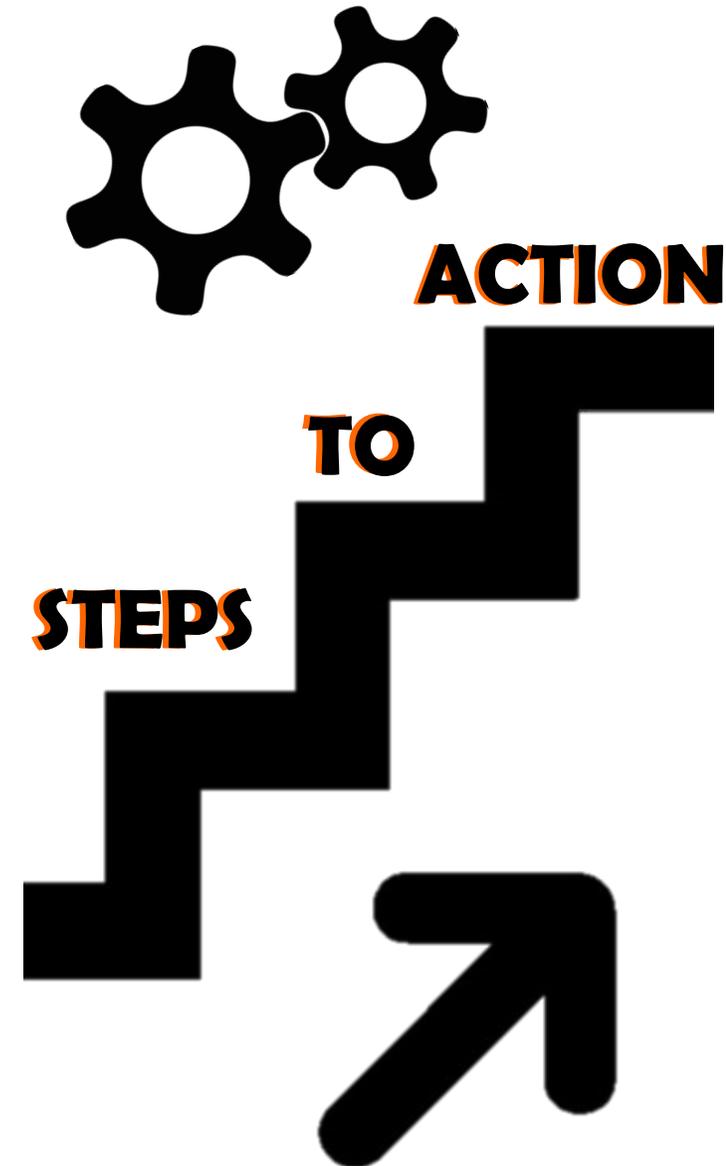
Focus Groups

Focus Groups were conducted with the subcommittees/ workgroups of the Community Health Care Collaborative. The workgroups are Seniors, Families and Children, Mental Health, and Barriers of Access to Care. The focus group discussions took place to further explore the topics of Mental Health/ Wellbeing, Access to Care and Chronic Disease. Persons at the community meeting were asked if they were interested in participating in the focus groups and a sign in sheet was made available.

Each group of focus group participants were initially provided with a chart with 12 areas of concern and asked to vote with three dots on what areas they are of most concern in Freeborn County. Overwhelmingly, mental health was voted as the top issue with every group.

1. **Mental Health**
2. **Transportation**
3. **Obesity/Overweight**
4. **Access to care**
5. **Food Insecurity/Access to healthy foods**
6. **Substance Abuse/Chemical Health**
7. **High Cholesterol**
8. **High blood pressure**
9. **Poverty**
10. **Diabetes**
11. **Immunizations**
12. **Safety**

Outside of the Community Health Care Collaborative Workgroups, a focus group was also conducted with persons that attend Adult Basic Education. This group consisted of about ten Karen community members, and two Hispanic/Latino members. Transportation/access to care and mental health were voted as of highest concern for them.

Common responses and themes that arose from the focus group conversations included:

- Stigma - afraid to admit having mental health concerns, fear of being labeled "crazy"
- Access to care – interpreters, transportation, availability, affordability
- Don't know how or who to ask for help
- Transportation is limited
- Language barriers
- Persons understanding they have a problem

- Family won't allow treatment - parents don't believe in medicine or getting professional assistance for mental health concerns
- Early intervention is important
- Cost too much
- Lack of education/ jobs/ poverty
- Don't feel a sense of safety or security

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Focus Group Script

Script:

*Freeborn County Public Health and Mayo Clinic Health System- Albert Lea are in the process of conducting our Community Health Assessment of Freeborn County. Last fall we conducted a randomized survey that was sent out in the mail to community members. We received **372 responses**.*

From the Community Health Assessment data collected, feedback from community meetings held and utilizing data from sources such as the Minnesota Student Survey, Health Indicators and County Health Rankings- we have come up with a list of health outcome priority areas that show up as concerns in Freeborn County.

Questions:

1. We have put up a list of 12 areas on a chart on the wall and you have all been given three dots.

2. I would like you to put your dots by the top three areas that you have the most concern about.

    a) **Transportation**
    b) **Mental Health**
    c) **Obesity/Overweight**
    d) **Access to care**
    e) **Food Insecurity/Access to healthy foods**
    f) **Substance Abuse/Chemical Health**
    g) **High Cholesterol**
    h) **High blood pressure**
    i) **Poverty**
    j) **Diabetes**
    k) **Immunizations**
    l) **Safety**
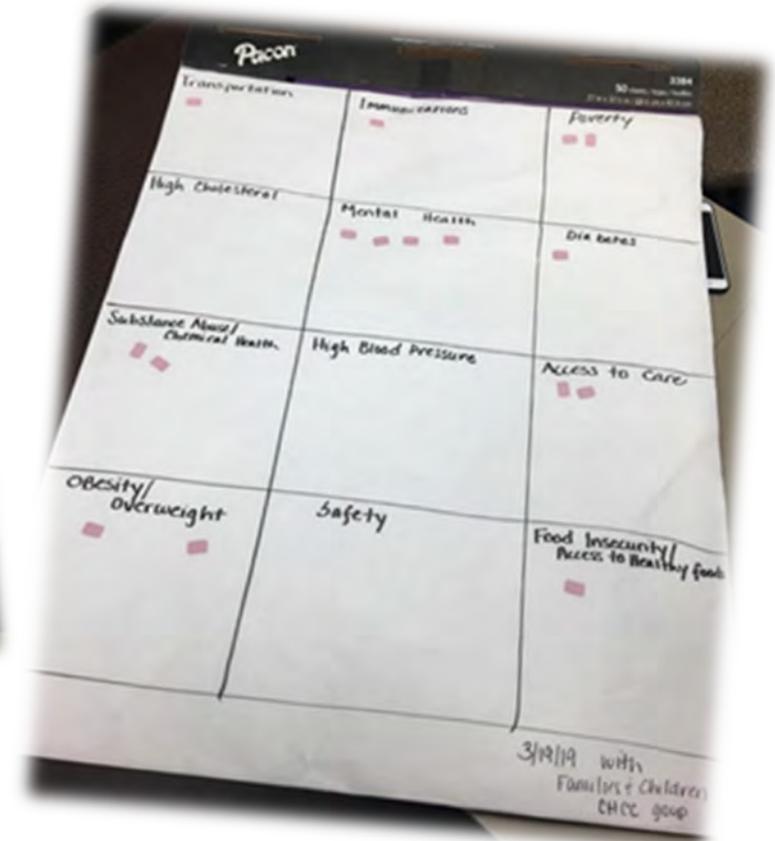
3. Of the top areas that were chosen, what are you seeing that validates or supports this area of concern?

4. What are your ideas or suggestions to address this area of concern for our community?

5. Are there any other issues or areas of concern that you are seeing in Freeborn County that were not listed in our top 10 list? (Interviewer would then go back and repeat process 3 & 4).

- What assets do we have that can be used to improve community health?

- How can we improve and better coordinate public health activities?

- What forces are/or will be influencing the health and quality of life of the community and the work of the local public health system?

Environmental Scan

Forum participants were asked to look beyond health indicators and data to the environment of our community - to think about community factors that could impact health – positively or negatively. They were asked to think about strengths and assets, gaps or areas in need of strengthening, current or anticipated opportunities, potential threats or stressors and expected changes in our environment.

Some of the other areas they were to consider included external forces, community trends and demographic shifts, systems and policies (or the lack of them), and social, economic, political, technological, environmental, legal and other dynamics that could impact health in our community.

Key Informant Interviews

Key informant interviews were conducted in the late winter, early spring of 2019 by members of the Mayo Clinic Health System administrative leadership. These one-on-one interviews followed the same format as the focus groups, but allowed individuals to report their perceptions of community needs and share insight into current strategies currently used.

Eight Key Informant Interviews were conducted by Mayo Clinic Health System-Albert Lea staff.

<u>Interviewees were asked:</u>

1. What are the top three concerns facing people in our County?

2. What makes you believe these are concerns, and who is affected by them?

3. What do you think could be done to address these concerns?

The responses correlated with the data collected to emphasize the need to focus community health priorities around the following topics: health, chemical, concerns facing diverse populations, economic, education, health care access, housing, mental health, safety, concerns facing seniors, and transportation.

As the stakeholders discussed vision, themes and actions – it became clear that they were also talking about guiding principles for our collaborative work. Themes throughout the CHIP discussions focused on prevention efforts and promotion of health; building on strengths and supporting strong beginnings; viewing health holistically as physical, mental, emotional and spiritual; engaging the community as we move forward; and the importance of addressing basic needs, health care access, and social conditions that impact health. The Guiding Principles for Action that were adopted by the Community Health Improvement Partnership follow.

Collaborative Guidance: Develop a shared vision of community health; Collaborate across public and private organizations to achieve common goals; Partner with diverse communities; Engage local communities in grassroots solutions; Engage leadership at all levels to take ownership for creating health; Align and coordinate efforts for greater efficiency and effectiveness; and to promote integration of systems & infrastructure that make being healthy easy.

Community Forums

Presentations to the Community were held to provide data highlights, including county demographics and health status of residents in a variety of health areas. Forum 1 Data Presentation Staff from Minnesota Department of Health, Freeborn County Public Health and Mayo Clinic Health Systems presented data from different sources to the CHIP forum 1 participants in order to:

• Introduce the different types of health indicators – national and local.
• Share some foundational data about health status in the community.
• Inform participants about the types of data available - quantitative data vs. qualitative sources.
• Educate them on the many aspects of data to consider when attempting to set community health priorities.
• Provide resources to help them locate different types of data.
*Data included trends, geographic distributions, racial and ethnic differences, and numbers of people affected.

At the end of the presentation, forum participants were asked to complete some "homework" prior to forum 2.
They were asked to review local health data AND they were also asked to prepare to discuss the following questions at the next forum:
• What needs to change in the next four to five years to create or improve health in our community?
• What needs to change to address health issues that are most important to you?
• How can your organization contribute to improvements in the community's health?

Each forum had multiple consensus workshops occurring simultaneously (three to four conversations). Convening parallel conversations allowed the process to mine tremendous amounts of input in very short time periods. Forum 1 was devoted to the sharing of the Community Health Assessment information and development of a shared community vision for health (Mobilizing for Action through Planning and Partnerships (MAPP) Phases 2 & 3).

