

Ramsey County  
Community Health Improvement Plan  
**ANNUAL REPORT**  
2017

**March 2018**

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## Purpose

This Ramsey County Community Health Improvement Plan Annual Report 2017 was prepared to fulfill the Local Public Health Act statutory requirement (MN 145A.131, subd 3.b.) and the Public Health Accreditation Board v1.0 Domain 5: *Implement elements and strategies of the health improvement plan, in partnership with others*; and Domain 9: *Use a process to determine and report on achievement of goals, objectives, and measures set by the performance management system.*

## Introduction

The Community Health Improvement Plan 2014-2018 reflects what residents and community leaders from private, public and nonprofit sectors identified during 2013-2014 as priorities for Ramsey County. The CHIP is a living document that will change or has changed, depending on what (new) information and/or resources are available during the implementation process. This means that some of the original objectives and strategies have changed or will change as progress is made and/or work is clarified.

The CHIP work is carried out through the efforts of action teams that involve residents and representatives of community based organizations that participated in the initial process as well as new members. In most cases, action teams work closely with projects already underway in the community that align with the goal or objectives. Action teams review and update the CHIP for their particular goal and follow work plans to implement final strategies.

## Community Context

The community context of the work has shifted since the CHIP 2013-2018 was created. [Ramsey County's 2017 Strategic Plan](#) outlines a set of strategic priorities aligned with county's vision for a vibrant community where all are valued and thrive. Public Health is in the Health and Wellness strategic team along with Community Corrections, Financial Assistance Services, Healthcare Services, Social Services and Veterans Services. This alignment gives Public Health further reach into communities that other departments are also serving.

All CHIP goal areas have action teams working on them, some have revised the objectives to clarify the work and others that started later are working to define SMART objectives and identify health indicators to benchmark their work. The membership of the action teams has also changed, influencing the way the work is carried out. The interests and expertise of action team members have further refined the objectives that action teams are executing.

Action Teams, led by SPRCPH staff, have worked to provide consistency in support of the work. Funding has been made available to provide food at meetings. Some community members, particularly those who chair the action teams, are wondering if they could receive minimal compensation for their leadership. This issue, among others, are on-going discussions and will be part of the planning process for the next CHIP.

## Progress and Revisions

In 2017, the requirements of Minnesota Department of Health (MDH) is used and includes reporting under each goal area:

- a. About this priority: What did the community set out to do?
- b. What actually happened? What did your action team learn?
- c. Next Steps

Standardize tracking forms follow each goal area.

# Goal 1: Create social & physical environments that promote equity & good health for all people in Ramsey County.

## ABOUT THIS GOAL AREA:

To improve health in a sustainable way, SPRCPH aims to impact the root causes of poor health – inequities in living and working conditions that affect health, such as employment, income, education, housing and transportation. The Community Health Services Advisory Committee (CHSAC) acting as the Social Determinants of Health (SDOH) action team initiated work on this goal in April 2015. The major approach is to work with multiple sectors to learn and work collaboratively to leverage resources and opportunities to move the community in a positive direction.

The action team began in 2014 by building a common understanding of the social determinants of health. Saint Paul's Rondo community was highlighted to show how a transportation policy imposed without the input of a vital, largely African American community, continues to have negative consequences. The name for the action team was changed to Health in All Policies in 2015.

In 2016, SPRCPH joined several efforts focused in the Rondo neighborhood, one focused around the reconstruction of the Dale Street Bridge, and the other was the forming of an effort around a Rondo Land Bridge.

## PROGRESS

In 2017, SPRCPH used a Health in All Policies lens by offering financial and technical support to engage a community through a Health Impact Assessment (HIA) process. The Minnesota Department of Transportation is reviewing the rebuilding of Highway I-94, and SPRCPH supported ReConnect Rondo, a non-profit that is providing leadership in developing the community input for the HIA. The HIA effort is also supported by several community agencies, governmental entities and the community. Ultimately, by creating a HIA, this will help expand community voice in having a say within the final decision on this stretch of the highway. At this point, the community has asked for expanding green space, access to physical activity and increasing local economy. These health-related factors will influence the final policy and decision for supporting a land bring in the Rondo Community.

Internally, a Health Equity Officer was hired to lead efforts across all Ramsey County programs to advance health equity with an emphasis on residents who experience disparities in outcomes. Work includes developing and implementing a comprehensive county health equity plan and well-being approach to improve outcomes for all people in Ramsey County. The position provides leadership to Ramsey County staff to align existing resources to create an environment of continual community engagement, learning and connection to advance health equity. The work in this Health and Wellness in All goal area is an important contributor to inform health equity issues going forward.

## NEXT STEP(S):

- Consider opportunities coming out of the Dale Street project, All Abilities Transportation project, and other opportunities.

