

**Community Health Services Advisory Committee  
CHIP | Health in All Policies Action Team  
Meeting Minutes  
December 6, 2023**

**Members Present/Representation**

- Hongyi Lan | Co District 1
- Lucy Arias | Co District 2
- John Larkin | Co District 3
- Nicole Muzzy | Co District 4
- Donna Oda | Co District 4
- Margaret Treichel | Co District 4
- Graciela Ogorman Bacigalupo | Co District 5
- Ogden Rogers | Co District 5
- Sophia Vuelo | Co District 7
- Hanna Getachew-Kreusser | City of Saint Paul
- David Muhovich | City of Saint Paul
- Sarah Osman | City of Saint Paul
- Regina Rippel | City of Saint Paul
- Kerri Elizabeth Sawyer | City of Saint Paul

**SPRCPH Staff:**

- Sara Hollie | Director
- Diane Holmgren | interim Deputy Director
- Rae Eden Frank | Deputy Director
- Andrea McKennan | Environmental Health Supervisor
- Nawal Ahmed | Health Educator
- SuzAnn Stenso-Velo | Planning Specialist
- Cheryl Armstrong | Program Analyst
- Cathy St. Michel | Support Staff

**Guests:**

The meeting was called to Order at 5:30 p.m. by Graciela. Everyone was welcomed to the meeting and introductions were made around the table. Graciela shared her excitement about serving as the Chair.

A motion was made by Ogden Rogers and seconded by Regina Rippel to approve the minutes as written for November 8, 2023. Donna requested the floor and commented on the PHiPP grant information that was presented in November. Following Donna’s comments, Sara invited members to stay after the meeting to discuss this issue further or to meet offline to discuss their concerns. No changes were recommended to the minutes.

Motion to approve passed by affirmation of the committee.

There was discussion around Robert’s Rules and guidelines on how the meetings would be run by the new Chair.


<p>Waste Reduction Advisory Committee, Andrea McKennan, Environmental Health Supervisor Nawal Ahmed, Health Educator</p>	<p>Please see the slides attached to these minutes.  Nicole volunteered to serve on this committee. Cathy will send Nicole’s contact information to Andrea and Nawal.</p>
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<p>Community Health Assessment,  Diane Holmgren, interim Deputy  Director, Administration  Division Manager  SuzAnn Stenso-Velo, Planning  Specialist  Cheryl Armstrong, Program  Analyst</p>	<p>Please see the slides attached to these minutes.</p> <p>A comment was made that feedback would be best from people who have used the Community Health Assessment (CHA) in the past. Some current members are not familiar with the CHA, so it is more difficult for them to provide feedback. Members asked how to navigate to the CHA from the Ramsey County website, which Cheryl demonstrated.</p> <p>Comment: Geographic data should be tied to the indicators.  Response: For some indicators, the source documents have geography associated with them.</p> <p>Question: Were topics for the CHA decided by state or federal authorities? Some things are not tracked that are concerns for members, for example suicide rates of black men, rates of missing black women.  Response: It is difficult to collect data for things that are not tracked. Breakdown by race and ethnicity are not always available. There are issues around confidentiality. Cheryl was able to find some data around suicide, but the data has aged at this point.</p> <p>It is possible that the way data is collected is driven by requests for data. In recent years there has been more call for aggregating data by race, and we have asked MDH to break it down as such. Some hospitals are starting to collect race data. Some surveys are self-reported, some data is collected by hospitals.</p> <p>Cathy will send a link to the CHA so that members can dig deeper into the topics that interest them and explore how the data was collected and presented.</p> <p>There was a request for more information about the CHA and a base-level understanding of what it is. We will circle back to provide more info and data.</p> <p>Saint Paul – Ramsey County Public Health is required to create a CHA every five years. We look for indicators that are of interest to community. We will be collecting data and hope to publish a new CHA before the end of 2024. The CHA will inform the Strategic Plan.</p> <p>At a future meeting, we could have an informational session around the open data portal so there is a common understanding of what it is and how to access it.</p> <p>There is an NIH program titled All of Us, which is collecting data nationally. It is geographic, and hopefully is broken down with specific Ramsey County info. There are research components that tie DNA with health records.</p> <p>Clinic 555 is not accredited by joint commission. There are several clinics co-located within the building at 555 Cedar Street – Tuberculosis, Immunizations and Sexual Health. The Department of Corrections just went through accreditation with the Sexual Health clinic.</p>
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<p>2023 Public Health Accomplishments, Sara Hollie, Director</p>	<p>This topic was tabled, and information will be sent via email.</p>
<p>Suggested future topics</p>	<p>Open Data Portal on Ramsey County’s website. Carissa Dillon will be invited to a future meeting to discuss food insecurity. There was interest in knowing more about how the ARPA funds targeted for food insecurity were used / misused. Accreditation and reaccreditation. The Food Scraps program. A tour of the Recycling &amp; Energy facility in Newport.</p>

Minutes taken by Cathy St. Michel.

Motion to adjourn at 7:30 p.m. passed by affirmation of the committee.



12/06/2023

# Waste Reduction Advisory Committee

Andrea McKennan, Environmental Health Supervisor





## Solid Waste Management Master Plan 2018 – 2038

 **RAMSEY COUNTY**  
*Working with you to enhance our quality of life*

# Solid Waste Management Plan

- What is the solid waste management plan?
- Addresses the following topics and more:
  - Waste reduction and reuse
  - Recycling and trash
  - Food waste reduction and food scraps recycling
  - The intersection between climate and waste management
  - Equity and environmental justice

## Waste Reduction Advisory Committee

- What is the Waste Reduction Advisory Committee?
- Will meet four times in spring of 2024. Attendees will be provided meal and \$25 Visa gift card for each meeting attended.
- **No expertise in waste necessary – just an interest in how we can do better!**