The MAPP assessment questions participants were to help answer were:
• What is important to our community and our stakeholders?
• How is quality of life perceived in our community?
Following the forum the CHIPC synthesized the lists and identified 12 characteristics of a healthy community identified by our stakeholders. The 12 Characteristics of a healthy community that were developed at Forum 1 and finalized at Forum 2.

Transportation, Mental Health/ Wellbeing, Obesity/Overweight, Access to care, Food Insecurity/Access to healthy foods, Substance Abuse/Chemical Health, High Cholesterol, High blood pressure, Poverty, Diabetes, Immunizations and Safety.

Community Forum participants were asked to think about potential contributors to public health and health improvement in the community. They were introduced to the idea that these contributors together make up an informal network or interconnected web of providers and resources that currently contribute to our community's health. They were then asked to identify the top contributors to this network that would be the local Community Health System for the county.

The Word Cloud on page 31 is a merging of their ideas (created using WORDLE) – which represents the more frequently identified contributors in larger text. This visual illustrates how the CHIP forum participants see the contributors to our local Community Health System. Ideas for change in later workshops at Forum 2 focused on what needs to be in place or changed over the course of the next few years to move towards the healthy community vision.

The specific question discussed was…
• What innovative, substantial actions will move us closer to our vision of a healthy community?

Community Forum #2 was focused on two areas of discussion:
1. Factors in the community's environment that could impact health.
2. Proposed ideas for change that would move us closer to our vision of a healthy community.
(MAPP Phase 3)

Community Partners

An asset is a useful or valuable thing, person or quality. Assets improve quality of life. Individuals, communities and institutions all have assets that contribute to quality of life. In keeping with the feedback we received from community members, and partners regarding the components of a healthy community, these assets are similarly organized. This is not an exhaustive list, but provides a starting point for understanding the strengths of our communities.

Social Connections

- Arts organizations
- Boys and Girls Clubs
- Citizen's Advisory Boards
- Boys and girl's clubs
- Community markets
- Community newsletters/newspapers
- Community parks and public spaces
- Counseling and support programs
- County fair grounds
- Family Resource Centers
- Farmers Markets
- Service Clubs (i.e., Elks, Rotary, Lions, Kiwanis, Noon Kiwanis)
- Sporting events, Youth Sport
- Organizations
- Theaters, restaurants, venues

Opportunities

Educational Resources

- Adult Basic Education
- Early Childhood
- Riverland Community College
- Head Start
- Public Library
- Primary/Secondary schools
- 4-H and FFA Youth Leadership
- Community Education
- Life Center

Economic Resources

- Chambers of Commerce
- City Governments
- County Human Services
- Faith-based organizations
- Major Employers
- Small business
- Workforce Development

Community Partners/ Organizations

Health and Wellness Services

- Community Mental Health Center
- Fountain Centers
- Health Reach
- Hospitals
- Health Clubs
- Private Health Care Providers

- YMCA
- Senior Resources
- Senior Center
- Counselors and therapists
- Mayo Clinic Ambulance Service
- Family Services Collaborative

Neighborhood Conditions

- City Planning Departments
- Community gardens
- Community recreation centers
- Community-based organizations
- Emergency housing organizations

- Foodbanks and food pantries
- Habitat for Humanity
- Housing Authority
- Local Businesses
- Local non-profit organizations
- Meals on Wheels Program

- Parks and Recreation Department
- Schools
- Albert Lea Area Cyclist
- SEMCAC

Safety

- 911
- Minnesota State Patrol
- County Sheriff's Departments
- Emergency Management
- Albert Lea Police Department

- Albert Lea Fire and Rescue
- Mayo Clinic Health Systems Albert Lea and Austin
- Albert Lea Police Department

- Minnesota Department of Health
- Crime Victims Crisis Center
- Neighbors

Community Health Improvement Plan

CHIP →
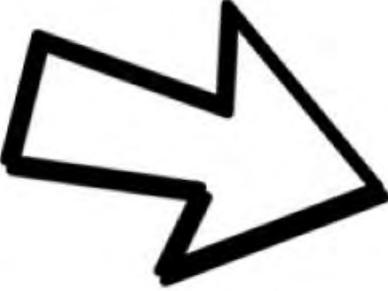
Good & Healthy Communities

② Understand Your Community

③ Plan & Collaborate

④ Gather Information & Collect Data

⑦ Create a Community Health Action Plan

① Build The Foundation

⑤ Define Community Health Priorities

⑥ Disseminate CHNA Results

Identified Health Needs

The Freeborn County CHIPC reviewed findings from the Community Health Assessment and considered input collected during the public comment period. The committee went through a multi-step process to identify priorities. In the first step, 12 priorities were evaluated on four dimensions: extent (e.g., groups at risk and number of people affected), seriousness (e.g., urgency of health problem, public concern, potential for long-term illness or disability, economic impact), gap in resources available (e.g., gaps or limitations in service or location of services, impact of lack of services on the community), and health disparities (e.g., differences in impact on various groups).

Formulation of goals and strategies:

Once the CHIPC steering committee identified top priorities, the group moved forward with formulating goals and strategies for each. Consistent with the MDH planning process, the steering committee revisited information from the CHA and assessed the need to involve additional partners to assure broad community ownership of the CHIP. For the priority issues #1 and #2 (Mental Health/ Wellbeing and Access to Health Care), the CHIPC were able to align CHIP goals with the Statewide Health Improvement Partnership (SHIP) CLT goals and activities, and will continue to work through them in collaboration with the Freeborn County Community Health Care Collaborative. For priority issue #3 Chronic Disease Prevention, the steering committee determined that additional guidance was needed to identify community assets and resources, and recommend goals, objectives and strategies for inclusion in the next CHIP. Across all priority issues, goals and strategies were created with both national and state goals in mind, and will use evidence-based strategies for implementation.

Mental Well-Being ~ Access to Health Care ~ Chronic Disease Prevention

Woven throughout the priority health areas identified was an overall concern about the language barriers and culturally sensitive communications. These include: Lack of knowledge, understanding access, connecting to the community with diverse populations and lack of cultural understanding cultures.

Other issues mentioned included: Affordable resources, housing, transportation, meaningful employment, underage substance abuse, younger family members serving as interpreters, being able to live independently, family dynamics, food choices, physical and mental health and adult disability.

It is important to note that while the CHIP will guide important work related to these community health priorities, Freeborn County Public Health will continue to work both internally and with partners on other public health and environmental health issues as need arises, and as part of our state mandated work. This includes, but is not limited to, disease prevention and control work on rising cases of sexually transmitted diseases and tick borne illnesses, as well as environmental health issues related to groundwater protection, and hazardous and solid waste management.

Community Health Improvement Goals

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

1 **Mental Health/ Wellbeing**

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

2 **Access to Health Care**

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

3 **Chronic Disease Prevention**

Promote proper nutrition and healthy body weight for all people in Freeborn County. Create social and physical environments that promote equity and good health for all.

Additional Health Priority Areas of Community Concern

Understanding that all individual health and wellness efforts are interrelated with the environment, culture, people, policies, systems and programs, it is key to continue to weave in the less prevalent health priority issues brought up by community members and participating agencies/organizations. Identifying the top three areas to address will assist our community partners serving these populations, especially when seeking additional funding, determining relevancy of programming, and deciding future direction for community partners and their organizations.

Through the assessment process, the following needs were identified, but not specifically addressed in the Freeborn County Community Health Improvement Plan:

Socio-economic Factors: While not specific program related areas of Freeborn County Public Health or Mayo Clinic Health System expertise, the following socio-economic factors are important to the community. Freeborn County Public Health and Mayo Clinic Health System will continue to engage in a supporting role instead of a directing role as we move forward in our Monitor and Revision process. Freeborn County Public Health and Mayo Clinic Health System will continue to support programs and establish partnerships with organizations that focus on these issues.

Education – Area School Districts (#241/ #242/ #2886), St. Theodore Catholic School, Hollandale Christian School, Southern Minnesota Consortium, Oakland Education Center, Freeborn County Family Services Collaborative/Freeborn County Partners In Prevention Youth Substance Abuse Prevention *Coalition, Parenting Education Center, United Way of Freeborn County*
Employment – *Chamber of Commerce, Work Force Development, Albert Lea Economic Development – (ALEDA)*
Family and social support – *United Way of Freeborn County, Freeborn County School Districts, Early Childhood*
Housing – ALEDA, *United Way of Freeborn County*
Income – *Chamber, United Way of Freeborn County*
Neighborhoods/ Parks and Community Assets– *City of Albert Lea Parks and Recreation, Freeborn County Community Health Care Collaborative, Area District Community Education*
Poverty –*SEMCAC Homeless Response Team*
Safety – *Local City and County police and Deputies, TZD Groups*
Transportation – *SMART Transit*
Violence – *Crime Victims Resource Center*

Prevention: Prevention efforts are ongoing through a number of other programs throughout the county. While these are certainly important areas, they will not be a main focus of the Community Health Improvement Plan. Freeborn County Public Health and Mayo Clinic Health System will take a supporting role in the following prevention areas: ---------------------------------------→

List of themes/topics shared by community members...

Local Healthcare Availability in Albert Lea
Cost of Healthcare
Accessing Care (Medical, Dental, Mental Health)
Access to Childcare
Mental Health
Maternal Health Issues Related to Loss of County OB
Substance Abuse
Transportation
Poverty
Substance Abuse Placements
Safe, Affordable Housing
Chronic Disease (Obesity, Cancer, Heart)
Water
Obesity
Nutrition
Access to Affordable Dental Care
Food Access
Underage Vaping
Access to Barrier Free Playground
Lead/ Radon
Long Term Care
Sexual Health
Food Security
Safety (Car Seats, Distracted/ Impaired Driving)

Shared comments/concerns from community members about TRANSPORTATION:

- Many in poverty can't afford to buy a reliable vehicle or any vehicle
- Some seniors don't drive any longer
- No access to a vehicle, creates an issue to get transportation to medical appointments or the grocery store
- Many don't have support from family and friends that can give them rides

- Public transportation (SMART Transit and taxi) is available in Albert Lea
- There is some public transportation (SMART Transit and taxi)   available throughout parts of Freeborn County
- SMART Transit provides additional routes in partnership with Mayo Clinic Health System

- Many don't know how or feel comfortable with using public transportation such as Dial-A-Ride
- Many in poverty can't afford to use public transportation
- What if a person or family takes the SMART Transit over to Mayo Clinic Health System— Austin and they have to stay after the hours of the bus, how do they get back?
- A person is taken by ambulance to Austin and then needs to get back home to Albert Lea after the bus stops running... how do they get home?

Shared comments/concerns from community members about HOUSING:

- Housing that is available is poor quality
- Utilities are costly
- No housing available for larger families
- Cannot afford the high cost of rent
- Not many new homes available due to property taxes and mortgage expenses
- Too afraid to rent because the last time the home was damaged
- Multiple families are living under one roof

- Hard to find homes in the communities we want to live in where our children go to school and where we work
- We really need to find solutions to bring more housing in, that is affordable
- I see a need for more quality rentals and homes that meet size of families
- There are not enough people willing to be landlords
- There is a lack of builders and a financial gap for builders both with regard to new construction and rehab of current stock

Shared comments/concerns from community members about SAFETY:

- Drug use is seen as safety issue which leads to theft of prescription drugs, break ins and accidents

- High crime reports in local news and bullying on social media

- Scams were also mentioned as was rundown property and decline in neighborhood safety

- Children report feeling safe in schools but not as safe in homes/neighborhoods

- Rural communities are known to have higher reports of underage substance abuse due to parties of underage drinking

- Don't always know where to seek help or who to ask

- Some people noted that their community is relatively safe

Freeborn County Health Priority Outcomes

Priority #1: Mental Health/ Wellbeing

What is Mental Health?
Mental health includes emotional, psychological, and social well-being. It affects how people think, feel, and act. It also helps determine how people handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Over the course of life, mental health problems could affect thinking, mood, and behavior. Many factors contribute to mental health problems, including:
- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but help is available. People with mental health problems can get better and many recover completely. (MentalHealth.gov)

Mental wellbeing is a state that includes when individuals realize their own potential. This includes a person's own psychological, social, and emotional well-being. Our mental well-being can have an affect on how we think, feel and act. Our mental wellbeing can also determine how we as individuals handle stress, relate to others, and make choices. Our mental wellbeing can also be affected by different factors such as biological factors, family history, and life experiences. Through the 2018 Community Health Needs Assessment survey, Freeborn County Public Health has determined this is an area that needs to be addressed. More specifically Freeborn County Public Health is addressing the areas of Mental Health, Suicide and access to Mental Health Care.