**Standardized Tracking Spreadsheet-CHIP/Health in All Policies**

**Population Health Objectives –Goal 1: Create social & physical environments that promote equity & good health for all people in Ramsey County.**

Goal	Obj #	Objective	Performance Measure	How Measured	Baseline	Target	2014	2015	2016	2017	2018	Status	Status/Next Steps Explanation
1	1	Reduce the percentage of the population living in poverty in Ramsey County from 17 percent to 10 percent by December 2018.	population in poverty	U.S. Census 5-year estimates	17%	10%	16.8%	16.5%	15.9%	n/a		On track*	Looking for potential partners to advance/ or revise this goal
	2	Reduce the percentage of children under 18 living in poverty in Ramsey County from 24% to 14% by December 2018.	children under 18 in poverty	U.S. Census 5-year estimates	24%	14%	24.6%	24.3%	23.7%	n/a		Not on track*	Looking for potential partners to advance/ or revise this goal
	3	Reduce the percentage of households paying 30% or more of income for monthly housing in Ramsey County from 36% to 28% by December 2018.	households paying 30% or more of income for monthly housing	U.S. Census 5-year estimates	36%	28%	29.6%	32.4%	30.4%	n/a		On track*	Looking for potential partners to advance/ or revise this goal
	4	Reduce the unemployment rate for non-Hispanic white, black/African American, Asian, Hispanic age 16 and older groups in Ramsey County to 7 percent by December 2018.	unemployment rates	U.S. Census 5-year estimates	non-Hispanic white (W): 7.8% African American (AA): 16.4% Asian (A): 9.9% Hispanic (H): 8.1	7% or lower for all groups	W: 5.1% AA:17.8% A: 9.2% H: 12%	W: 5.1% AA:16.2% A: 9.2% H: 11.7%	W: 3.5% AA:13.7% A: 5.5% H: 8.2%	n/a		Not on track*	Looking for potential partners to advance/ or revise this goal
	5	Increase safe, accessible, efficient, affordable transportation options (transit, walking, biking) in Ramsey County by 20 percent by December 2018.	safe, accessible, efficient, affordable transportation options	tbd	tbd	increase from baseline by 20%	tbd	tbd	tbd	tbd		Not on track*	Looking for potential partners to help define baseline data to track
	6	Increase the percentage of students in Ramsey County who graduate from high school within four years to the Healthy People 2020 goal of 82% by December 2018.	students graduating within four years	Minnesota Department of Education statistics	71%	82%	71.8%	71.64%	73.73%	73.4%		Not on track*	Looking for potential partners to advance/ or revise this goal

\*On track means that the objectives associated with the stated goals in the plan are on track. On track does not mean the larger social determinants of health are on track for measured improvement.

## Goal 2: Promote proper nutrition, healthy body weight and tobacco-free living for all people in Ramsey County.

### ABOUT THIS GOAL AREA:

Strategies in this goal area will aim for cross-sector community partnerships to address healthy eating, active living, and tobacco-free living and take into consideration key data relevant to diverse adult and youth populations across Ramsey County. We have updated our goal title to better reflect our efforts within the Statewide Health Improvement Partnership (SHIP) grant, which focuses on the same strategies as our CHIP plan. The Community Leadership Team functions as the action team and meet quarterly.

This goal aligns with the Statewide Health Improvement Partnership (SHIP) grant goals. Ultimately, we are continuing to work on increasing the consumption of fruits and vegetables in both youth and adult populations in Ramsey County, however, more generally, we are working within the Social Determinants of Health Framework, where access to healthy options is our first step. The new strategy is to offer small community grants, so that smaller organizations can additionally work on improving food access. Active Living and tobacco-free living is still continuing as reported previously. Also, SPRCPH is working closely to support language in comprehensive plans to add health as a foundation to future planning.

### PROGRESS

- In 2017, progress was made on strategy implementation including strategy feasibility or effectiveness, changing priorities, resources or community assets.
- We have offered support and funding to continue work around healthy eating access within all 5 Ramsey County school districts, within our Public Housing through partnerships with U of M extension and worksite wellness.
- This group tends to review the CHIP and our Action Team charge annually. This past November, we have updated our member list.
- At this time, there are no changes to update. However, our measurement tools are secondary analysis, meaning that we take data others collect.
- Action team member participation in the monitoring of the CHIP and in any revisions. We refer back to our ultimate goals at every meeting, please refer back to our agendas for examples.

### NEXT STEPS:

- Action team will continue to partner with ReConnect Rondo and other partners on the HIA and other work that emerge.