## Questions?

*andrea.mckennan@ramseycounty.us*

*nawal.ahmed@ramseycounty.us*

Community Health Services  
Advisory Committee  
12/6/2023



# Community Health Assessment (CHA)

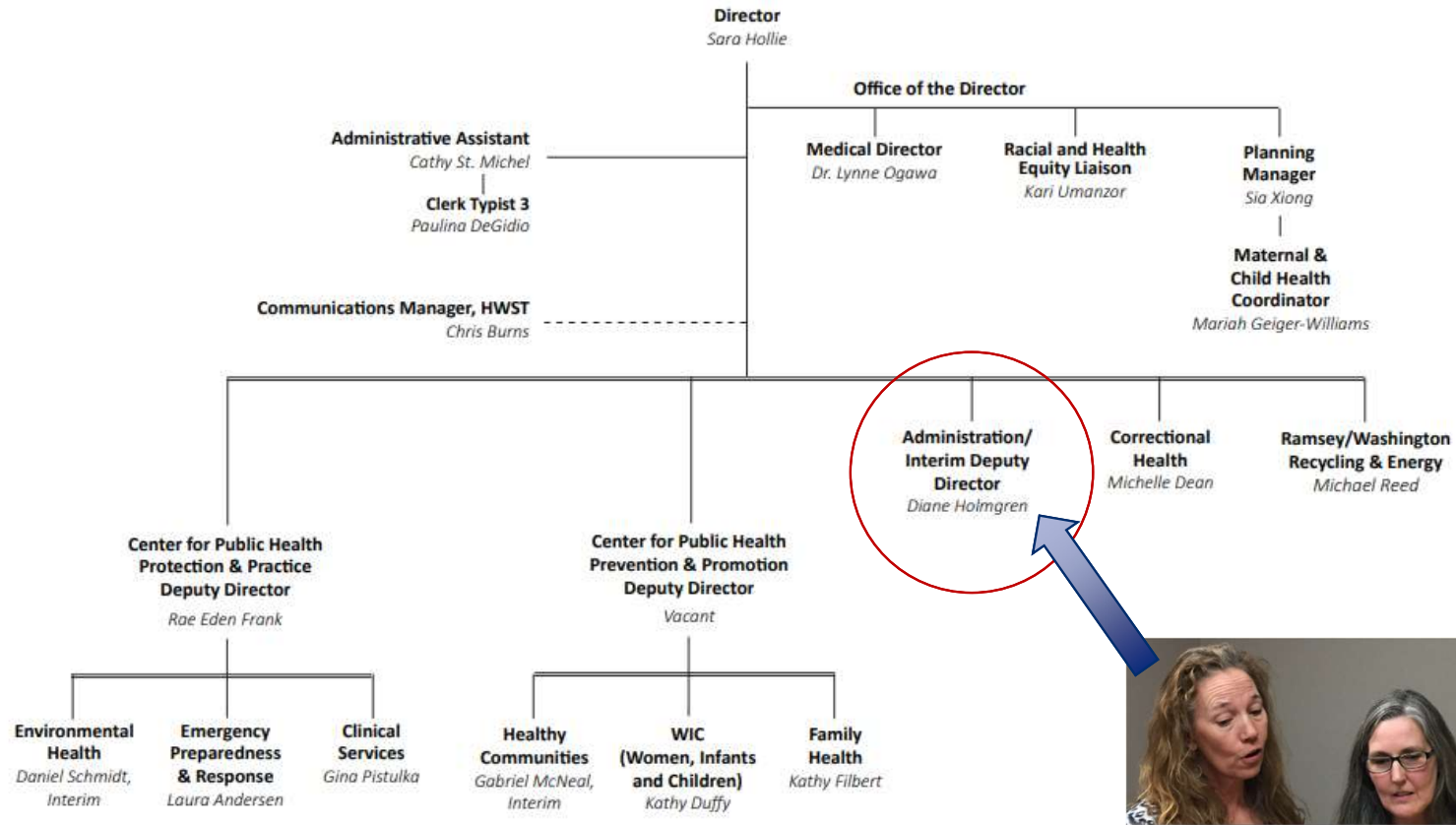
## Session Overview

- What the CHA is, Why it's Important, and CHSAC role.
- Context within other Department Planning activities
- Accreditation update and PHAB review
- Review of Current CHA and its Use
- *Your Feedback!*
  - What other data sources do you know of
  - Transform the final product (format, sharing)
  - Make sure it's useful
- Next Steps

# Planning and Performance Improvement Team (PPIT)

## Saint Paul - Ramsey County Public Health

H E A L T H A N D W E L L N E S S S E R V I C E T E A M



October 2023

## Quick Poll

1. Current knowledge of the Community Health Assessment (CHA).
2. Current knowledge of national public health accreditation.
3. Your use of the CHA.

## Menti Poll

Web browser:

- [www.menti.com](http://www.menti.com)
- code **5788 3875**

**OR**

Scan the Code:



## Poll Results

- <https://www.mentimeter.com/app/presentation/algdgdgdydpncxgehk6ia5rcehckushv6>

## PHAB Mission:

*Improve and protect the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad.*