Why is Mental Health included as a priority?
According to those involved in key informant interviews:
- Freeborn County has a lack of mental health providers - especially providers for children, and is currently at the crisis stage. There is an increasing need for services expressed by staff from the area schools, Freeborn County Public Health Home Visitors, SEMCAC and The Children's Center, among others.
- There are only 1.2 full-time psychiatrists in the community; there has been a loss of three psychologists and two therapists within the last two years.

According to the respondents of the Freeborn County Community Health Assessment:
- 22.6% have been diagnosed with depression – higher than the state average and up from 17.8% (2016 Freeborn County CHA)
- 19.8% have been diagnosed with anxiety or panic attacks– higher than the state average increase from 10.7% (2016 Freeborn County CHA)
- Of the survey respondents who identified a mental health diagnosis or who had experienced "feelings of hopelessness, anxiety, or loss of interest," 32.5 percent (2016 reported 17.6%) delayed seeking treatment due to perceived severity of the issue, cost, inability to get an appointment, or lack of insurance coverage. The advisory group's consensus was there is still a stigma attached to mental health care and lack of understanding about when/how to seek help.

Existing community chemical health, youth substance abuse prevention and mental health partnerships have had a strong commitment to addressing behavioral health and mental wellbeing with varying levels of resources over many years. County, private, and non-profit agencies provide behavioral health and advocacy services to consumers, but there is a lack of shared knowledge about services, access, and information. Inconsistent funding streams and the breadth of related health issues are among current barriers to adopting a common vision for shared action.

We know that mental health and wellbeing is a state of successful performance of mental function, and is essential to personal wellbeing, family and interpersonal relations, and ability to contribute to community or society. Burden of mental illness in the U.S. is among the highest of all diseases, and mental disorders are among the most common causes of disability. Frequent Mental Distress (FMD) has been commonly used as a proxy for poor mental health in state and national population health surveys. Serious psychological distress (SPD) estimates serious mental illness in general population.

Mental health is just as important as physical 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. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

As a result, mental health disorders are the leading cause of disability in the United States, accounting for 25 percent of all years of life lost to disability and premature mortality. Addressing Mental Health and Wellbeing collaboratively is an ongoing effort for Freeborn county as it has continued to be a leading priority in past CHA and CHIP assessments.

2018 CHA: Percentage of people with any Mental Health Problems

30.0
70.0

■ No ■ Yes
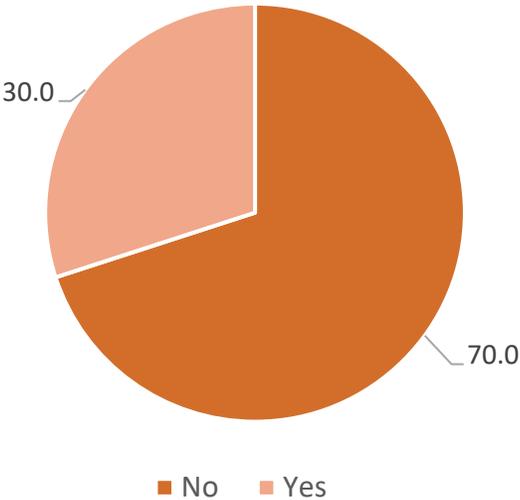
2018 CHA: Percentage of people with High Blood Pressure that also had Mental Health Problem

32.5
35.6

■ Depression ■ Anxiety or Panic Attacks
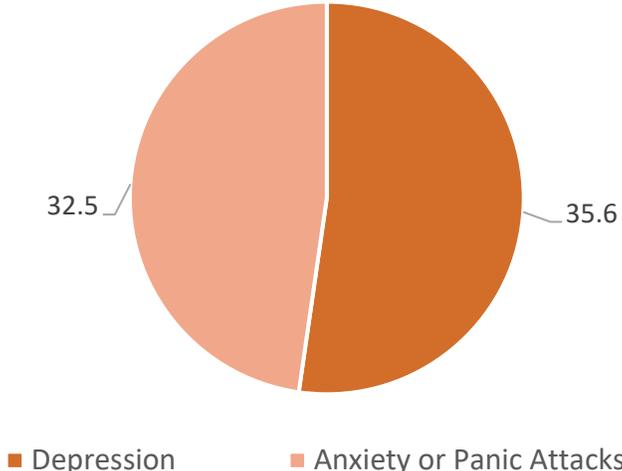
2018 CHA: Obesity Percentage with Mental Health Problems

29.2
50.2

■ Depression ■ Anxiety or Panic Attacks

46
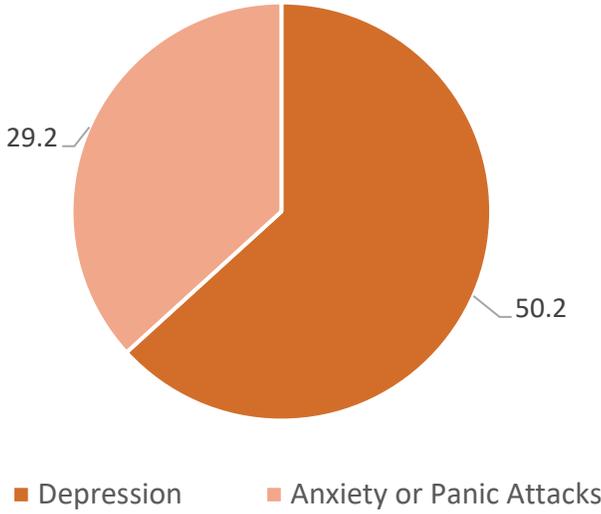
From the 2019 Minnesota Student Survey, adolescent females show higher rates of mental health issues than adolescent males across a variety of measures. For example: 25% of 8th grade females, 25% of 9th grade females, and 17% of 11th grade females reported having "seriously considering attempting suicide" during the last 12 months. In contrast, just 10% of 8th grade males, 12% of 9th grade males, and 10% of 11th grade males reported the same problem. 6% of both 8th and 11th grade females and 9% of 9th grade females have "actually attempted suicide" during the last year. As above, only 5% of 8th grade males, 4% of 9th grade males, and 3% of 11th grade males reported having these same attempts.

