

### Ramsey County Community Health Improvement Plan 2017 Mid-Year Report

January through June 2017

#### Purpose

This Community Health Improvement Plan 2017 mid-year Report was prepared for The Saint Paul – Ramsey County Public Health's Community Health Services Advisory Committee and as part of the requirement 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*.

The Community Health Improvement Plan 2014-2018 (CHIP) defined goals and objectives and initial strategies. This report summarizes the first six months of 2017.

#### Introduction

The CHIP is a living document that will change or has changed, depending on what information and/or resources are available during the implementation process. This means that some of the original objectives and strategies have changed or may 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. Action teams review and update the CHIP for their respective goal and develop work plans to implement final strategies.

### **Revisions of Objectives**

In 2017 as the first full calendar year of reporting, we will be reporting to meet the new requirements of the Minnesota Department of Health (MDH) and will include expanded discussion of the following under each goal area. The full report for 2017 will outline:

- a. progress made on strategy implementation including strategy feasibility or effectiveness, changing priorities, resources or community assets;
- b. process used for reviewing the CHIP;
- c. revisions to the CHIP and rationale (achieved activities, implemented strategies, changing health status indicators, newly developed or identified health issues, changing level of resources);
- d. action team member participation in the monitoring of the CHIP and in any revisions.

#### Data and Indicators

Data is not included for the mid-year report. Staff is in the process of identifying, collecting and updating key indicators for the Community Health Assessment and that information will be used to update the indicators for each goal area. Also, new Metro SHAPE data is not currently available. Indicators in goal two, in particular, will reflect new SHAPE data when available.

### Assessment of Progress Going Forward

The action team leads will be meeting in October to discuss progress to inform the revisions for CHIP 2019-2024. Details will be shared in the near future.

### Organization of this Report

This report reviews the following for each CHIP goal:

- 1. About this goal area
- 2. Action team membership
- 3. Progress in 2017



# 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) and 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.

#### ACTION TEAM MEMBERSHIP:

This action team has membership representation from across the community of Ramsey County. Members represent seven county commissioner districts, mayoral appointments, at-large members from community organizations, residents, health care systems, schools, academic institutions, and others. The composition is likely to change as specific sectoral work becomes more refined.

#### PROGRESS IN 2017:

 Beginning in January 2017, Health in All Policies work expanded to include Public Health partnering with ReConnect Rondo, Friendly Streets Initiative, Minnesota Department of Health, and Minnesota Department of Transportation to conduct a Health Impact Assessment regarding a possible land bridge over Highway I-94 between Dale and Victoria streets in Saint Paul. The goal is to better understand project implications and identify recommendations to MNDOT for the development of I-94 infrastructure enhancements that reflect community values and vision for health. The project is community led by ReConnect Rondo.

# 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.

#### ACTION TEAM MEMBERSHIP:

Goal 2 action team members represent a variety of community organizations, schools, businesses, healthcare systems, academia, and/or are citizens of Ramsey County. This action team also represents our Community Leadership Team, which is charged to establish and grow community support for the policy, systems and environmental change, address the social determinants of health that create the opportunity and enable the adoption of healthy lifestyles.

#### PROGRESS IN 2017:

- There have been major changes involved Goal 2 to promote proper nutrition and health weight. Originally, many of the objectives indicated the use of the "MyPlate.Gov" curriculum. This was too restrictive so the strategies have been updated to broaden the approach and further emphasize community and institution-based work, i.e. expanding work to include tobacco-free living, proper nutrition and healthy body weight.
- The action team defined its charge as the following:
  - Provide community accountability, improve implementation and impacts of complementary initiatives,
  - o Act as a resource and advisor, promote awareness of its work, and
  - o Assist in community engagement.
  - For tracking youth outcomes, the team is using data from the Minnesota Student Survey collected every three years. For tracking adult outcomes, teams are using data from the Metro SHAPE survey.
- We are continuing to expand and work with the school districts within Ramsey County, aligning workplans and outcomes with action team goals.
- We have expanded our work within community clinics (FQHCs) to promote healthy lifestyles with culturally appropriate materials, such as the Hmong Health Lifestyles and African American health care materials.
- We are working closely with Saint Paul Public Housing to prepare staff and residents for the upcoming tobacco ban next summer.
- We have supported a Ramsey County-wide Bicycle and Pedestrian Plan- and held an All Abilities Transportation training.
- We are supporting the City of St. Paul Pedestrian Plan, complemented by Safe Routes to School work.
- Many grants and support went to community organizations to expand our "system" work.