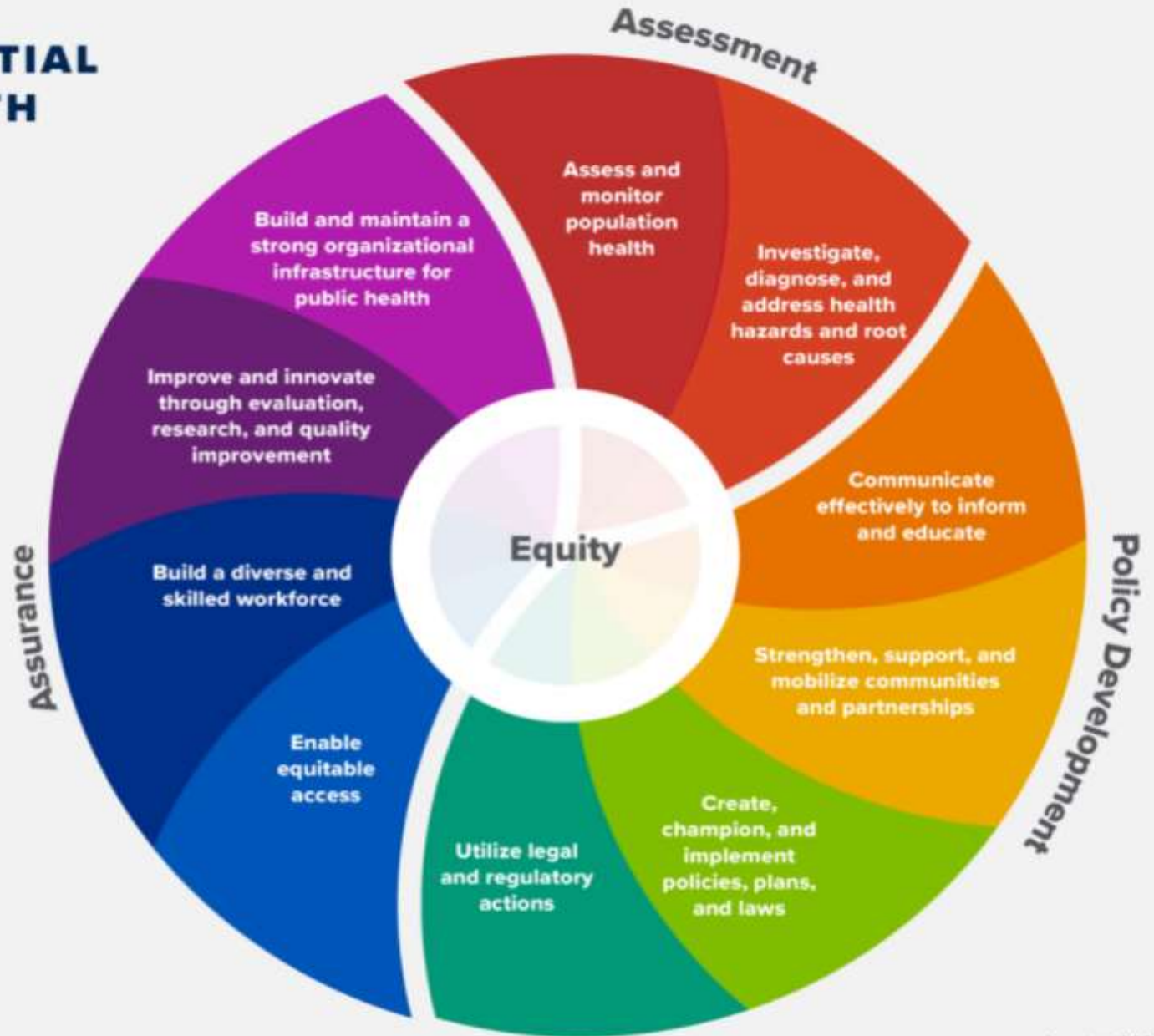
- Public Health Accreditation Board



# THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

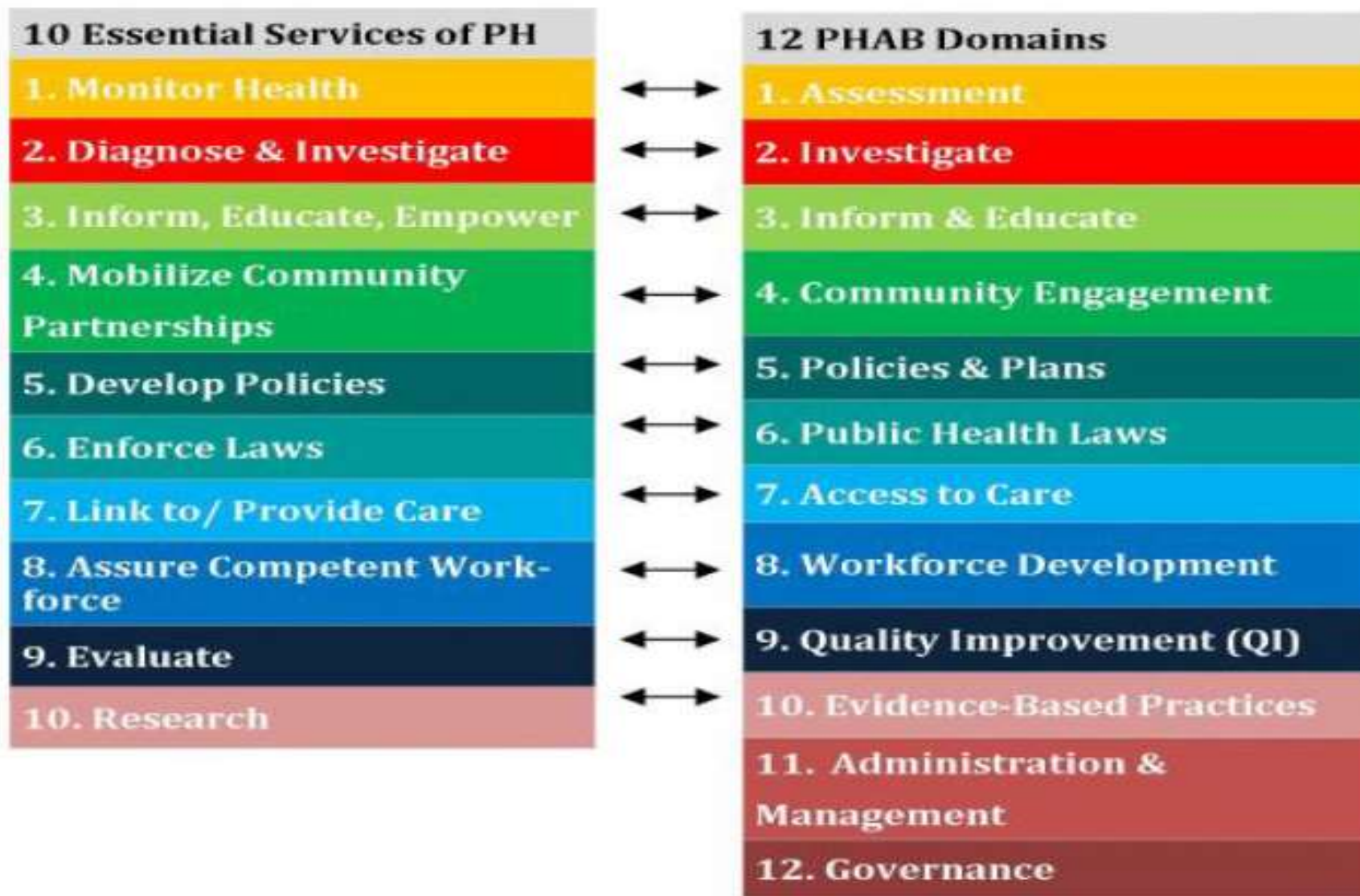
*To protect and promote the health of all people in all communities*

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.





# PHAB Guidance



## PHAB Guidance

# Public Health Accreditation Board



Guide to National  
Public Health Department  
Reaccreditation:  
Process and Requirements

## Benefits of Accreditation



**95%**

reported that accreditation stimulated **quality and performance improvement**



**77%**

strengthened **relationships with key partners** in other sectors (e.g. health care, social services, education)



**90%**

improved their ability to identify and address gaps in **employee training and workforce development.**



**74%**

reported accreditation helped them use **health equity** as a lens for **identifying and addressing health priorities.**

## Benefits of Accreditation



**66%**

experienced **improved visibility or reputation** to external stakeholders



**65%**

improved the **use of resources** within their health department



**65%**

of reaccredited health departments reported **greater collaboration** across health departments or within units



**89%**

saw increased **accountability** and **transparency** within their health department.

## Foundational Documentation

1. Community Health Assessment
2. Community Health Improvement Plan
3. Strategic Plan
4. Performance Management System
5. Performance Improvement Plan
6. Workforce Development Plan
7. Emergency Operations Plan
8. Other programmatic documentation

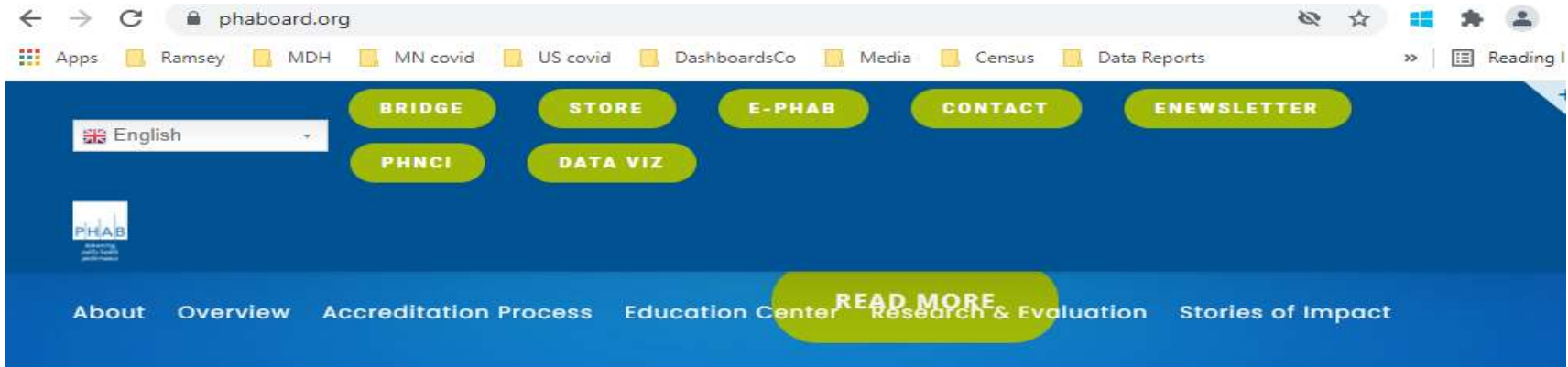
## PHACT members

- Cheryl Armstrong
- Katie Keller
- Kim Klose
- Laura Andersen
- SuzAnn Stenso-Velo

Accreditation Coordinator  
[suzann.stenso-velo@co.ramsey.mn.us](mailto:suzann.stenso-velo@co.ramsey.mn.us)



# PHAB Website: phaboard.org



## Strengthening Health Departments to Better Serve their Communities

Through public health accreditation and promotion of innovation, we support health departments in their work to promote and protect the health of the communities they serve. We believe both accreditation and innovation are critical to public health transformation; together they can ensure that health departments are continually improving in line with national public health standards while building health and equity. Through accreditation, we are committed to strengthening health departments' capacity to deliver essential public health services while inspiring new and innovative approaches to public health practice through the Public Health National Center for Innovations (PHNCI).



## PHAB Requirements to Include in CHA

1. Participating partners
2. Process for how partners collaborated
3. Comprehensive, broad-based data
4. Demographics
5. Description of Health Challenges
6. Description of Inequities
7. Community assets/ resources



## The CHA: What is it?

A Community Health Assessment (CHA):

- Is the study of local population health
- Identifies key health conditions and needs among residents.
- Includes data and trend analysis from a variety of sources
- Intended to be a reference for policy makers, residents, and community leaders to identify and understand local health issues

## CHA: Why do we do it?

The Community Health Assessment is done to:

- Improve our understanding of community experience, especially related to health
- Support our priority of advancing racial and health equity by identifying population disparities
- Guide county and department priorities / support strategic planning and quality improvement efforts
- Share information that supports others in developing their own plans for improving health
- Comply with state statute (MN Statute 145A-the "Local Public Health Act.")
- Meet national accreditation requirements.