2018 CHA:
Percentage of people with Poor Mental Health Days
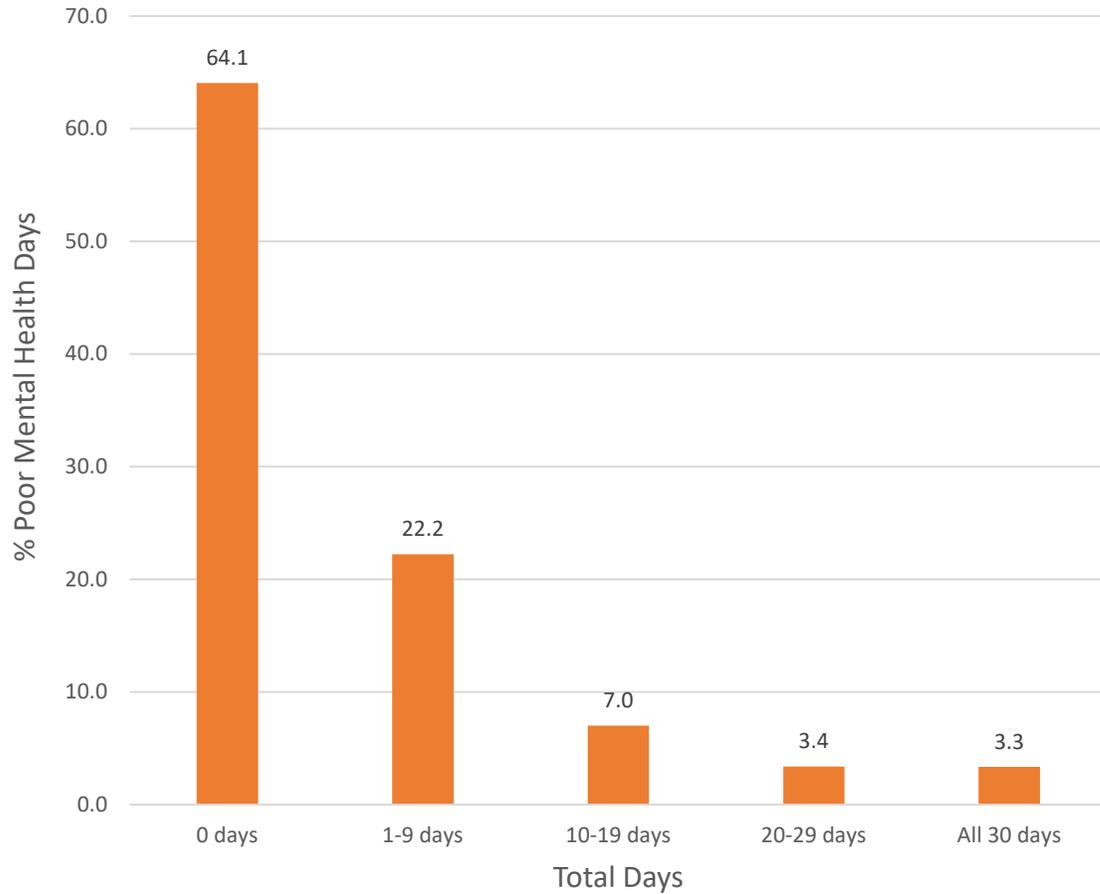
2018 CHA: Percentage of population and reason for Mental Health Care Delay
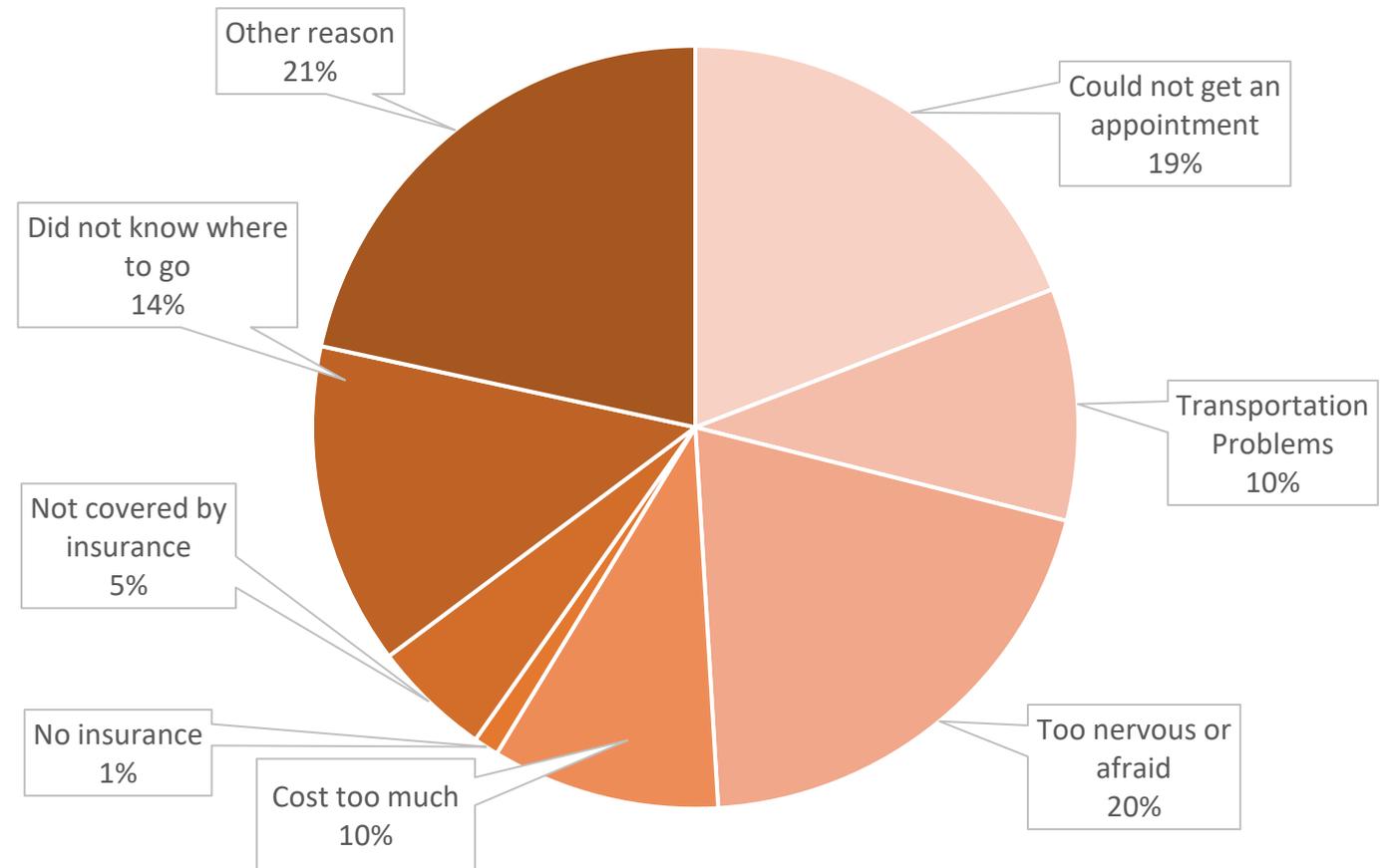
Strategic Priority:	Mental Health/ Wellbeing		
Goal:	Improve Mental Wellbeing throughout community by focusing on areas such as: anxiety, depression, social isolation, stress, substance misuse, and bullying.		
Objective 1:	By December 2022, reduce the number of youth in grades 8, 9 and 11 who report feeling down, depressed or hopeless in the last two weeks by 5 percentage points (67% in 2019 to 62%).		
Activities:	Target Date	Partners	Outputs and Process Measures
1.1 Identify social emotional trainings available for schools, determine which training to use, schedule with various school districts, and conduct trainings	Ongoing	Mental Health committees Schools Student Led Groups Mayo Behavioral Health	- Number of schools trained - % of educators trained - % of educators that plan to implement their knowledge gained
1.2 Plan and host the Play Unplugged community event to promote wellbeing to youth and their families	Annually	Public Health Schools The Rock Agencies Law enforcement Mayo Clinic Health System – Albert Lea (MCHS) Area businesses Freeborn County Partners in Prevention (FCPIP) City of Albert Lea	- Number of attendees - Number of vendors that promote mental wellbeing resources - Number of activities that promote mental wellbeing
1.3 Provide Mental Health First Aid for Youth training to organizations working with youth.	Ongoing	NAMI Freeborn County MCHS Freeborn County Community Health Care Collaborative (CHCC) Schools The Rock	- Number of organizations trained - Number of attendees - % of attendees that plan to implement their knowledge gained
1.4 Secure funding and provide Youth Frontiers training/event to Freeborn County school districts.	Ongoing	Freeborn County School Districts Family Services Collaborative FCPIP	- Funding received - Number and type of trainings - % of students reached - % of staff reached
1.5 Participate in MDH Mental Wellbeing and Resilience Learning Community and promote to community partners	Ongoing	MCHS FCPH Organizations and agencies focusing on mental wellbeing and mental health	- Number of webinars attended - Number of Freeborn County organizations attending
1.6 Advocate at the local and state level to support mental well-being initiatives (ie. Attend Day at the Capitol, invite local and state leaders to events, support policies)	Ongoing	MCHS FCPH Freeborn County NAMI CHCC Schools	- Number of letters of support to local initiatives - List of local and state leaders that attend events

Objective 1 Status with Dates:

August 2019- Social and Emotional Training Provided to District 241
Fall 2019- Health Talk Mental Health and Wellbeing
May 2019- Activities throughout the month of May to promote and educate around Mental Health Awareness Month
August 2020- Big Hugs Day District 241 Presentation on Mental Health Services and Coping Skills for Students
September 2020- Worksite Wellness held presentation to educate on Mental Health Services and Skills in the Workplace
May 2020- Activities throughout the month of May to promote and educate around Mental Health Awareness Month
Spring 2020- Mental Health First Aid Training for Adults
Ongoing- Weekly/Monthly NAMI Support Group Meetings
Ongoing- Worksite Wellness Mental Health Subcommittee Meetings
Ongoing- Resources Distributed (Presentations, Events, Tools, PSA's, etc.)

Objective 2: By December 2022, reduce the number of poor mental health days during the past 30 days by 1 percentage point (from 13.7% 10+ days to 12.7%).

Activities:	Target Date	Partners	Outputs and Process Measures
2.1 Provide Mental Health First Aid training to agencies/organizations.	Ongoing	NAMI Freeborn County Mayo Clinic Health System – Albert Lea (MCHS) Freeborn County Community Health Care Collaborative (CHCC)	- Number of organizations trained - Number of attendees - % of attendees that plan to implement their knowledge gained
2.2 Organize and participate in mental health and wellbeing awareness events and pop-up wellness talks (ie. Health Talk) at local organizations/agencies with a focus on mental well-being	Ongoing	CHCC Mental Health Workgroup MCHS Freeborn County Public Health- (FCPH) NAMI Freeborn County	- Number of events - Number of attendees - Topics covered
2.3 Create Facebook Live events that encourage interaction and information sharing of activities and events on mental well-being	Ongoing	MCHS CCHC	- Number of live events - Number of views - Number of interactions (Social Media: Likes, Shares, Re-Tweets)
2.4 Launch and Promote online mental wellbeing platforms (ie. Road to Resiliency)	Ongoing	MCHS NAMI Freeborn County CHCC Mental Well-being Workgroup	- Number of registrants - Number of website visits - % of adults reporting seeing messages online
2.5 Determine a method and collect data from diverse populations (Karen, Burmese, and Hispanic) to identify top mental wellbeing disparities within the various population.	Ongoing	CHCC Barriers Workgroup Churches MCHS SEMCAC FCPH	- Number of people assessed - Data collected - Top priorities
2.6 Participate in MDH Mental Wellbeing and Resilience Learning Community and promote to community partners	Ongoing	MCHS FCPH	- Number of webinars attended - Number of Freeborn County organizations attending
2.7 Advocate at the local and state level to support mental well-being initiatives (ie. Attend Day at the Capitol, invite local and state leaders to events, support policies)	Ongoing	MCHS FCPH Freeborn County NAMI CHCC	- Number of letters of support to local initiatives - List of local and state leaders that attend events

Objective 2 Status with Dates:

Spring 2019- Coalition Staff Invited to attend MDH Mental Wellbeing and Resilience Training (Webinar)

Summer 2019- Freeborn County Fair Prevention booth to promote Mental Health and Substance Abuse Coalition

Fall 2020- One-on-one meetings to learn about Karen and Hispanic Communities dealing with Mental Health and Wellbeing and seeking services for treatment and counseling (Success Coaches District 241)

1/13/2020- Held a presentation on depression during the Community Health and Wellness Fair. The presentation was broadcasted live on KATE Radio.

Spring 2020- Focus Groups with students from area middle and high schools to learn about the Mental Health and Substance Abuse needs within the schools

Summer 2021- Freeborn County Fair Prevention booth to promote Mental Health and Substance Abuse Coalition

Fall 2021- Mental Health First Aid Training Provided to Chamber of Commerce Worksites

Measurements

	SOURCE	FREQUENCY	BASELINE		FUTURE		TARGET
SHORT TERM MEASURES			**2018**	**2019**	**2020**	**2021**	
Percentage of educators that plan to implement their knowledge gained from Freeborn County school districts	Schools	Annually	NA	NA			50%
Percentage of webinars attended by a Freeborn County organization	MDH	Annually	NA	NA			25%
Number of persons attending Health Talks related to mental health or mental wellness	MCHS	Annually	50	NA			75
LONG TERM INDICATORS	SOURCE	FREQUENCY	BASELINE		FUTURE		TARGET
			2016	**2019**	**2022**	**2025**	
Percentage of youth in grades 8, 9 and 11 who report feeling down, depressed or hopeless in the last two weeks	MN Student Survey (8th, 9th, & 11th grade students)	Every 3 years	41%	67%			5%
Percentage of people reporting 10 or more poor mental health days during the past 30 days	Freeborn County Community Health Assessment	Every 3 years	NA	13.7%			1%

Priority #2: Access to Health Care

What is Access to Care?
Access to care refers to the ease with which an individual can receive medical services related to dental care, health/ primary care, mental health care, and transportation. There are four different aspects that Freeborn County Public Health will be addressing regarding this concern. The first navigation, being able to understand the care team model. Accessibility refers to how people can get to the provider and services, including technology and transportation. Accommodating refers to that the services are organized to meet the needs and preferences of the people and community. The last aspect of access to care is the acceptability, which refers to if people are comfortable with the options.