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

#### ABOUT THIS GOAL AREA:

Since Access to Health Services is both a Public Health Accreditation Board (PHAB) domain unto itself (Domain 7) with very specific requirements and a goal in the CHIP, the decision was made to assemble this action team first. CHSAC members were asked to volunteer for the team and to recruit others in the community who may be interested. Department staff also helped with the recruitment of volunteers. The first meeting of this action team was in December, 2014.

The first several meetings of the action team were used to develop a common understanding of the CHIP, the requirements of PHAB Domain 7, how the uninsured are counted in MN, and federally qualified health centers. Team members brainstormed health access barriers and reviewed data from Stratis Health mapped by the department in order to provide a visual of where different types of providers are located across Ramsey County.

#### ACTION TEAM MEMBERSHIP:

There has been changes in action team membership especially at the end of 2017 as several health plans announced lay-offs. We have reached out to the supervisors of those members to ask for representation from their health plans.

PROGRESS IN 2017:

- The action team has been meeting every other month as a full group.
- A workgroup began meeting in December, 2016, to recommend strategies for implementation of Objective 1 (to improve outcomes for public insured youth).
- Staff from Child and Teen Checkup assessed that the information requested of them during meetings might be better provided by the supervisor who could speak to current initiatives, goals, and data much more easily. The supervisor will be involved, as needed, going forward.
- The action team reviewed the outcome of a study about <u>Potentially Preventable Emergency</u> <u>Department Use Among Ramsey County Residents</u>, 2010-2014, that concluded WHAT was happening in the emergency rooms. Over 900,000 emergency visits were recorded during the period. After classifying ED visits using the algorithm (n=464,501), 77.2 percent of visits were found to be potentially preventable if timely and effective ambulatory care had been received during the episode of illness.
- The ED Study was shared at Public Health Presents on September 13 that was attended by community members and health systems representatives.
- Going forward, phase two of the study will look at WHY people use the emergency rooms that will be used to inform proper interventions.

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.
- Numerous reports have highlighted the cross-sector challenges faced by people in need of mental health care, and recommended developing and implementing a more comprehensive continuum of mental health services. Minnesotans who live with serious mental illnesses can live healthy and productive lives when high- quality and effective mental health services are available to them.

PROGRESS IN 2017

- Mental Health/Wellness is aligning its work with a statewide community of practice that could can have larger collective impact.
- The action team continues to meet every two months and includes community, school, and government partners.
- The Action Team most recently discussed and voted on three areas to focus on within Mental Health and Wellness in Ramsey County: increased Collaboration/Linkages, creating more Wellness Opportunities for Families that draw on traditional healing; and intersections of Safety and Mental Health.

# 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.

#### ACTION TEAM MEMBERSHIP:

Action Team membership includes representatives of organizations and community systems involved in youth development and violence prevention work.

#### PROGRESS IN 2017:

- Convened a Data Workgroup to review and assess key data to inform VPAT development of SMART objectives and strategies.
  - In January, the Data Workgroup met with Ann Kinney from the Center for Health Statistics (Minnesota Department of Health) to discuss Ramsey County results from the 2016 Minnesota Student Survey.
  - Ann welcomed several suggestions Action Team members made for possible additional questions for future surveys. The Action Team will be following up with Ms. Kinney to advocate for these ideas and see if the discussion will influence survey changes.
  - The Workgroup met in March to further digest learnings from the meeting with Ann Kinney re: the Minnesota Student Survey and consider connections from the MSS data for Action Team interests / focus.
- Developed a Google Docs system for Action Team members to share information and resources between meetings. This is considered a "best practice" that other Action Teams could use to maximize contributions by members.
- Sponsored a Learning Session in March on "Historical Trauma-Engaging the African American Community". The presenter was VPAT member, Samuel Simmons. Action Team members helped promoted the Learning Session to colleagues. The session was held at the East Side Freedom Library on Saint Paul's East Side and was attended by approximately 25 people.
- Convened members in April for a Formative Conversation to actively reflect on the March Learning Session and deepen learning from it.