## CHA 2018

- Includes more than 120 health topics
- organized into 16 topic areas
- 2-page summaries, including:
  - what is being measured
  - why it is important
  - how we compare locally to regional, state or national benchmarks
  - health disparities by race, ethnicity, geography, gender, or age
  - what Ramsey County government is doing about it

## CHA Topic Areas

- Access to Health Care
- Causes of Death
- Chronic Disease
- Crime
- Economic Conditions
- Environmental Health
- Healthy Food
- Infectious Disease
- Injury
- Mental Health
- Babies, Children & Families
- Oral Health
- Parks & Streets
- Youth Experiences
- Nutrition, Physical Activity and Obesity
- Tobacco, Alcohol and Substance Use

# Example Fact Sheet

## Opioid Misuse and Death

### DESCRIPTION

Opioid misuse includes the misuse of prescription opioid pain relievers or the use of heroin. Prescription drug misuse is second only to marijuana use as the most commonly used illicit drug. Even if the reason for misuse was to relieve physical pain (the most common reason), use without a prescription of one's own or use at a higher dosage or more often than prescribed constitutes misuse. Although prescription drug misuse is common in the U.S., most people (87.2 percent) who take prescription pain relievers do not misuse them.<sup>1</sup> The current opioid epidemic in the U.S. is so far-reaching that it is an important factor contributing to the declining life expectancy of the nation.<sup>2</sup> Fatal and non-fatal overdoses are key indicators of the scope and lethality of the opioid epidemic.

### HOW WE ARE DOING

Between 2008 – 2016, deaths in Minnesota related to opioid increased from 226 to 395, while in Ramsey County these deaths increased from 24 to 34. During that same time, heroin-related deaths in Minnesota increased from 8 to 150, in Ramsey County, these deaths increased from 2 to 13.<sup>3</sup> For every drug overdose that results in death, there are many more nonfatal overdoses. In 2016, the rate of nonfatal opioid-related emergency department visits among Ramsey County residents was at its lowest level in the past five years, 70.2 per 100,000 residents,<sup>4</sup> and opioid prescribing rates in Ramsey County are at their lowest in the past 10 years (499 per 1000 residents).<sup>5</sup> About 5 percent of Ramsey County 11th graders reported using prescription pain relievers not prescribed for them in 2016.<sup>6</sup> Data from 2017 crime reports show that Ramsey County has the lowest rate of drug abuse crimes than the other Twin Cities metro counties (225 per 100,000 population). The number of arrests in Ramsey County for opioid and synthetic narcotics have decreased from 681 in 2013 to 537 in 2017 (which was 41.1 percent of all the total drug arrests).<sup>6</sup>

### DISPARITIES

The number of white Minnesotans who die from opioid overdoses is higher than others, but Native American and African-American communities die from opioid overdoses at higher rates. In 2015, Minnesota ranked first among all states when measuring the disparity-rate ratio of deaths due to drug overdose among African-Americans and American Indians relative to whites. Data from 2016 show the disparity has continued and worsened. The realities of poverty, racism, classism, social isolation, sexual exploitation and other social inequities affect people's vulnerability to and capacity for effectively dealing with drug-related harms.<sup>7,8</sup>

### RISK FACTORS

Individuals in physical pain with access to prescription pain relievers are most at risk for opioid misuse. Challenges in safe storage and disposal of prescriptions also contribute to the opioid crisis. Most patients fail to store opioid in locked locations, including those with children and adolescents who are particularly vulnerable to risks of opioid misuse and

<sup>1</sup> Hughes A, Williams MR, Lipari RN, Bose J, Copello EA, Kroutil LA. Prescription drug use and misuse in the United States: Results from the 2015 National Survey on Drug Use and Health. SAMHSA. 2016. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR2-2015/NSDUH-FRR2-2015.htm>. Published September 2016. Accessed September 2018.

<sup>2</sup> John Hopkins Bloomberg School of Public Health and the Clinton Foundation. The Opioid Epidemic: From Evidence to Impact. Paper presented at America's Opioid Epidemic Meeting, October 30, 2017; Baltimore, MD.

<sup>3</sup> Opioid Dashboard. Minnesota Department of Health. <http://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/>. Accessed September 2018.

<sup>4</sup> Saint Paul – Ramsey County Public Health data set.

<sup>5</sup> Reports and Statistics. Minnesota Prescription Monitoring Program. <http://www.pmp.pharmacy.state.mn.us/reports-and-statistics.html>. Accessed September 2018.

<sup>6</sup> Criminal Justice Data Reporting: Uniform Crime Reports. Bureau of Criminal Apprehension. <https://dps.mn.gov/divisions/bca/bca-divisions/mnjis/Pages/uniform-crime-reports.aspx>. Accessed September 2018.

<sup>7</sup> Opioid Dashboard. Minnesota Department of Health. <http://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/>. Accessed September 2018.

<sup>8</sup> Wright N, Roessler J. Drug overdose deaths among Minnesota residents, 2000–2016. Minnesota Department of Health. 2017. <http://www.health.state.mn.us/divs/healthimprovement/data/reports/drugoverdose.html>. Published August 2017. Accessed September 2018.

### Information to note

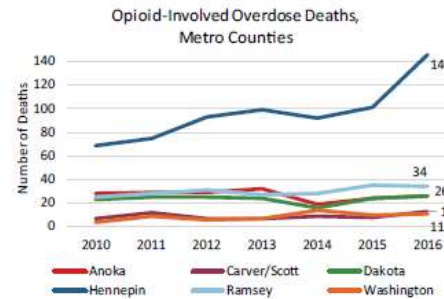
- Between 2008 – 2016 in Ramsey County, the number of opioid-related deaths increased from 24 to 34, while the number of heroin-related deaths increased from 2 to 13.
- In 2016, the rate of nonfatal opioid-related emergency department visits among Ramsey County residents was at its lowest level in the past five years, 70.2 per 100,000 residents.

## Opioid Misuse and Death

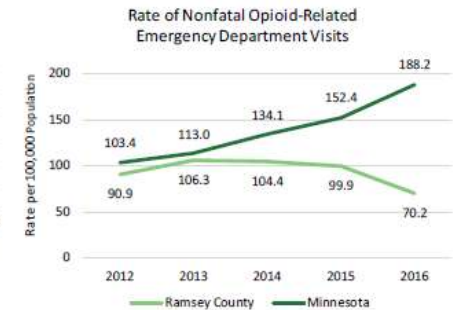
overdose. Over half of people who report non-medical use of prescription opioids state their most recently used drug came from a friend or family member.<sup>9</sup>

### WHAT RAMSEY COUNTY GOVERNMENT IS DOING

The Minnesota Department of Human Services is the designated authority for alcohol and drug abuse prevention and treatment. There are many activities in Minnesota's Opioid Action Plan<sup>10</sup> that aim to address opioid misuse and death (e.g., patient and provider education, monitoring prescribing practices, and increasing access to medications used to reverse the toxic effects of an overdose). Minnesota is one of 39 states that allows individuals to administer Naloxone to a person without being subject to liability or prosecution. Increasing access to treatment for individuals with opioid use disorder is imperative, together with a substantial program of research to develop new non-addictive treatments for pain.<sup>11</sup>

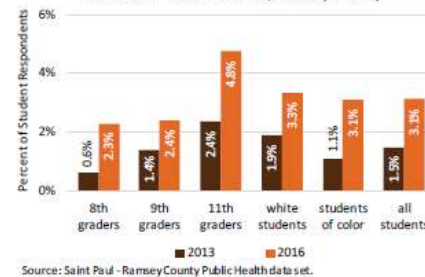


Source: Minnesota Department of Health, SPRCPH analysis.



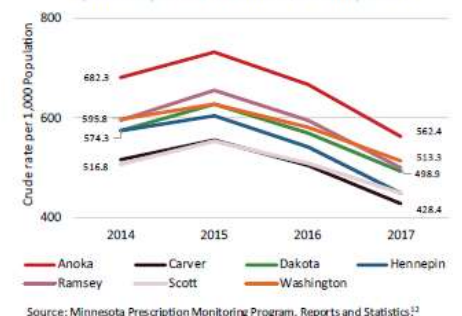
Source: Saint Paul – Ramsey County Public Health data set.