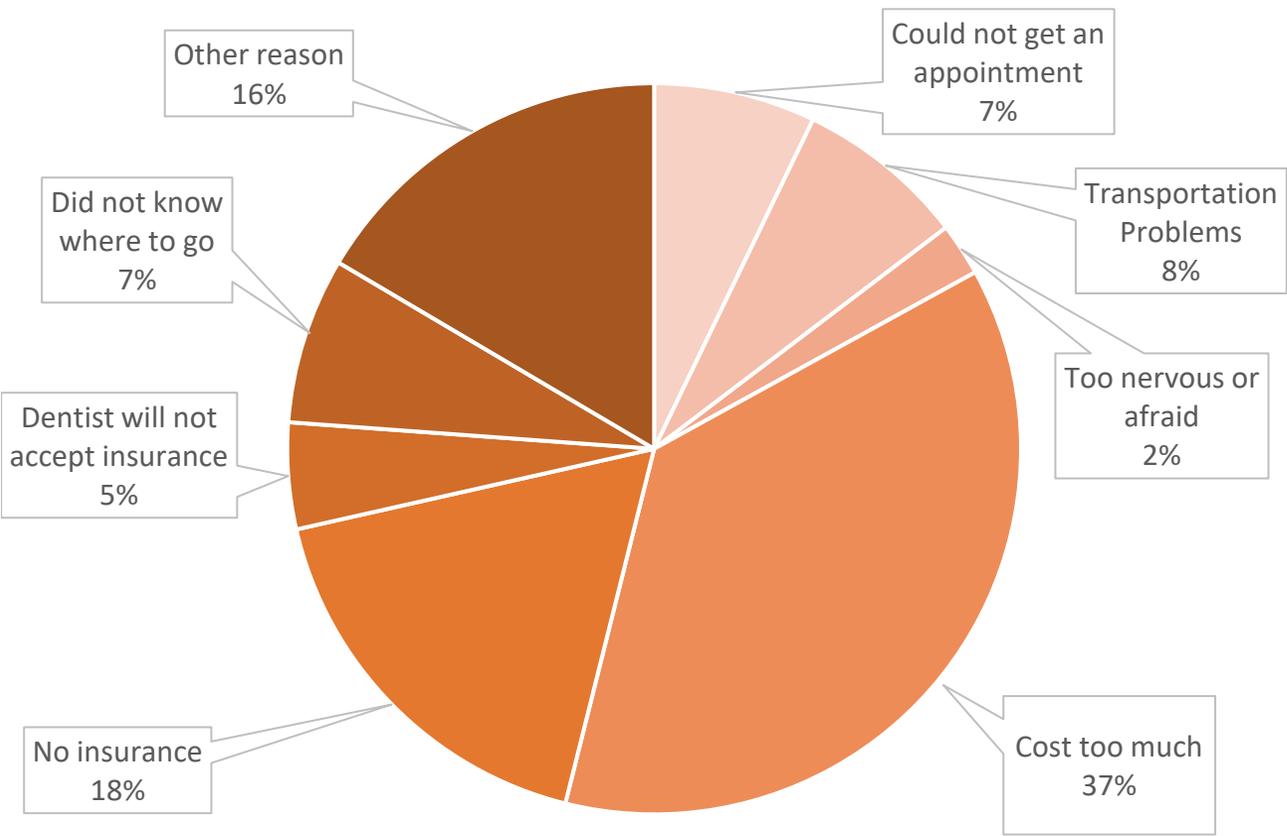**Why is Access to Care included as a priority?**
Access to health care is largely affected by a patient's health insurance status. Uninsured individuals use fewer healthcare services and, in turn, are more likely to suffer adverse health outcomes than individuals with private insurance coverage. Lack of insurance also has adverse effects on health status and physical functioning. Like all health resources, there are healthcare variations across race, household structures, and incomes. In 2018, 27.9 million non-elderly individuals were uninsured across the state of Minnesota, an increase of nearly 500,000 from 2017. Since 2016 when the number of uninsured reached historic lows, the number of people who lack health insurance coverage has grown by 1.2 million. Finances are one of the leading causes of stress in America. With less money in the budget, people tend to cut corners in areas of healthcare to pay for basic necessities(i.e. deciding to pay for groceries and not having enough money for prescription medicine), which can lead to more serious health issues.

Calendar year 2017 marked a year of substantial disruption in the individual health insurance market, persistent increases in health care costs across types of care, and uncertainty surrounding the future of federal health reform and its impact on premiums, subsidies and health care markets. At the same time, Minnesota continued to experience economic growth and declining unemployment, while wage growth remained flat. It is in this environment, in 2017, that Minnesota saw one of the largest one-time increases in its uninsurance rate, from 4.3 percent in 2015 to 6.3 percent.

In 2018, 45% of uninsured adults said that they remained uninsured because the cost of coverage was too high. Many people do not have access to coverage through a job, and some people, particularly impoverished adults in states that did not expand Medicaid, remain ineligible for financial assistance for coverage. People without insurance coverage have worse access to care than people who are insured. One in five uninsured adults in 2018 went without needed medical care due to cost. Studies repeatedly demonstrate that uninsured people are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.

Ability to access health care is affected by insurance coverage, cost, language and cultural barriers, availability of providers, and transportation. People who are not able to access health care are at increased risk for serious medical problems, premature mortality and poor health outcomes. Inability to access health care often results in receiving medical treatment later in the course of illness and in more costly settings, which increases the financial burden on the health care system.

2018 CHA: Percentage of population and reason for delay in Dental Care

Other reason
16%

Could not get an appointment
7%

Did not know where to go
7%

Transportation Problems
8%

Dentist will not accept insurance
5%

Too nervous or afraid
2%

No insurance
18%

Cost too much
37%

2018 CHA: Percentage of Medical Care Delay

35
30
25
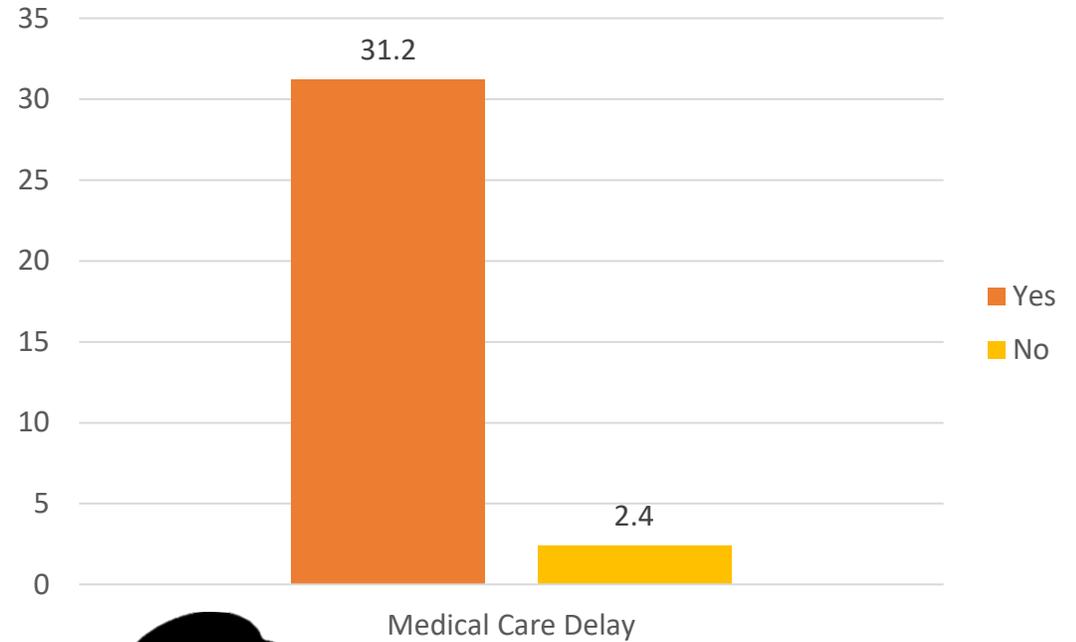20
15
10
5
0

31.2

2.4

Yes

No

Medical Care Delay

2018 CHA: Percentage of population that delayed getting Mental Health Care and also experienced feelings of hopelessness, anxiety, loss of interest in the past 12 months
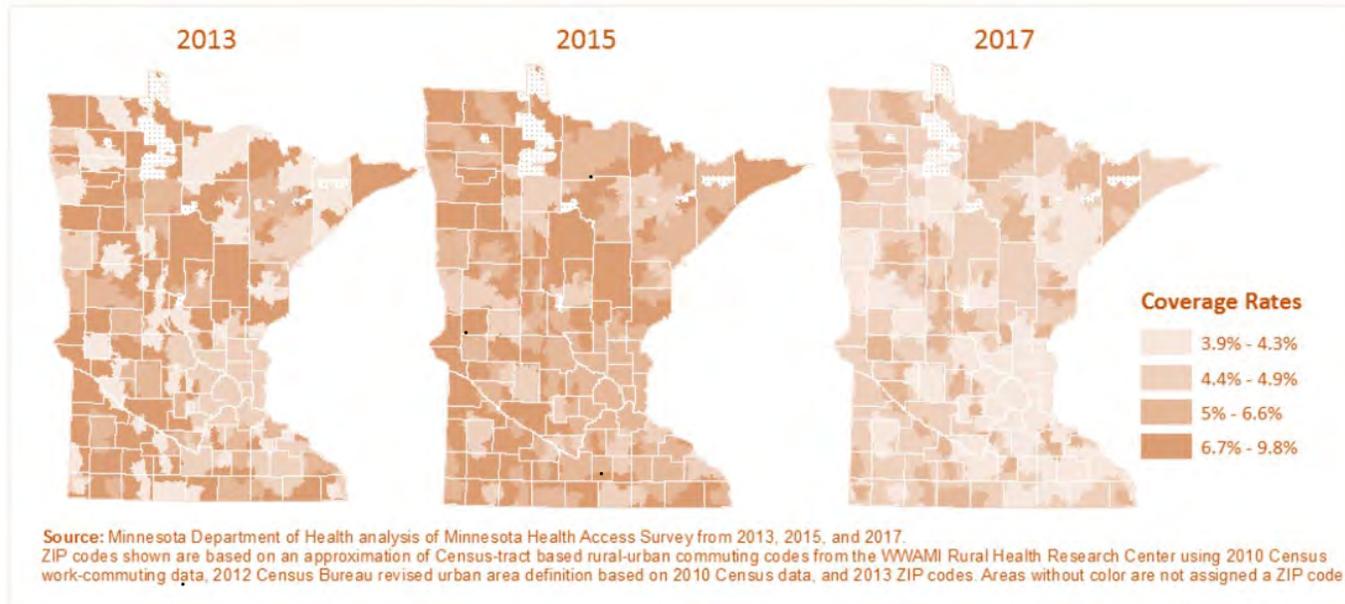
23.9%

54%

2018 CHA: Percentage of population that have not been seen by a Doctor in the past year

A specific type of Medicare, Medicare Cost, is going away in most counties nationwide as the government restructures Medicare. It affects more than 300,000 people statewide, including about 3,274 people (48 percent) in Freeborn County.

The Affordable Care Act made Medicaid available to any resident who make less than about $16,400 a year and doesn't get health insurance through work. Congress continues to talk about changing rules and if that happens Minnesota will decide how to fund this care on its own or drop the people who are enrolled. People get care through Medicaid in one of five ways. Men and women without children, or who had assets that barred previous enrollment. About 989 people, 15 percent, in the Freeborn County area get care this way.

For the populations through Minnesota Senior Health Options and Minnesota Senior Care Plus, people who are living in poverty, over age 65 and also have Medicare, about 382 people in Freeborn County.

Isolated Rural Minnesota Saw a Steeper Decline in Individual Market Coverage from 2013

2013   2015   2017

Coverage Rates
- 3.9% - 4.3%
- 4.4% - 4.9%
- 5% - 6.6%
- 6.7% - 9.8%

Source: Minnesota Department of Health analysis of Minnesota Health Access Survey from 2013, 2015, and 2017. ZIP codes shown are based on an approximation of Census-tract based rural-urban commuting codes from the WWAMI Rural Health Research Center using 2010 Census work-commuting data, 2012 Census Bureau revised urban area definition based on 2010 Census data, and 2013 ZIP codes. Areas without color are not assigned a ZIP code.