**Standardized Tracking Spreadsheet-CHIP/Promote proper nutrition, health body weight and tobacco-free living**

**Population Health Objectives-Goal 2: Promote proper nutrition, health body weight and tobacco-free living**

CHIP Goal	Obj #	Objective	Performance Measure	How Measured	Base-line	Target	2014	2015	2016	2017	2018	Status	Status/Next Steps/Explanation
2	1	Increase the percentage of Ramsey County 9th graders who eat 4 or more servings of fruits (not including fruit juice) per day from 9 percent to 12 percent by December 2018.	9th graders who eat four or more fruits per day	MN Student Survey-Ramsey County data set self-report*	9%	12%	n/a	n/a	8.2%	n/a		On track	The MN Student Survey is administered every 3 years. The baseline was from the 2010 survey. The survey question changed in the 2013 survey. 2015 county-level data not yet released.
	2	Increase the percentage of Ramsey County 9th graders who eat 4 or more servings of vegetables per day from 6 percent to 9 percent by December 2018.	9th graders who eat four or more vegetables per day	MN Student Survey-Ramsey County data set self-report*	6%	9%	n/a	n/a	5.9%	n/a		On track	The MN Student Survey is administered every 3 years. The baseline was from the 2010 survey. The survey question changed in the 2013 survey. 2015 county-level data not yet released.
	3	Increase the percentage of Ramsey County 9th graders who get moderate physical activity for 60+ minutes for 7 days per week from 18 percent to 20 percent by December 2018.	9th graders who get moderate physical activity for 60+ minutes for 7 days per week	MN Student Survey-Ramsey County data set self-report*	18%	20%	n/a	n/a	16%	n/a		On track	The MN Student Survey is administered every 3 years. The baseline was from the 2010 survey. The survey question changed in the 2013 survey. 2015 county-level data not yet released.
	4	Increase the percentage of Ramsey County adults who eat five or more fruits and vegetables per day from 34 percent to 37 percent by December 2018.	Adults who eat five or more fruits and vegetables per day	SHAPE survey-self-report**	34%	37%	n/a	n/a	n/a	n/a		n/a	Waiting for the next SHAPE data set.
	5	Increase the percentage of Ramsey County adults who get moderate physical activity for 150+ minutes per week from 60 percent to 63 percent by December 2018.	Adults who get moderate physical activity for 150+ minutes per week	SHAPE survey-self-report**	60%	63%	n/a	n/a	n/a	n/a		n/a	Waiting for the next SHAPE data set.
	6	Reduce the percentage of Ramsey County adult smokers from 9 percent to 7 percent by December 2018.	Adults who are current smokers	SHAPE survey-self-report**	9%	7%	9.20%	n/a	n/a	n/a		n/a	Waiting for the next SHAPE data set.

\*Latest MN Student Survey results were 2016

\*\*SHAPE was last done in 2014/15; 2018 survey will be ready in 2019

Action Team Objectives and Strategies – Goal 2: Promote proper nutrition, health body weight and tobacco-free living

Goal	Pop Health Obj #	Action Team Objectives	Strategies	Performance Measure	Partners involved	How measured	Base-line	Target	2014	2015	2016	2017	2018	Status	Status/Next Steps Explanation
2	1, 2	Implement at least one of the following healthy eating strategies (a. "Smarter Lunchrooms"; b. wellness policy; c. school-based agriculture; d. vending and/or school store offerings) in at least one school in each Ramsey County school district by October 31, 2017.	a. Work in partnership with district wellness teams and SHIP coordinators. b. Offer technical assistance and resources for healthy eating training. c. Contract with school districts to implement objective.	Schools implementing one of the four healthy eating strategies.	School district staff, teachers, students, parents	Count		5	n/a	n/a	4	5		On track	Continue progress through partnerships
2	3	Implement at least one of the following active living strategies (a. curriculum change in Quality PE; b. Active Recess; c. Safe Routes to School; d. Active classrooms) in at least one school in each Ramsey County school district by October 31, 2017.	a. Work in partnership with district wellness teams and SHIP coordinators. b. Offer technical assistance and resources for active living training. c. Contract with school districts to implement objective.	Schools implementing one of the four active living strategies.	School district staff, teachers, students, parents	Count		5	n/a	n/a	4	5		On track	Continue progress through partnerships
2	4, 5, 6	Increase worksite wellness strategies that promote healthy eating, active living, and/or tobacco cessation at 45-25 new worksites by October 31, 2017.	a. Collaborate with the Saint Paul Area Chamber of Commerce to engage worksites b. Offer technical assistance and resources for training. c. Contract with Saint Paul Chamber of Commerce to implement objectives.	Worksites implementing strategies in healthy eating, active living and/or tobacco cessation.	Saint Paul Area Chamber of Commerce, Chamber of Commerce member worksites, worksites within Ramsey County	Count	8	25	0	8	22	29		On track	Continue progress through partnerships

Action Team Objectives and Strategies – Goal 2: Promote proper nutrition, health body weight and tobacco-free living

Goal	Pop Health Obj #	Action Team Objectives	Strategies	Performance Measure	Partners involved	How measured	Base-line	Target	2014	2015	2016	2017	2018	Status	Status/Next Steps Explanation
2	1, 2, 4	Increase healthy eating strategies in the community to promote healthy eating by October 31, 2017.	<p>a. Collaborate with SNAP-Ed U of M extension educators within public housing</p> <p>b. Connect public housing to diabetes prevention resources and programs</p> <p>c. Collaborate with city planners to adopt healthy eating language in comprehensive plans.</p> <p>d. Continue to work with Healthier Meals Coalition and Food and Nutrition Commission to adopt and implement healthy eating support</p>	Sectors represented working on # of strategies	Many community partnerships, such as the Food and Nutrition Commission, Saint Paul Public Housing, University, healthier meals coalition and municipalities	# of strategies		10	n/a	n/a	n/a	7		On track	Wanting to expand healthy eating strategies to work within food shelves, farmer's markets and community influencers. Difficult to measure, except by sector representation.
2	3, 5	Increase active living strategies in the community to promote physical activity by October 31, 2017.	<p>a. Work in partnership with public housing staff to encourage bicycle and walking opportunities</p> <p>b. Connect public housing to diabetes prevention resources and programs</p> <p>c. Collaborate with city planners to adopt active transportation language in comprehensive plans.</p>	Sectors represented working on # of strategies	Partners include Active Living Ramsey Communities, Safe Routes to School efforts, Cities and Municipalities	# of strategies		10	n/a	n/a	n/a	4		On track	Difficult to measure, except by sector representation.