### Youth Who Used Prescription Pain Relievers Not Prescribed to Them to Get High On At Least 1 Occasion in Past 12 Months, Ramsey County



Source: Saint Paul – Ramsey County Public Health data set.

### Opioids Dispensed to Residents, 7-County Metro



Source: Minnesota Prescription Monitoring Program, Reports and Statistics.<sup>12</sup>

<sup>9</sup> Reports and Detailed Tables from the 2017 National Survey on Drug Use and Health (NSDUH). SAMHSA. <https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-nsduh>. Accessed September 2018.

<sup>10</sup> Minnesota's Opioid Action Plan. [http://www.mn.gov/gov-stat/pdf/2018\\_02\\_14\\_Minnesota\\_Opioid\\_Action\\_Plan.pdf](http://www.mn.gov/gov-stat/pdf/2018_02_14_Minnesota_Opioid_Action_Plan.pdf). Published February 14, 2018. Accessed September 2018.

<sup>11</sup> Drug overdose deaths among Minnesota residents, 2000 – 2015. Minnesota Department of Health. <http://www.health.state.mn.us/divs/healthimprovement/content/documents/2015OpioidDeathReport.pdf>. Accessed 11/28/2017.

<sup>12</sup> Minnesota Prescription Monitoring Program, Reports and Statistics. <http://pmp.pharmacy.state.mn.us/reports-and-statistics.html>. Accessed August 2018.

Your Government  
Open Government

- > Open Data Portal
- > Privacy Policy
- > Data Practices Requests
- > Public Notices
- > Legislative Platforms
- > Social Media Policy
- > Email Updates
- > Highest Paid Employees

▾ Research & Data

Community Health Assessment >

[Access to Health Care](#)

[Babies, Children & Families](#)

[Causes of Death](#)

# Community Health Assessment



photo courtesy of W. Wright

A Community Health Assessment (CHA) is the study of local population health, which identifies key health conditions and needs among county residents. The CHA process includes community engagement about health experiences and concerns as well as data and trend analysis from a variety of sources. Saint Paul - Ramsey County Public Health publishes a community health assessment every five years with ongoing evaluation and updates as needed.

## Introduction and overview

These sections provide a description of the Ramsey County environment, demographics and general health status of the community.

## Contact Us

Public Health

[651-266-2400](tel:651-266-2400)

[Contact form](#)

[Department information](#)

Connect with us



## Using the CHA

- Strategic plan
- Community Health Improvement plan
- Community partners
- Policy makers
- Grant writers
- Students
- Staff / programs
- Other?

## CHA and CHIP

**Community Health Assessment (CHA)  
Process**



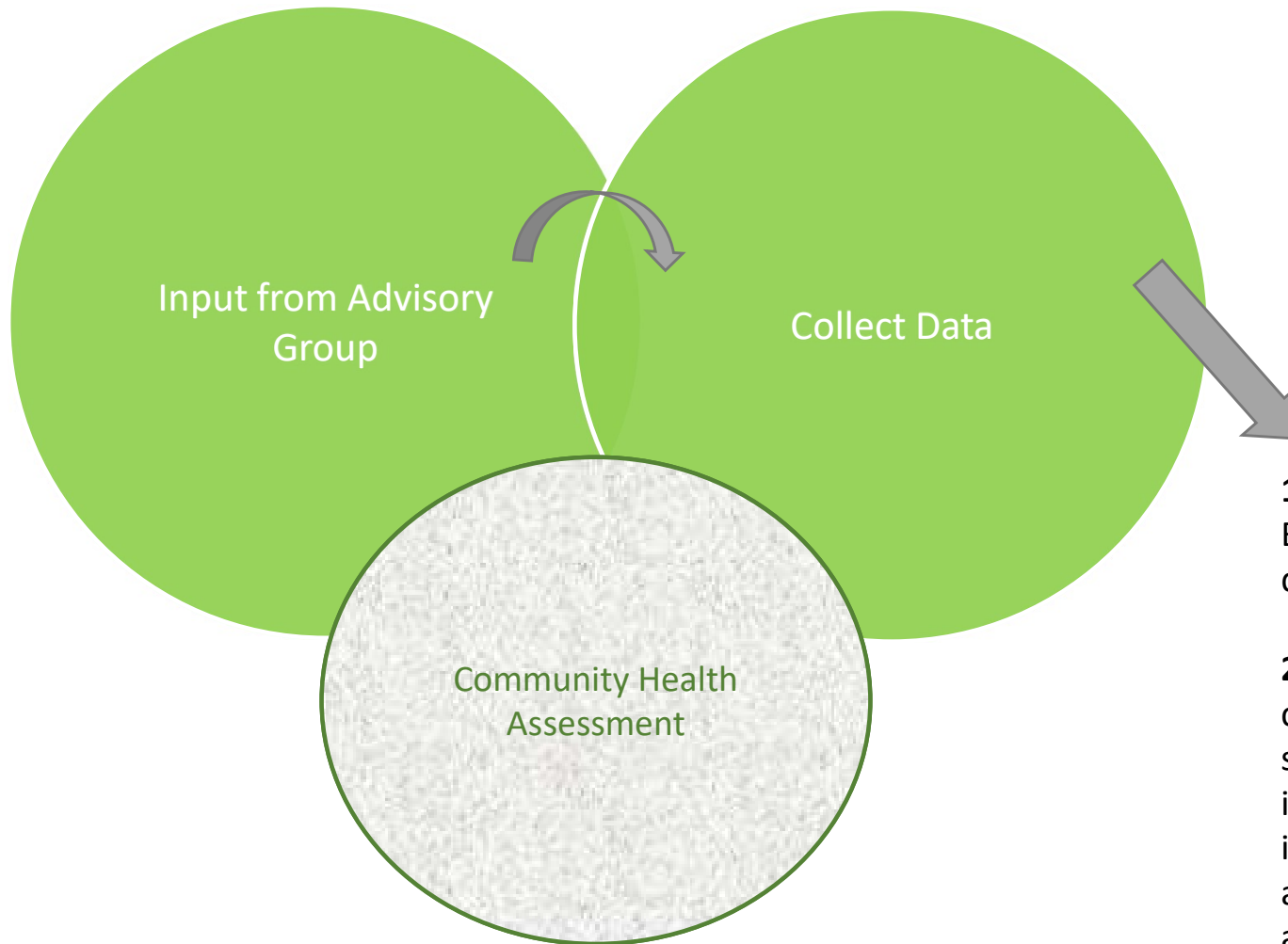
**Community Health Improvement Plan (CHIP)  
Process**