How People Get Medicaid

Freeborn	5% 6%	20%	15%	54%
State Average	5% 5%	20%	17%	53%

0%   25%   50%   75%   100%

Plan Type: Children & Families | Expansion | Fee-for-Service | MSHO & MSC+ | SNBC

How People Get Medicare (Excluding Part D & Supplement)

Freeborn	41%	48%	10%
State Average	44%	42%	13%

0%   25%   50%   75%   100%

Plan Type: Advantage | Cost Plan | Original/Fee-for-Service
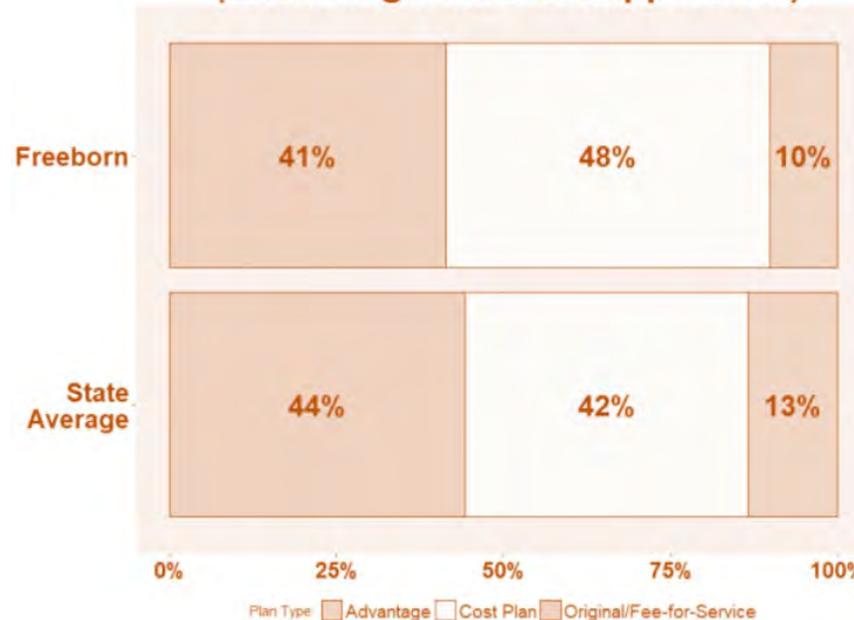
Part D & Medicare Supplement Plans (Medigap) are add ons to Original Medicare and Medicare Cost Plans. Source: Centers for Medicare and Medicaid Services, July 2017

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Strategic Priority:	Access to Health Care		
Goal:	Reduce barriers to access health care for all populations.		
Objective 1:	By December 2022, reduce the percentage of people that did not get or delayed getting medical care during the past 12 months by 0.5 percentage points (31.2% in 2019 to 30.7%).		
Activities:	**Target Date**	**Partners**	**Outputs and Process Measures**
1.1 Continue assessing the community to identify the top three barriers to access care (i.e. focus groups, key informant interviews, community meetings)	Ongoing	Mayo Clinic Health System – Albert Lea (MCHS) Freeborn County Public Health (FCPH) Community Health Care Collaborative (CHCC)	– Number of focus groups – Number of key informant interviews – Number of community meetings – Top three barriers identified – Populations engaged
1.2 Participate in community outreach events to share messages on when and where to access health care. (i.e. social media, Community Connect, Community Health and Wellness Fair, Play Unplugged, and Early Childhood Screening)	Ongoing	Public Health Schools Churches Civic groups Law enforcement MCHS	– Number of posts created – Number of community organizations posting messages – Number of interactions (Social Media: Likes, Shares, Re-Tweets) of Posts – % of parents communicating about e-cigarette use
1.3 Utilize and promote 211 and Aunt Bertha online platforms to share and promote health care resources.	Ongoing	United Way FCPH MCHS	– Number of Freeborn County Agencies Listed – Number of Calls

57

Objective 1 Status with Dates:

Fall 2019- Healthcare Collaborative Monthly/Quarterly Meetings
Fall 2019- Health and Wellness Fairs held at area Worksites
Spring 2019-Healthcare Collaborative Monthly/Quarterly Meetings
Spring 2019- Worksite Wellness Committee Presentation on Health Services provided in and around Freeborn County
Summer 2019-Healthcare Collaborative Monthly/Quarterly Meetings
Summer 2019- Public Health Freeborn County Fair Booth
Fall 2020-Healthcare Collaborative Monthly/Quarterly Meetings
Fall 2020- Health and Wellness Fairs held at area Worksites
Spring 2020-Healthcare Collaborative Monthly/Quarterly Meetings
Spring 2020- Health Talks, MCHS
Summer 2020-Healthcare Collaborative Monthly/Quarterly Meetings
Summer 2021-Public Health Freeborn County Fair Booth

Objective 2: By December 2022, reduce the percentage of people that delayed medical care because they could not get an appointment by 3 percentage points (29.3% in 2019 to 26.3%).			
Activities:	**Target Date**	**Partners**	**Outputs and Process Measures**
2.1 Educate populations of color within Freeborn County to share when and how to access care (i.e. Karen Church, Adult Basic Education, SEMCAC, school success coaches)	Ongoing	SEMCAC Schools Mayo Clinic Health System – Albert Lea (MCHS) Public Health	- Number of people reached - Number of events/meetings held - Number of resources developed/translated - Number of resources distributed
2.2 Conduct root cause analysis to identify the top three barriers around access to care in Freeborn County and determine action steps for 2021	December 2020	MCHS Freeborn County Public Health – (FCPH) CHCC	- Barriers identified - Top 3 barriers - New 2021 action step activities

Objective 2 Status with Dates:

Spring 2019- Community Presentation at Karen Community Church
Fall 2020- Community Presentation at Karen Community Church
Fall 2020- Focus Groups with area Worksites to learn about the various populations serving communities within Freeborn County and how they communicate about health care services (Select Foods, Cargill, Renewable Energy Group, etc.)
Spring 2020- Community Presentation at St. Theodores Catholic Church Spanish Mass
Ongoing- Materials created and distributed to share about How to Seek Care and Response to COVID-19 (Where, When, and How to seek Health Services)

Measurements

	SOURCE	FREQUENCY	BASELINE		FUTURE		TARGET
SHORT TERM MEASURES			**2018**	**2019**	**2020**	**2021**	
Number of Freeborn County agencies listed in 211	United Way	Annually	NA	33			50%
Number of resources developed and translated	CHCC	Annually	NA	NA			25%

	SOURCE	FREQUENCY	BASELINE		FUTURE		TARGET
LONG TERM INDICATORS			**2016**	**2019**	**2022**	**2025**	
Percentage of people that did not get or delayed getting medical care during the past 12 months	Freeborn County Community Health Assessment	Every 3 years	31.4%	31.2%			0.5%
Percentage of people that delayed medical care because they could not get an appointment	Freeborn County Community Health Assessment	Every 3 years	30%	29.3%			3%

Priority #3: Chronic Disease Prevention

What is Chronic Disease?
Chronic Disease prevention programs encourage people to stay healthy, engage and empower individuals and communities to choose healthy behaviors. These types of programs assist community members to make changes in their lives in order to reduce the risks of developing chronic diseases and other morbidities. Chronic diseases are slow progressing diseases that can't be passed from person to person. There are four different types of chronic diseases which include: cardiovascular (heart attack and stroke); diabetes; cancers; and chronic respiratory diseases.

Chronic Disease is a long-lasting condition that can be controlled but not cured. Chronic illness affects the population worldwide. As described by the Centers for Disease Control and Prevention, chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation's $3.5 trillion in annual health care costs. Data from the World Health Organization shows that chronic disease is also the major cause of premature death around the world even in places where infectious disease are rampant. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable and most can be effectively controlled. (The Center for Managing Chronic Disease and Prevention) Examples of chronic diseases are: allergy, arthritis, asthma, cancer, diabetes, stroke, heart disease, obesity.

Why is Chronic Disease included as a priority?
According to the respondents of the 2018 Freeborn County Community Health Assessment:
40.7% have been told by a health professional that they have high blood pressure up from 39.7% (2016 Freeborn County CHA)
39.7% have been told by a health professional that they have high cholesterol up from 37.4% (2016 Freeborn County CHA)
11.8% have been told by a health professional that they have heart trouble or angina down from 13.3% (2016 Freeborn County CHA)
16.6% have been told by a health professional that they have diabetes up from 10.7% (2016 Freeborn County CHA)

Obesity increases the risk of a number of health conditions including hypertension, adverse lipid concentrations, and type II diabetes. The prevalence of obesity in the United States increased during the last decades of the 20th century. More recently, there appears to have been a slowing of the rate of increase or even a leveling off. Data shows that in 2019, 30.1% Minnesota of adults were obese 12.2% of 2- To 4-Year-Old WIC Participants and 9.4% of youth 10 to 17 years of age were obese – with southern states reporting the highest prevalence of obesity. Given the health risks of obesity and its high prevalence, it is important to continue to track obesity among U.S. adults and children.

Around 74% of all deaths in the United States occur as a result of 10 causes. Over the past 5 years, the main causes of death in the U.S. have remained fairly consistent. According to the Centers for Disease Control and Prevention (CDC), there were 2,813,503 registered deaths in the United States in 2017. The age-adjusted death rate, which accounts for the aging population, is 731.9 deaths per 100,000 people in the U.S. This is an increase of 0.4% over 2016's death rate.
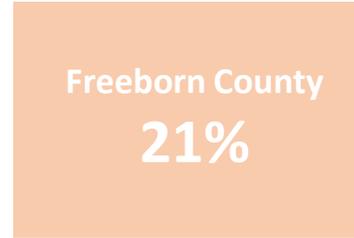
Top 10: Heart Disease, Cancer, Unintentional injuries, Chronic lower respiratory disease, Stroke and cerebrovascular diseases, Alzheimer's disease, Diabetes, Influenza and pneumonia, Kidney disease and Suicide.

Substance Use

2019 Minnesota Student Survey: During the last 7 days, on how many days were you in the same room as someone who was smoking cigarettes?

	%
0 days	75.2
1 or 2 days	13.3
3 or 4 days	2.2
5 or 6 days	.9
All 7 days	8.4
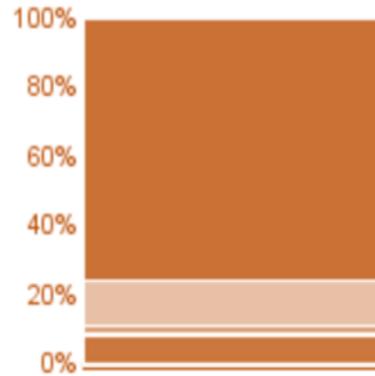
Freeborn County Adolescents E-Cigarette Use in Last 30 Days, 2019

Freeborn County **21%**

Minnesota **17%**

2018 CHA: Smoking Status

- Current smoker
- Former Smoker
- Never Smoked

Freeborn County Adolescents E-Cigarette Use in Last 30 Days by Race & Ethnicity, 2019