Action Team Objectives and Strategies – Goal 2: Promote proper nutrition, health body weight and tobacco-free living

Goal	Pop Health Obj #	Action Team Objectives	Strategies	Performance Measure	Partners involved	How measured	Base-line	Target	2014	2015	2016	2017	2018	Status	Status/Next Steps Explanation
2	6	Increase the number of smoke-free policies implemented in multi-unit housing properties in Ramsey County from 33 to 50 by December 31, 2017.	a. Partner with American Lung Association and PHA staff to work with property managers. b. Contract with American Lung Association to hire community health workers to provide cessation trainings and develop a Smoke-Free Housing Property Manager's guide.	Implementation of multi-unit housing smoke-free policies	American Lung Association	Count	33	50	50	n/a	16			On track	May need to evaluate the measure since some housing sites reach many more residents than other smaller sites.
2	4, 5, 6	Implement <i>Culturally Informed Clinical Practices for Healthy Hmong Lifestyles Guidelines</i> in 5 additional Ramsey County clinics by October 31, 2017.	a. Identify clinics and collaborate with clinic management. b. Revise Hmong patient handout based on clinic staff feedback.	5 new clinics engaged	Identified clinics, Institute for Clinical Systems Improvement (ICSI)	Count	2	7	7	n/a	2	4		On track	May revise the objective.

## Goal 3: Ramsey County residents will access the appropriate level of health care services at the appropriate time.

### ABOUT THIS GOAL AREA:

In this goal area, access to health services refers to the ease with which an individual or family member can obtain needed medical care. Increasing use of preventative care, especially among young people, and understanding the frequent use of the emergency room are two objectives of the goal area.

### PROGRESS:

The action met every other month, with the other months reserved for subcommittee work.

- [A study of emergency room visits by Ramsey County residents](#), which took the majority of the action team's time, was completed shared at the department's Public Health Presents in September. This study was done to develop a more complete picture of how emergency departments (EDs) are used by Ramsey County residents. It provided a description of ED visits and the probability of those visits being potentially preventable with effective and timely primary care services.
  - The study – the first-ever by a local health department in Minnesota to analyze emergency room data on this scale – found that timely and effective primary care could potentially prevent 77 percent of 360,000 emergency room visits. (Visits involving mental health and alcohol/substance diagnoses, which are a substantial number, were not included.)
  - Other findings can be found in the link above.
  - The data gives us a detailed picture of *what* is happening in emergency rooms, and phase two, to be done in 2018, will determine *why* people go to the emergency room.
  - Public Health Presents was held September 13, to share the outcome of the study. Among the attendees were hospital administrators, health plan representatives, and others.
- The action team worked closely with the Child and Teen Check-up (CTC) staff and reviewed data on enrollment. After reviewing the CTC data, it was initially determined to focus on increasing enrollment among 15 to 20-year-old eligible young people. Action team members further look at the data also decided that the circumstances of older teens and young adults were different from those 15-18 years old so the objective was refined to reflect this discussion.

### NEXT STEPS:

- Phase 2 of the emergency room study will be done with Regions Hospital via a relationship-building set of questions that will ask why people are using the ER.
- Continue working with the CTC staff to support efforts to increase CTC outcomes.
- Look further into ways that SPRCPH contracts with a number of community agencies that provide services to people with barriers to health care services. The purpose is to see what services are being provided through the contracts, what are the goals of these agreements, how results are measured against goals, etc.

**Standardized Tracking Spreadsheet-CHIP/Access to Health Care Action Team**

**Population Health Objectives-Goal 3: Ramsey County residents will access the appropriate level of health care services at the appropriate time.**

Goal	Obj #	Objective	Performance Measure	How measured	Base-line	Target	2014	2015	2016	2017	2018	Status	Status/Next Steps Explanation
3	1	Increase the utilization of preventive services (defined as C&TC) by 2%, among publicly insured Ramsey County teens and young adults between the age of 15 and 20 years old who are currently in secondary school by December 31, 2018.	C&TC participation rates.*	rates released by the Centers for Medicaid (CMS) annually	68% 15-18yrs 41% 19-20yrs	70% 15-18yrs 43% 19-20yrs	68% 15-18yrs 41% 19-20yrs	66% 15-18yrs 40% 19-20yrs	n/a	n/a		Not on track	Refining the age range of focus. Continue working with C&TC staff.
	2	Provide baseline information on emergency department utilization among Ramsey County residents to stakeholders for making informed decisions by December 31, 2017.	Emergency department study completed and communicated to stakeholders.	yes/no	no	yes	n/a	n/a	n/a	yes		On track	The study and communications were completed. Phase 2 to that will look at why people use emergency will be done in 2018.