# Community Health Assessment (CHA) Process



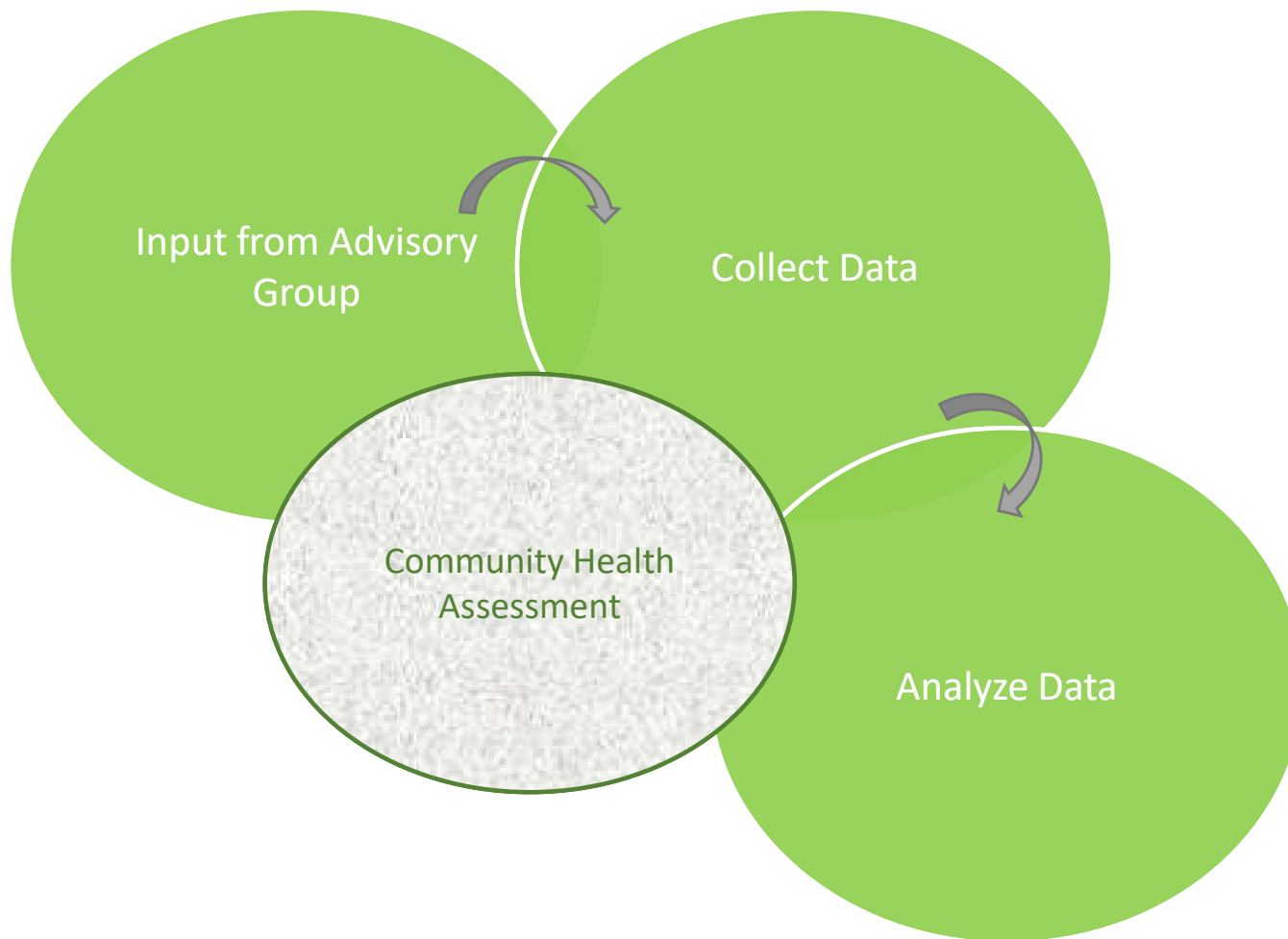
# Community Health Assessment (CHA) Process



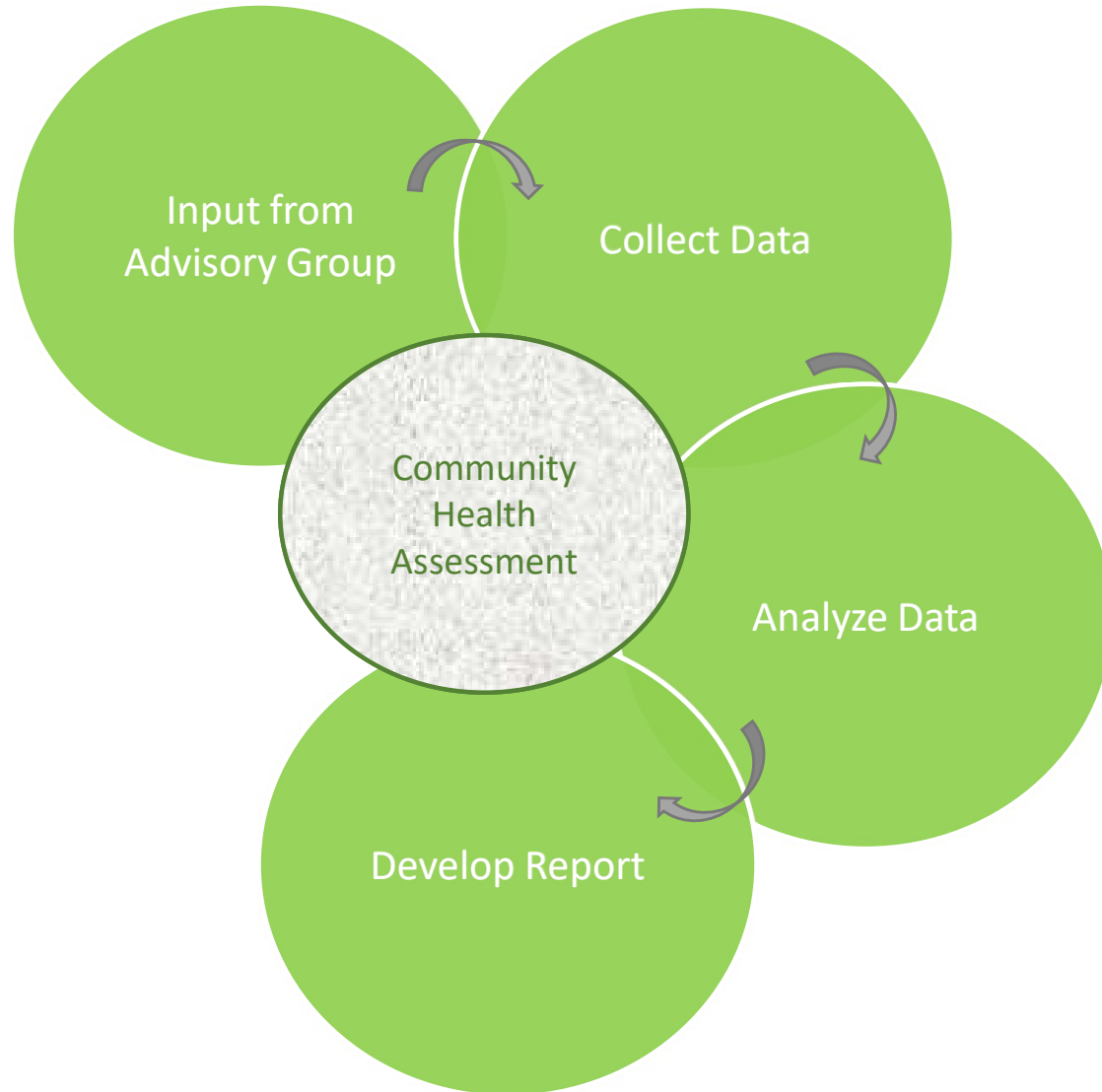
**1. Quantitative** data=the “Data Book”; collect info on a pre-determined set of indicators.

**2. Qualitative** data=from community using surveys/focus groups/interviews etc.; collect information from residents about their own health status and perceptions of health issues in their community.