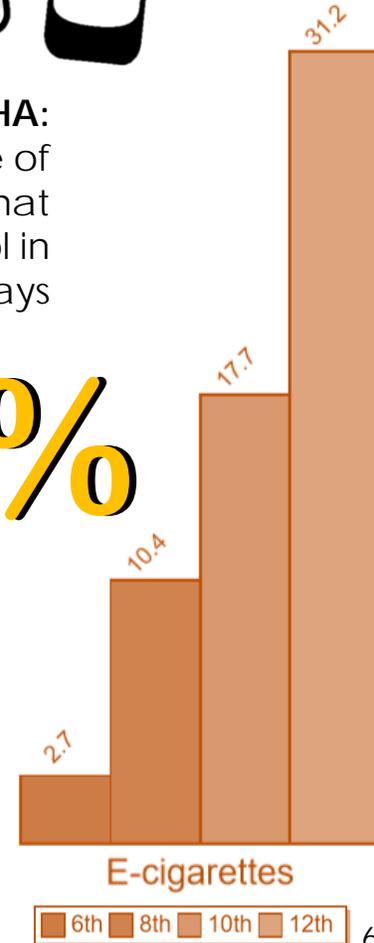White **24%**

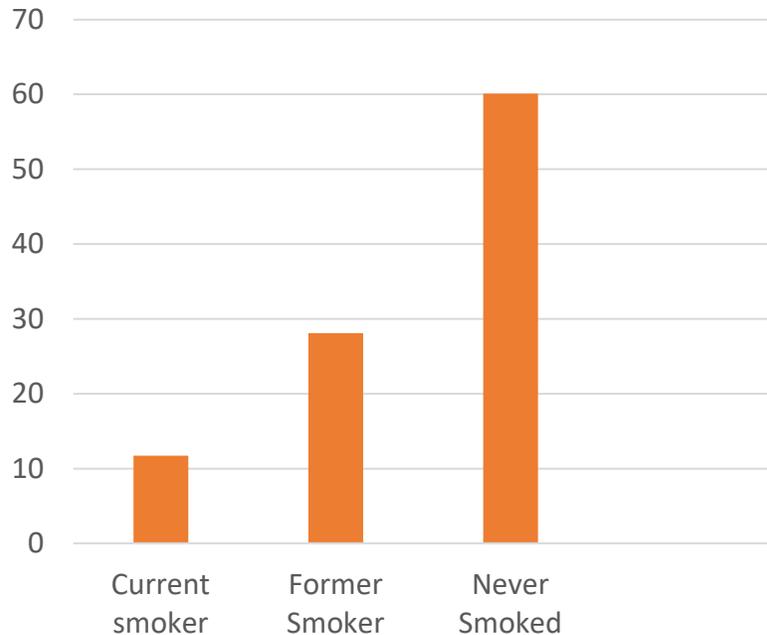Black **19%**

Asian **6%**

Hispanic **23%**

2018 CHA: Percentage of population that drank alcohol in the past 30 days

73%

2019 Local PRIDE Survey: Percentage of students past 30 day E-cigarette use

E-cigarettes

2.7 | 10.4 | 17.7 | 31.2

6th | 8th | 10th | 12th

64

Physical Activity & Health
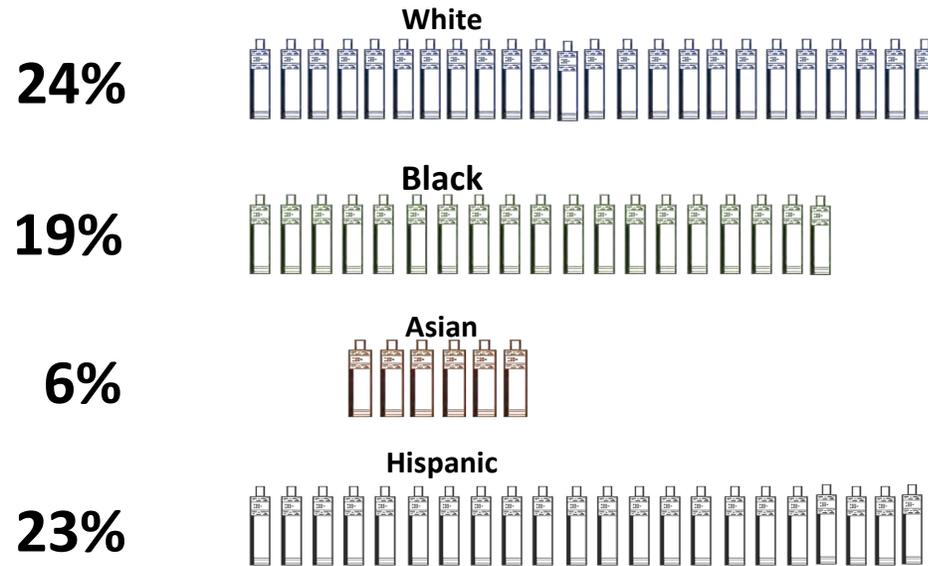
2019 Minnesota Student Survey: During the last 7 days, on how many days were you physically active for a total of AT LEAST 60 MINUTES PER DAY?

	%
0 days	10.0
1 day	8.6
2 days	11.4
3 days	13.2
4 days	18.6
5 days	15.9
6 days	6.4
7 days	15.9
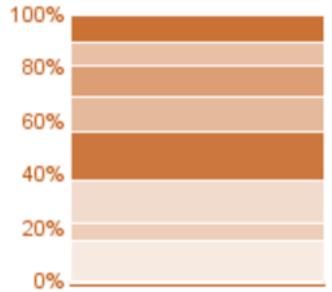
2018 CHA: Percentage of population that report having asthma

11%
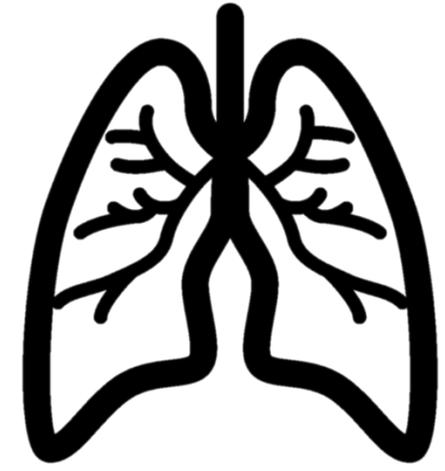
2018 CHA: Population that received a general health exam

- 69.3%
- 14.9%
- 7.2%
- 6.7%
- 1.8%
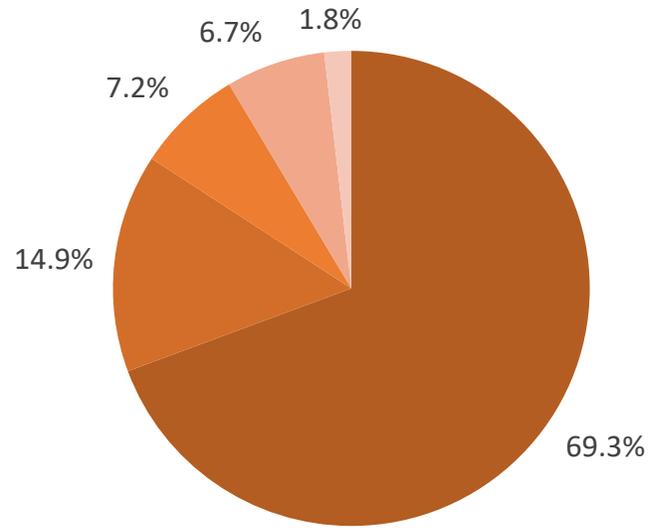
- Within the past year
- Within the past 2 years
- Within the past 5 years
- 5 or more years ago
- Never

2018 CHA: Personal rating of general health status

Poor	Fair	Good	Very good	Excellent
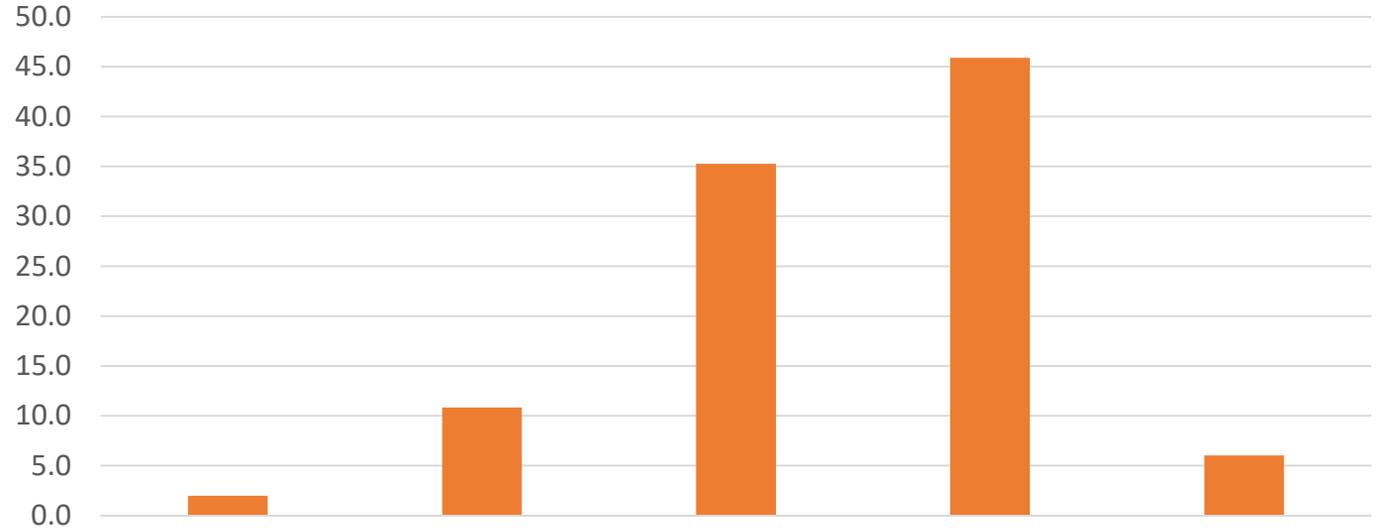
- General Health

Strategic Priority:	Chronic Disease Prevention		
Goal:	Collaborate with community partners to promote health screening and early detection to prevent disease.		
Objective 1:	By 2022, increase the percentage of people getting preventative care during the past 12 months by 0.5 percentage points. (Preventative Care: Women's Health Services, Men's Health Services, Dental screens, Pre-Teen and Child Health Check Ups, etc.)		

Activities:	Target Date	Partners	Outputs and Process Measures
1.1 Continue assessing the community to identify symptoms of Chronic Disease (i.e. focus groups, key informant interviews, community meetings)	Ongoing	Mayo Clinic Health System – Albert Lea (MCHS) Freeborn County Public Health (FCPH) Community Health Care Collaborative (CHCC)	– Number of focus groups – Number of key informant interviews – Number of community meetings – Top three barriers identified – Populations engaged
1.2 Determine best practices and find creative ways to share resources with community members in order to help them access and pay for preventative services.	Ongoing	FCPH Schools Churches Civic groups Law enforcement MCHS MercyOne Albert Lea	-Number of community organizations sharing resources -Number of referrals from MCHS and MercyOne Albert Lea -Number of interactions (Social Media: Likes, Shares, Re-Tweets)
1.3 Coordinate and offer Chronic Disease Prevention Classes to community members.	Ongoing throughout the year held at various locations- implementing at least 2 classes per year.	FCPH Schools Churches Civic groups Senior Resources MCHS MercyOne Albert Lea	-Number of Classes -Number of Participants -List of Communities where classes were held -Percentage of participants that report the information presented will be useful to them
1.4 Utilize and promote 211 and Aunt Bertha online platforms to share and promote health care resources and prevention programs to prevent chronic disease.	Ongoing	FCPH Schools Churches Civic groups Senior Resources Law enforcement MCHS MercyOne Albert Lea	-Number of Freeborn County Agencies Listed -Number of Calls -MercyOne Albert Lea

Objective 1 Status with Dates:

Summer 2019- Living with Chronic Conditions Prevention Class (Senior Resources & Public Health)
Fall 2019- Living with Chronic Conditions Prevention Class (Senior Resources & Public Health)
Spring 2020- Living with Chronic Conditions Prevention Class (Senior Resources & Public Health)
Fall 2020- Living with Chronic Conditions Prevention Class (Senior Resources & Public Health)
Spring 2021- Living with Chronic Conditions Prevention Class (Senior Resources & Public Health)
Fall 2021- Living with Chronic Conditions Prevention Class (Senior Resources & Public Health)
Spring 2019- Community Health Talk, MCHS
Fall 2020- Community Health Talk, MCHS
Spring 2020- Community Health Talk, MCHS
Fall 2021- Community Health Talk, MCHS