**Action Team Strategies-Goal 3**

Goal	Pop Health Obj #	Strategy	Performance Measure	Partners Involved	How measured	Baseline	Target	2014	2015	2016	2017	2018	Status	Status/Next Steps Explanation
3	1, 2	Provide staffing to support the action team.	Action team supported.	Action team members, Public Health staff	yes/no	no	yes	yes	yes	yes	yes		On track	
	1	Analyze the geographic distribution of health service providers in Ramsey County.	Analysis completed	Action team members; Stratis Health; Ramsey County GIS staff	yes/no	no	yes	no	yes	yes			Completed	

\*CTC rates only available up to 2015, 2016 available for statewide rates only through CMS

Action Team Strategies-Goal 3

Goal	Pop Health Obj #	Strategy	Performance Measure	Partners Involved	How measured	Baseline	Target	2014	2015	2016	2017	2018	Status	Status/Next Steps Explanation
	1	Conduct research on C&TC participation rates among Ramsey County teens and young adults to establish baseline.	Research conducted	Action team members, SPRCPH C&TC staff	yes/no	no	yes	no	no	yes			Completed	
	1	Develop a public health campaign based on preventive care study results.	Public health campaign developed	Action team members	yes/no	no	yes	no	no	no	no		On track	This strategy will be revised by the action team and completed 2018. It will turn into several more specific strategies recommended by the workgroup and adopted by the full action team.
	2	Conduct a research study of emergency department visits by county residents.	Study completed	Action team members; U of MN School of Public Health professor; MN Hospital Association staff	yes/no	no	yes	no	no	no	yes		On track	The ED Study was completed (see results above). Phase 2 will be done in 2018 to look at <u>why</u> residents use the emergency room.
	2	Communicate emergency department study results to stakeholders.	Results communicated	Action team members; communications staff from SPRCPH	yes/no	no	yes	no	no	no	yes		On track	Public Health Presents was held September 13, 2017, attended by hospital administrators, health plan representatives and others.

## Goal 4: 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 Ramsey County.

### ABOUT THIS GOAL AREA:

- More than 200,000 adults and 75,000 children in Minnesota live with a mental illness and people wait an average of ten years between first experiencing mental health symptoms and accessing treatment. People who seek services experience gaps in the current mental health system, leading to inappropriate placement in mental health services, or to not receiving care altogether.
- Over 50 percent of children and adults in Minnesota who experience homelessness live with a mental illness.
- Adults with a serious and persistent mental illness are dying, on average, 25 years earlier than the general public due to heart disease, lung disease, diabetes and cancer.
- It was recommended developing and implementing a more comprehensive continuum of mental health services.

### PROGRESS:

- The Mental Health and Wellness Action Team met in August, October, and November of 2017 and decided on two focus areas for CHIP: 1) increasing wellness resources and 2) strengthening the relationship between Safety and Mental Health. The Action Team divided into two subgroups and started its work of creating the following Smart Objectives:
  - By June 2020, increase the number of wellness resources utilized by schools and community centers in Ramsey County.
  - By October 2018, MHWAT will identify and offer a mental health wellness/safety toolkit with the educational Pre-K to 12<sup>th</sup> grade and 1<sup>st</sup> responder system.
- At the November meeting, the Safety and Mental Health subgroup decided to focus on building human capacity around mental health and safety by training more community members on mental health, stigma, and safety resources and potentially to create Cultural position(s) to disseminate information and resources.
- In addition to the Mental Health and Wellness Action Team there is a Hispanic and Latinx Mental Wellbeing Coalition that started July of 2017 to bring community members together to understand stigma as a barrier to emotional wellbeing and to further the community resiliency through education and access to culturally specific emotional wellbeing services. The two goals the coalition is working towards are:
  - Increase knowledge of mental health for youth and families by reducing negative attitudes and beliefs around mental health.
  - Support those who need mental health resource and reduce barriers of accessing services by increasing awareness of programs and services that acknowledge the Hispanic and Latinx culture, language, and healing practices.

### REVIEW PROCESS:

- As part of advancing collaboration among Action Team members, the Action Team decided to continue to have presentations from different Action Team members and outside groups as well as exploring the creation of a webpage to share mental health and wellness resources. Feedback will be incorporated as process continues.
  - At the October 2017 meeting, staff from Health East/Fairview Foundation presented on their East Side Mental Health and Stress Resilience Partnership. At the November 2017 meeting, Ramsey County Adult Services presented on the Certified Community Behavioral Health Center demonstration project.
  - In December, a couple of representatives from the Action Team met with the Ramsey County Communications Manager to discuss a Ramsey County webpage for Action Team members to share resources on Mental Health and Wellness.

## NEXT STEPS:

- The action team will continue its work on the two objectives.
- The Hispanic and Latinx Mental Wellbeing Coalition created and developed a baseline emotional data survey that will be collected in March and April. As well in the summer of 2018, will be hosting World Café sessions with families and 2- 4 youth groups ages range 12 -25 years old to get an assessment of the community's needs around mental health.
- The action team will develop further the Standardized Tracking Spreadsheet, including choosing the indicators to track, to reflect the new objectives.
- The following Standardized Tracking Spreadsheet will be revised to reflect on-going work.