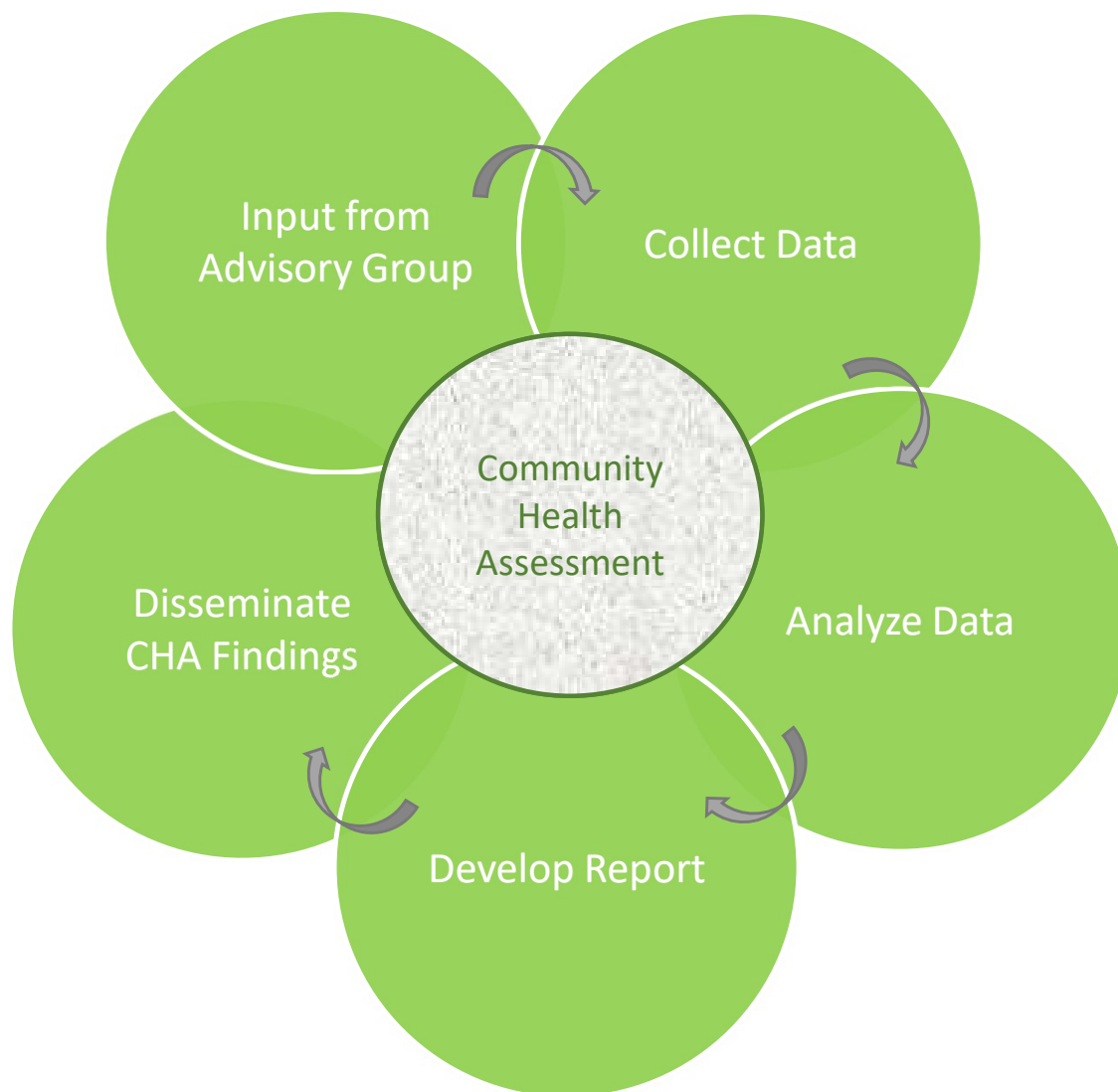
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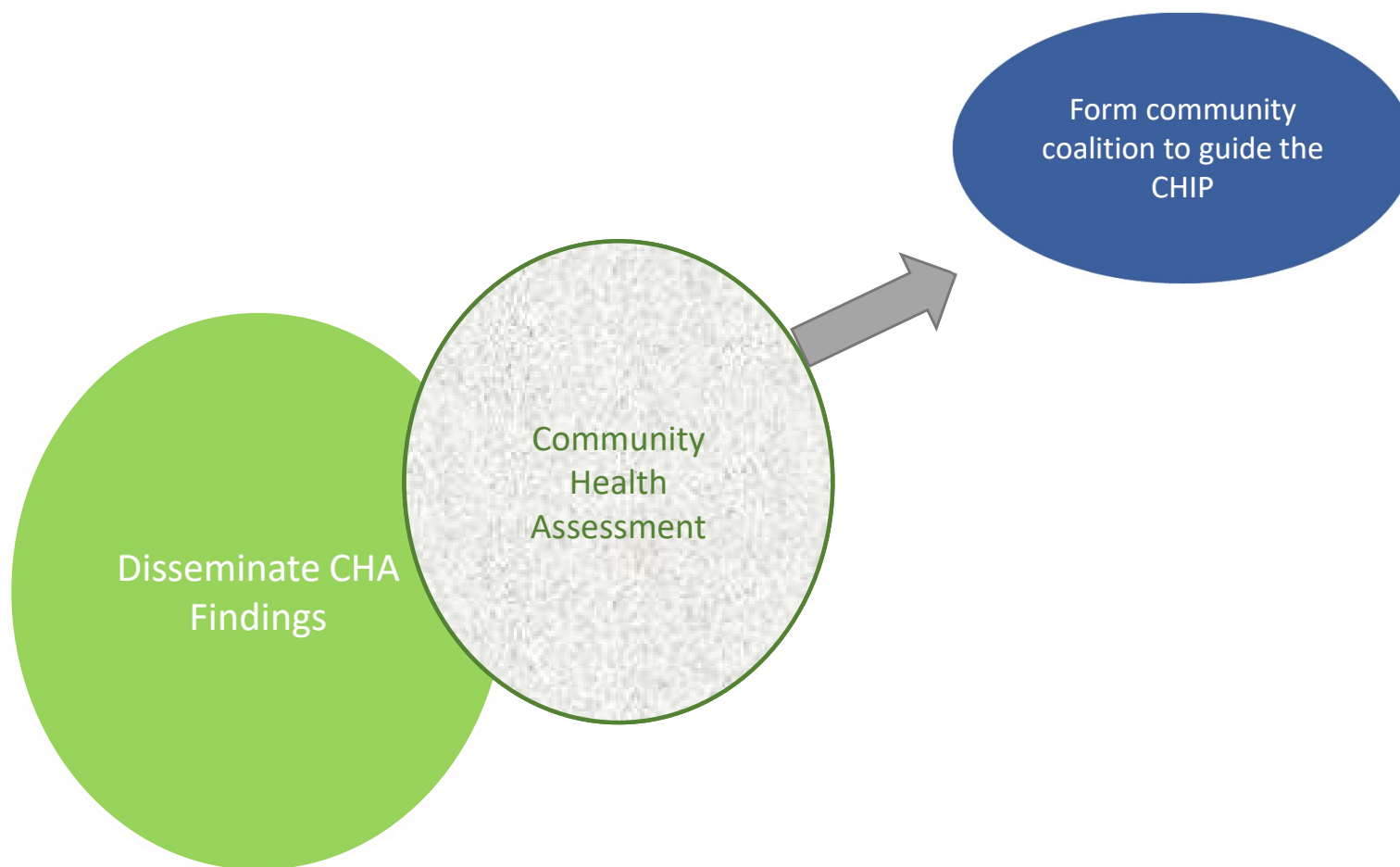
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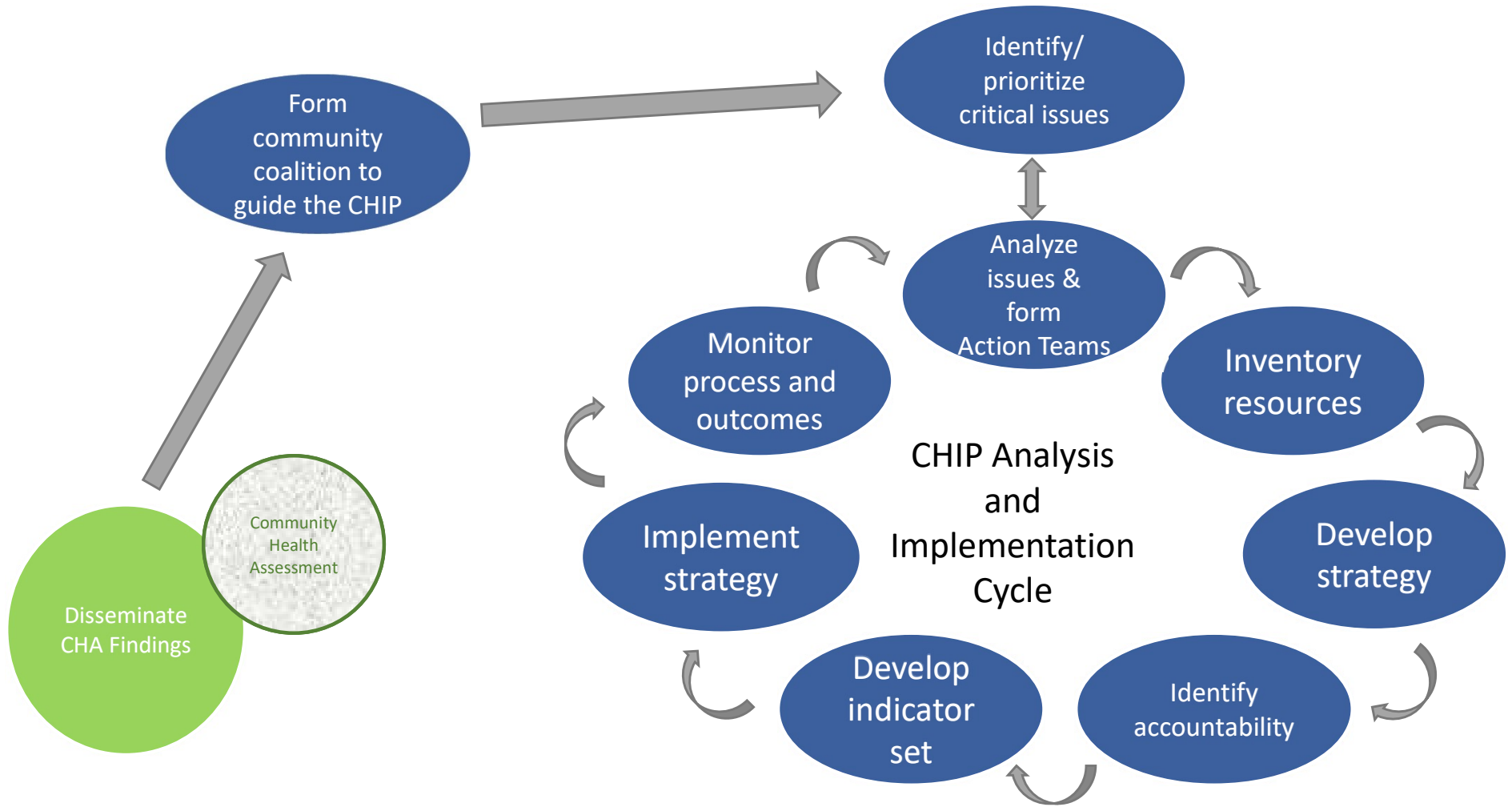
# Community Health Assessment (CHA) Process