Measurements

	SOURCE	FREQUENCY	BASELINE		FUTURE		TARGET
SHORT TERM MEASURES			**2018**	**2019**	**2020**	**2021**	
Number of Chronic Disease Prevention Classes	WellConnect and Juniper	Quarterly	4	3	2		5 classes offered per year
Number of Chronic Disease Prevention Class Participants	WellConnect and Juniper / Local Agencies and Organizations	Quarterly					A match or increase in participation each session.
Number of Health Talk Presentations	MCHS	Monthly	7	8	4		10 per year on various Topics
Number of Attendees (Health Talks)	MCHS	Monthly	?	?	?		A match or increase in participation each session.
LONG TERM INDICATORS	SOURCE	FREQUENCY	BASELINE		FUTURE		TARGET
			2016	**2019**	**2022**	**2025**	
Percentage of people that received Early Screening and Preventative Care Services	MCHS, Dentist Offices, MercyOne Albert Lea, Chiropractic Offices, etc.	Annually	?	?			**85%**

Alignment with State and National Priorities

The Freeborn County Community Health Improvement Plan aligns with Healthy Minnesota 2022, Healthy People 2020, among many other state and national priorities. Freeborn County plans to focus our community efforts on mental health, access to care, and chronic disease prevention (which relate to clinical prevention services). The following are *Healthy People 2020 Leading Health Indicators*: access to health services; clinical prevention services; environmental quality; injury and violence; maternal, infant and child health; mental health; nutrition, physical activity, and obesity; oral health; reproductive and sexual health; social determinants; substance abuse; and tobacco. The three statewide priorities are: Capitalize on the opportunity to influence health in early childhood; Assure that the opportunity to be healthy is available everywhere and for everyone; Strengthen communities to create their own healthy futures.

Freeborn County's priorities are Mental Health, Access to Care and Chronic Disease Prevention. All three priorities are concerns for the youngest population, as well as individuals of all ages. Identifying and addressing these three areas of concern aligns with the state priorities. Early intervention is proven to have greater gains. Educating all ages and all sectors of Freeborn County will encourage lifestyle changes and improve health outcomes for individuals and the whole population, for a stronger community.

While the goals and priorities below are not an extensive list compared to the full reports, these were the models used to develop action steps for Freeborn County's CHIP.

Freeborn County Public Health CHIP	Healthy Minnesota 2022	Healthy People 2020	National Prevention Strategy	Minnesota Adolescent Health Plan	Governor's Task Force on Mental Health
Mental Health/Wellbeing	✔	✔	✔	✔	✔
Access to Health Care	✔	✔		✔	✔
Chronic Disease Prevention		✔	✔		

Healthy Minnesota 2022:
Priority #1: The opportunity to be healthy is available everywhere and for everyone
Priority #2: Places and systems are designed for health and well-being
Priority #3: All can participate in decisions that shape health and well-being

Healthy People 2020:
Goal #1: Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
Goal #2: Achieve health equity, eliminate disparities, and improve the health of all groups
Goal #3: Create social and physical environments that promote good health for all
Goal #4: Promote quality of life, healthy development, and healthy behaviors across all life stages

National Prevention Strategy:
Goal #1: To guide the nation in improving health and well-being of all Americans with actions across multiple settings and partners

Minnesota Adolescent Health Plan:
Priority #1: Access to high-quality teen-friendly health care
Priority #3: Positive connections with supportive adults

Governor's Task Force on Mental Health:
Goal #1: Immediate Improvements in Crisis Response
Goal #2: Immediate Improvements in Inpatient Bed Capacity and Levels of Care Transitions
Goal #3: Redefining and Transforming the Continuum of Care
Goal #5: Using a Cultural Lens to Reduce Mental Health Disparities

Plans to Monitor and Revise

Monitoring and evaluation considerations were developed in tandem with action plans for the CHIP priorities and CHAP values. Like the action plans, the monitoring and evaluation plans are meant to be flexible and dynamic and capture the resources needed to conduct monitoring and evaluation activities. The monitoring and evaluation plans uses both logic model concepts and Results Based Accountability to simplify the terminology.

CHIP priorities are connected and essential to improving the health of our community. The template used pulls out high-level outputs and outcomes developed for each strategy and priority to provide a visual representation of the work related to the CHIP that is being done. The inputs reflect resources and support that is needed to reach the long-term goals. Strategies include the overarching strategies and priorities identified in the CHIP. Outputs answer "How much do we do?", while the short term and intermediate outcomes focus on answering "How well did we do it?" and "Is anyone better off?". Long-term outcomes reflect the population measures associated with the CHIP priorities.

Monitoring and revising the CHIP (PHAB 5.2.4 (Public Health Accreditation Board) is also the 2018 Performance-Related Accountability Requirement, selected by the Commissioner of Health in consultation with SCHSAC(State Community Health Services Advisory Committee).

The Community Health Improvement Plan describes the strategies for each identified community health issue. It describes partners in planning and strategy development as well as implementation. This plan will be adapted as new data becomes available as strategies are implemented.

The current CHIP reflects a coordinated health improvement effort that will last multiple cycles; and ultimately, many years. In alignment with other initiatives, the Freeborn County community will follow a five-year cyclic community health assessment and planning process. Annual review will be implemented throughout the year (quarterly) to reach and move towards our goals and objectives. As a CHIP committee, together we will approve revisions and make suggestions to modify any changes to the CHIP.

Such aligned community initiatives include:
- Freeborn County Public Healths' commitment and compliance to the Minnesota Local Public Health Assessment and Planning Process
- Mayo Clinic Health System's observing the Affordable Care Act requirements
- Commitment and charge of the CHA/CHIP Core Group to continually improve the CHA/CHIP process, and continued outreach and inclusion of all in the community

"Working collaboratively with individuals, families and other health systems to Protect, Promote, Preserve and Improve the community's health in Freeborn County."

Assets and Barriers to Community Health

This section concludes the CHIP exploration of the many protective factors and barriers to health and improved quality of life among residents of Freeborn County. Taking care to highlight how community strengths and assets make our cities and communities viable places for community health improvement efforts, this report is an environmental scan of the myriad of systematic and social issues that pose threats to the health of our citizens and concludes with a comprehensive asset map that represents the best of what makes our communities and its citizens proud, resilient, and unique.

Freeborn County Public Health, Mayo Clinic Health System and the agencies, organizations, and stakeholders that comprise Freeborn County and all contribute to entities that better the health and well-being of our community. To adequately address the myriad of factors that contribute to individual and community health, it takes more than involvement from traditional healthcare and public health entities interfacing with individuals in the community.

Understanding that health is influenced by a collection of social, economic, individual behavioral and environmental conditions, an effective Local Public Health System (LPHS) consists of an intricate network of community agencies with differing roles, relationships, and interactions that assumes the responsibility to offer timely, accessible, affordable health and supportive services to the community.

The following 10 Essential Public Health Services were used to assess system performance:

1. Monitor health status
2. Diagnose and investigate health problems
3. Inform, educate and empower people
4. Mobilize communities to address health problems
5. Develop policies and plans
6. Enforce laws and regulations
7. Link people to needed health services
8. Assure a competent workforce - public health and personal care
9. Evaluate health services
10. Conduct research for new innovations

Appendix

Review checklist for your community health improvement plan

Characteristics: Community health improvement plan	Found on page(s)	Not found	Notes
Dated within past five years[a]	Front Page	☐	March 31, 2020
Describes jurisdiction for which the plan is created[b]	Pgs. 4 - 5	☐	Freeborn County, first paragraph Pg. 5, SE MN, I-90 and I-35, maps and graphs on pg. 4
Describes health inequities in the jurisdiction for which the plan is created[c]	Pg. 14	☐	More diverse populations moved in the last 5 years, Karen population increases, poverty rate 11.8%, 18.2% on Medicaid, 15.5% on Medicare
Names (e.g., MAPP, etc.[d]) and/or describes process used to complete planning[e]	Pg. 15-17	☐	List of several frameworks/ models used in the process, MAPP, RBA
Lists community stakeholders[f] who participated in planning process[g]	Pgs. 32-33	☐	List of many partner organizations
Describes how community health assessment information was shared with participants in the CHIP process[h]	Pgs. 24 - 31	☐	Focus groups, Key Informant interviews, and Community Forum
Lists issues and themes identified by stakeholders in the community[i]	Pgs. 39 -42	☐	Themes list and comments
Identifies community assets and resources[j]	Pg. 71	☐	Assets and Barriers
Describes how community was engaged throughout the planning process[k]	Pgs. 25-32	☐	Data Collection and Overview of Community Engagement

Describes a process to set health priorities[c]	Pgs. 23 -31	☐	Data Collection and Overview of Community Engagement
Describes the desired measureable outcomes or indicators of health improvement and priorities for action[d]	Pgs. 47 -68	☐	Goals and Objectives with Status
Describes consideration of addressing social determinants of health, causes of higher health risks and poorer health outcomes of specific populations, and health inequities[e]	Pgs. 47 -68	☐	Descriptions under identified priorities include some details around social determinants of health but also provided in the beginning under Health Equity
Describes policy changes needed to accomplish health objectives[f]	Pgs. 35 -42	☐	Will continue to examine policies as we move forward with Strategic Plans
Lists individuals and organizations that have accepted responsibilities for implementing strategies[g]	Pgs. 3, 32-33	☐	Collaborations Include: CLT, CHCC, and Freeborn County Organizations and Agencies
Considers state and national priorities[h]	Pg. 69	☐	Healthy People and Healthy MN
Includes justification for why each issue is a priority[i]	Pgs. 45-70	☐	Explanation provided following each priority
Includes at least one priority or strategy aimed at addressing a social determinant of health that arose based on health inequities that were identified in the jurisdiction[j]	Pgs. 13-14	☐	Poverty and Health Equity

m1 DEPARTMENT OF HEALTH

Priority Area*	Definition
Mental Wellbeing • **Anxiety** • **Coping** • **Daily stress** • **Depression** • **Isolation** • **Lack of civility** • **Lack of sleep** • **Mental Health** • **Resiliency** • **Substance misuse** • **Suicide**	A state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to her or his community. - adapted from the World Health Organization
Chronic Disease Prevention • **Diabetes** • **High blood pressure** • **High cholesterol** • **Nutrition/food insecurity** • **Obesity/Overweight** • **Physical Activity** • **Substance misuse**	Chronic disease programs focus on keeping people healthy, engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing chronic diseases and other morbidities. Chronic diseases are not passed from person to person. They are of long duration and generally slow progression. The four main types … are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes
Access to care • **Dental care** • **Health/primary care** • **Mental care** • **Transportation**	Where and how to seek care in a timely and affordable way: Navigation: Understanding of the Care Team model Accessible: People can get to the provider and services, including technology and transportation Accommodating: Services are organized to meet the needs and preferences of the people and community Acceptable: People are comfortable with the options.
Socio-economic Factors • **Education** • **Employment** • **Family and social support** • **Housing** • **Income** • **Neighborhood** • **Poverty** • **Safety** • **Transportation** • **Violence**	Conditions in the places where people live, learn, work and play.
Prevention • **Car seats** • **Fall prevention** • **Immunizations** • **Prevention Education** • **Texting while driving**	Actions aimed at avoiding the manifestation of a disease or condition.

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Thank you

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