**Standardized Tracking Spreadsheet-CHIP/Mental Health and Well Being**

**Population Health Objectives-Goal 4: 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 Ramsey County.**

Goal	Obj #	Objective	Performance Measure	How Measured	Baseline	Target	2014	2015	2016	2017	2018	Status	Status/Next Steps Explanation	
4	1	Decrease the amount of time that persons in Ramsey County living with mental illness wait before seeking help by 10 percent by December 2018.	wait times before seeking help	amount of time persons waited	tbd	baseline minus 10%						Not on track	On hold until action team chooses indicators	
	2	Increase the number of health care home models for behavioral health that serve Ramsey County residents by 10 percent by December 2018.	behavioral health homes	number of health care home models	0	baseline plus 10%	0					Not on track	On hold until action team chooses indicators	
	3	Decrease the wait time in Ramsey County hospital emergency departments for mental health admission by 10 percent by December 2018.	wait times in hospital emergency departments	wait times	tbd	baseline minus 10%							Not on track	On hold until action team chooses indicators
	4	Decrease the percentage of Ramsey County 9th grade Hispanic females reporting suicidal ideation from 25 percent (in 2010) to 20 percent by December 2018.	9th grade Hispanic females reporting suicidal ideation	MN Student Survey-Ramsey County data set*	25%	20%	18% all females (2013 MSS)	n/a	19-21%				On track	On hold until action team chooses indicators
	5	Increase the number of in-patient beds in Ramsey County for mental health patients in crisis by 25 percent by December 2018.	beds for mental health patients in crisis	# beds	tbd	baseline plus 25%							Not on track	On hold until action team chooses indicators

\*The suicide ideation responses in the MN Student Survey changed in 2016, providing more specific options.

**Population Health Objectives-Goal 4: 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 Ramsey County.**

Goal	Obj #	Objective	Performance Measure		How Measured	Baseline	Target	2014	2015	2016	2017	2018	Status	Status/Next Steps Explanation
	6	Increase number of residential openings for Ramsey County persons in crisis because of drugs or alcohol in by 25 percent by December 2018.	residential openings for persons in crisis		# of residential openings	tbd	baseline plus 25%						Not on track	On hold until action team chooses indicators
	7	Increase the number of Ramsey County public school-based child mental health professionals by 20 percent by December 2018.	public school-based child mental health professionals		# of professionals	tbd	baseline plus 20%						Not on track	On hold until action team chooses indicators

## Goal 5: Prevent violence and intentional injuries, and reduce their consequences for all people in Ramsey County.

### ABOUT THIS GOAL AREA:

Injuries and acts of violence are among the top 15 killers for Americans of all ages. Violence disproportionately affects young people and people of color. Ramsey County has the highest rates of assault injuries among teens and young adults compared to other metro counties and the state. Preventing violence involves wide ranging and multidisciplinary efforts to address complex underlying contributors and effective prevention efforts builds on existing assets within Ramsey County youth, families, and communities. Ramsey County is a nationally recognized leader in the field of violence prevention, and is well positioned to expand on these efforts in the coming years.

### PROGRESS:

- In July, Action Team leadership and staff met with Anne Barry and Kathy Hedin to bring forward and discuss Action Team questions, concerns and ideas regarding the Community Health Assessment, data sources, data collection, community engagement and culture specific historical / generational trauma and violence, disparities and health equity.
  - Action Team members' questions/concerns resulted in changes to the department's HEDA Analysis Report.
- The Data Workgroup met in August with several new members and guests from Rainbow Research to consider additional data sources the Action Team may use (additional to the Minnesota Student Survey). Several themes began to gel (themes that had been surfacing since its inception):
  - Youth-centric community building/sense of belonging and related resources, connections, data collection and ways of sharing information; interest in and support for youth voice/perspective and learning from young people about youth identified youth friendly, welcoming spaces/places ("brave spaces") throughout the county (knowing that such places/spaces are very fluid, changing frequently).
  - Stressors related to youth of color and incarceration, social isolation experiences, community disruption, trauma, violence – and resources for healing from trauma, increasing authentic social connections and supports (creativity and arts; social justice activism, etc.).
- At its August meeting several new members joined including SPRCPH staff (Kari Baha) supporting the Mental Health and Wellbeing Action Team in order to consider possible Action Team partnering. Building on the Data Workgroup's July meeting content, VPAT decided to explore the idea of a possible project: geo-mapping (to be determined) youth-identified welcoming, safer, brave spaces throughout the community that could potentially be shared electronically (e.g., website, app) and via hard-copy (paper). The exploration may result in new Action Team members and new partnerships to engage young people and technological expertise / resources.
  - Also, staff and several Action team members wrote a successful application to the University of Minnesota's Community Health Initiative (Office of Business & Community Economic Development). During the Fall semester (September – December 2017), two University of Minnesota graduate students (School of Public Health; Mechanical Engineering) served as consultants, helping to research, gather information and provide.
- At its final 2017 meeting November 3, Member and Data Workgroup updates were provided. SMART Objective for Youth Identified Safer | Braver Spaces in Ramsey County was further explored. Members clarified these spaces could provide youth with the place where difficult conversations could happen, expressing one's own viewpoint and learning from and about the viewpoints of others, leading to a richer understanding and connection with others.
  - U of M, CHI Consultants, Reed Dunbar and Sara Horton, provided an update on interviews and explorations they have made on the subject of youth identified Safer / Braver Spaces.
  - CHI Consultant, Sara Horton, has expressed interest in pursuing an internship with SPRCPH that would allow for her to complete her required grad studies field work by to engage youth voice in the identification of Safer / Braver spaces.