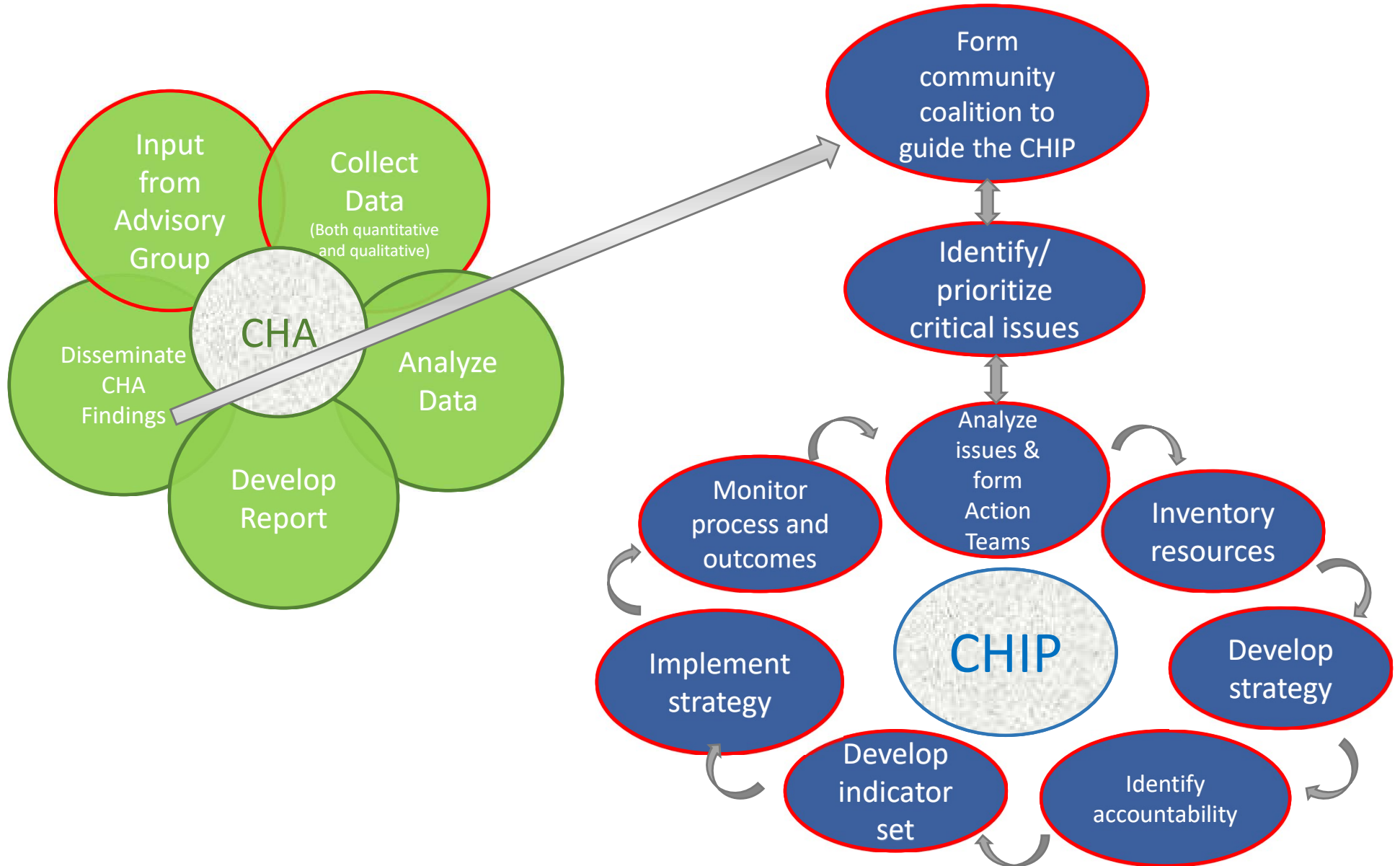
## Community Health Assessment (CHA) Process transitions to the Community Health Improvement Plan (CHIP) Process



# Community Health Improvement Plan (CHIP) Process



# Flow from CHA to CHIP





## CHSAC Feedback

- How have you used the Community Health Assessment?
- What barriers exist to using it?
- What would make it more useful for you?
- Who else do you think would benefit from using it / learning more about it?
- What sources of data exist that should be considered?

## CHA Timeline and Next Steps

Target Completion: Q4 2024

- January or February 2024: Staff input, Finalize topic areas and indicators
- February thru July 2024: Conduct research, analyze primary & secondary data, develop narrative for selected indicators
- August – October 2024: Make CHA Available, Populate Open Data Portal

<https://www.ramseycounty.us/your-government/open-government/research-data/community-health-assessment>

## Menti Poll

How do you rate your knowledge of the Community Health Assessment (CHA)?

- Not knowledgeable at all
- Slightly knowledgeable
- Moderately knowledgeable
- Very knowledgeable
- Extremely knowledgeable

## Menti Poll (continued)

How do you rate your knowledge of national public health accreditation?

- Not knowledgeable at all
- Slightly knowledgeable
- Moderately knowledgeable
- Very knowledgeable
- Extremely knowledgeable

## Menti Poll (continued)

Have you used the Community Health Assessment (CHA) in the past?

- Yes
- No
- Unsure