NEXT STEPS:

- VPAT will continue quarterly meetings in 2018.
- CHI Interns, Reed and Sara, provided a final report of their consultation to VPAT|SPRCPH.
- The action team will develop further the Standardized Tracking Spreadsheet, including choosing the indicators to track, to reflect the new objectives.

The following Standardized Tracking Spreadsheet will be revised to reflect on-going work.

**Standardized Tracking Spreadsheet-CHIP/Violence Prevention Action Team**

**Population Health Objectives-Goal 5: Prevent violence and intentional injuries, and reduce their consequences for all people in Ramsey County.**

Goal	Obj #	Objective	Performance Measure	How Measured	Baseline	Target	2014	2015	2016	2017	2018	Status	Status/Next Steps Explanation
5	1	Host a minimum of 3 Learning Sessions in 2017 and 2018 to deepen VPAT member's understanding regarding young people and violence and violence prevention.	Learning Sessions held	Number of Learning Sessions in 2017 & 2018	1 Learning Session held in 2016		0	0	1	1		Not on track	1/3 Learning Sessions were held due to increased focus on Data Sources and brining in 2 U of M Graduate Consultants
	2	Invite a minimum of 12 community partners to each Learning Session for bridging social capital to improve the connection and networking of community resources related to violence prevention and healthy youth development.	List of invited partners	Number of invited partners to each Learning Session	Less than 12 partners invited		0	0	6 VPAT members attended. 0 partners	40+ members and partners invited		On Tack	The minimum number of community members invited to the Learning Session held exceeded the number identified in the objective
	3	Provide objectives for each Learning Session that will state the benefit to participants and evaluate how participants will commit to immediate specific action for enhancing health for young people in Ramsey County	Session Objectives and Session Evaluation Question	Session objectives & Evaluation	LS Objective s and Eval were not provided for session in 2016					LS Objectives and Reflections & Action Sheet provided		On Track	Learning Session objectives were provided and commitment to action was evaluated via a "Reflections & Action" form participants filled out.
	4	Identify and recommend culturally relevant specific data sources to SPRCPH CHA process that meaningfully reflect the wellbeing status of the community	CHA Process	Recommendations contribute to CHA team	0 recommendations were provided in 2016					July 2018 VPAT Leadership met with Anne Barry to provide input re: CHA process		On Track	Input provided
	5	Review MSS results for 2013 to identify potential performance measures for VPAT	MSS	Review of MSS and identification of PM's	0 PM's were provided in 2016					Jan 2017 VPAT Data Workgroup review of MSS provided by Ann Kinney		On Track	VPAT Data Workgroup reviewed MSS through a presentation by Ann Kinney and follow up meetings to debrief and explore potential performance measures.
	6	Identify and recommend culturally relevant questions to MSS that meaningfully reflect youth voice	MSS	Question(s) recommended to MSS	0 recommendations were provided in 2016					Jan 2017 Meeting with Ann Kinney Oct 2017 Follow up conversation with Ann Kinney. Communications meaningful reflection of youth voice		On Track	Ann Kinney to send process in development for submitting recommendations for future MSS questions

## APPENDIX A – Goal 1 Action Team Members

### GOAL 1: HEALTH IN ALL POLICIES MEMBER LIST

Name	Organization/Sector Representation
Joseph Adamji	Chair, Resident; Kitty Anderson Youth Science Center-Science Museum of MN
Maridee Bain	Resident; RN; DHS-IRTS facility; SOS volunteer
Mee Cheng	Resident; U of MN School of Public Health grad student; Lifecourse Project-Allina Health
Carrie Dickson	Resident; Certified Nurse Midwife; Mankato State University Doctor of Nursing student
Amy Harding	Resident; RN-Gillette Children's Specialty Center; PhD student
Prasida Khanal	Resident; MPH, BDS; Health Services Manager, Community Action Partnership of Ramsey and Washington Counties
Tom Kottke	Resident; MD; Cardiologist with HealthPartners Medical group; Director of Population Health at HealthPartners
Madonna McDermott	Resident; Interim Dean-University of St. Thomas; Adult Nurse Practitioner at Allina Health
David Muhovich	Resident; Community Health Nursing and Cultural Diversity professor at Bethel University
Eugene Nichols	Resident; African American Leadership Forum Health and Wellness Group; Board Chair-Open Cities Health Center; Shoreview Human Rights Commission
David Nielsen	Resident; Health Educator-Community Dental Care
Caitlyn Nystedt	Resident; MPH; Revenue Cycle Project Management-Regions Hospital
Regina Ripple	Resident; Contractor for wellness events, Staff at an assisted living facility
Kerri-Elizabeth Sawyer	Resident; Research Scientist-Minnesota Department of Health
Jill Stewart	Resident; Licensed School Nurse; Medical Reserve Corps volunteer
Maria Sundaram	Resident; MSPH; PhD candidate, University of Minnesota
Michelle Swerin	Resident; Certified Community Health Worker-HealthEast
Mary Yackley	Resident; Director-Student Health and Wellness-St. Paul Public Schools

## APPENDIX B – Goal 2 Action Team Members

### GOAL 2: HEALTHY EATING, ACTIVE LIVING AND TOBACCO-FREE LIVING MEMBER LIST

Name	Organization/Sector Representation
Deanna (DeDee) Varner, Chair	Community Engagement-HealthPartners
Joseph Adamji	Resident; Kitty Anderson Youth Science Center-Science Museum of MN
Maridee Bain	Resident; RN; DHS-IRTS facility; SOS volunteer
Mee Cheng	Resident; U of MN School of Public Health grad student; Lifecourse Project-Allina Health
Dawn Epps-Burns	Interfaith Action of Greater Saint Paul
Carissa Glatt	SPRCPH staff
Amy Harding	Resident; Gillette Children's Specialty Healthcare
Georgie Kabeto	Community member
Prasida Khanal	Community member
Thomas Kottke, MD	HealthPartners
Michelle Lichtig	Resident; Planner-DHS Aging and Adult Services
Madonna McDermott	Resident; Interim Dean-University of St. Thomas; Adult Nurse Practitioner. Allina Health
David Muhovich	Resident; Community Health Nursing and Cultural Diversity professor at Bethel University
Eugene Nichols	Resident; African American Leadership Forum Health and Wellness Group; Board Chair-Open Cities Health Center; Shoreview Human Rights Commission
David Nielsen	Resident; Health Educator-Community Dental Care
Caitlyn Nystedt	Resident; MPH; Revenue Cycle Project Management-Regions Hospital
Joan Pennington	Community Engagement-HealthEast
Heather Peterson	Community Engagement-Allina Health
Regina Rippel	Community member, LPN
Kerri-Elizabeth Sawyer	Resident; Research Scientist-Minnesota Department of Health
Jill Stewart	Resident; Licensed School Nurse; Medical Reserve Corps volunteer; Northeast Metro Intermediate District 916
Michelle Swerin	Resident; Certified Community Health Worker-HealthEast
Mary Yackley	Resident; Director-Student Health and Wellness-St. Paul Public Schools

## APPENDIX C – Goal 3 Action Team Members

### GOAL 3: ACCESS TO HEALTH SERVICES MEMBER LIST

Name	Organization/Sector Representation
Melissa Gatten	St. Mary's Clinics, uninsured
Glenda Harris	Resident
Deb Holmgren	Resident; former director of Portico Healthnet
Anita Larson	Resident; Hamline University evaluation professor
Carolyn Levitt, MD	Resident; Consultant, Child Abuse Pediatrics/Professor, Department of Pediatrics, University of MN
David Levitt, MD, PhD	Resident University of Minnesota, grant/proposal writing
David Muhovich	Ramsey County Community Health Services Advisory Committee, nursing professor
Eugene Nichols	Resident; African American Leadership Forum Health and Wellness Group; Board Chair-Open Cities Health Center; Shoreview Human Rights Commission
Joan Pennington	Chair, HealthEast Care System, hospitals and clinics
Ann Ricketts	Resident; former director of Face-to-Face
Ricky Poua Vang	Health Plan-government programs

## APPENDIX D – Goal 4 Action Team Members

### GOAL 4: MENTAL HEALTH

Name	Organization/Sector Representation
Eugene Nichols	Resident; African American Leadership Forum Health and Wellness Group; Board Chair-Open Cities Health Center
Kari Umanzor	SPRCPH
Kathy Hedin	SPRCPH
Anna Lynn	Minnesota Department of Health
Mary Sue Hansen	Suburban Ramsey Family Collaborative
Peggy Huot-Hansen	Suburban Ramsey Family Collaborative
Kathy Lombardi Kimani	Saint Paul Public Schools
Katie Fuentes	St. Mary's Health Clinics
Roshani Saraiya	SPRCPH
Liz Franklin	CLUES
Foua Choua Khang	Health East/Fairview Foundation
Jennifer Griggs-Andress	Independent School District 622
Pakou Xiong	Health Partners
Kenya Walker	Ramsey County Social Services
Dr. Joi Lewis	Joi Unlimited

## APPENDIX E – Goal 5 Action Team Members

### GOAL 5: VIOLENCE PREVENTION MEMBER LIST

Name	Organization/Sector Representation
Sarah Ancel	Twin Cities Academy
Amy Boese	Ramsey County Library
Marlais Brand	Voyageur Outward Bound School
Sasha Cotton	MPLS Health Department, Youth Violence Prevention Coordinator
Sarah Fleming	School of Social Work U of M Student
Laura LeBlanc	Founder and Principle, FullThought
Javiera Monardez Popelka	Community Member
Julie Richards	Director of Programs, St. Paul Youth Services
Capetra Parker	U of M School of Public Health
Samual Simmons	Simmons Consulting
Tamara Stark (Chair)	Director of Youth & Family Services, Tubman
Jacki Trelawny	Family Tree Clinic
Kate Whitby	Community Program Director, YMCA of Greater Twin Cities, White Bear Area YMCA
Mariah Wilberg	Community Member