# Public Health
## Prevent. Promote. Protect.

## Meeker McLeod Sibley
### Community Health Services

# Community Health Improvement Plan

## 2021-2026



## MISSION

Meeker-McLeod-Sibley Community Health Services works to promote health, prevent disease and protect those who live, work, learn and play in our community.

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# Credits and Acknowledgments

## Greetings,

The 2021-2026 Meeker-McLeod-Sibley Community Health Improvement Plan (CHIP) is a long-term plan for the Meeker-McLeod-Sibley Community Health Board (CHB) and local partners to address the top health priorities in our communities as identified in our Community Health Assessment (CHA).

Over 2018 and 2019, staff with Meeker-McLeod-Sibley Community Health Services (MMS CHS) worked with our local healthcare systems to conduct our CHA. This was a lengthy process which included collecting both qualitative and quantitative data via multiple avenues including a community behavior survey sent via mail, listening sessions, key-informant interviews, focus groups and more. During this process, a health equity lens was used to consider how different populations in our communities are impacted by different factors. After data collection was complete, MMS CHS hosted an event to bring together involved stakeholders. We worked through a Results Based Accountability (RBA) process to narrow down our priority areas for the CHIP. The resulting priorities include mental well-being, obesity and alcohol, tobacco and other drug misuse.

MMS CHS, along with a variety of community partners, will work on implementation of action plans for each of these priority areas over the next five years. Efforts will be evaluated annually and updated as needs change.

We do not do this work alone. There are many sectors across our communities who are at the table to reach the goals set for these priority areas. This includes representation from the following sectors: healthcare; government agencies; education; faith-based communities; non-profits; businesses; and community members. We are very thankful to have such wonderful community partners and appreciate their work and dedication. We are excited to work towards our goals and better the health of our communities!

In health,

**Kiza Olson**
Administrator, Community Health Services

# Executive Summary

In the state of Minnesota, Community Health Boards (CHB) are required to complete a community health assessment (CHA) and community health improvement (CHIP) plan every five years according to MN Statute 145A. In Meeker, McLeod and Sibley Counties this was a collaborative process with numerous community partners.

Meeker McLeod Sibley Community Health Services (MMS CHS) initiated a joint community health assessment (CHA) process through the MMS Healthy Communities Collaborative. The major partners in planning included all the hospitals in each of the three counties.

MMS CHS has a long and effective history of working together on various public health programs, applying for grants and streamlining public health services. The community health assessment reflects the health status of Meeker, McLeod and Sibley residents.

The CHIP is a long-term plan that addresses the needs of the community identified in the community health assessment. The CHIP describes how local public health, a variety of community stakeholders and community partners are addressing the needs identified.

Completing and monitoring the plan is the responsibility of Meeker-McLeod-Sibley Community Health Services (MMS CHS) under MN Statue 145A. MMS CHS involves the many organizations who assist with addressing these priorities in monitoring and revising the CHIP. The CHIP is also required by the Public Health Accreditation Board (PHAB).

## Overview of 2021-2026 Action Plans and Strategies

## Top Three Health Priorities
### Years 2021-2026

**Action Plan 1:** Mental Well-Being

**Strategy 1:** Provide mental health awareness and suicide prevention trainings throughout Meeker, McLeod and Sibley Counties

**Action Plan 2:** Obesity

**Strategy 1:** Decrease food insecurity in Sibley County by increasing food access through the Sibley County FoodShare

**Action Plan 1:** Alcohol, Tobacco and Other Drug Misuse

**Strategy 1:** Implement an anti-vaping campaign targeting Sibley County youth

# Introduction

## About the Community We Serve

Meeker, McLeod and Sibley Counties are rural counties, with agriculture being the major business of the three counties. Meeker County is located approximately 1 hour west of Minneapolis and covers 610 square miles. It is made up of seventeen and one-half townships and lays almost square. It has Trunk Highways No. 7, 12 and 55 crossing it east and west, and No. 15, 22, 24 and 4 North and South. It has about one hundred lakes of various sizes for fishing and recreation. McLeod County has an area of 311,388 acres and contains 503 square miles, having 460 miles of township roads, 405 miles of county roads and 95 miles of state trunk highways. It is comprised of 14 townships and 9 cities. Sibley County is part of the Minneapolis-St. Paul-Bloomington, MN-WI Metropolitan Statistical Area. It has seven cities and covers about 601 square miles.

The total population of the three counties is 73,829. The three counties are predominately Caucasian. Residents of Hispanic/ Latino ethnicity make up an average of 6.4% of the three counties populations. About 6.3% of the communities' population speaks a language other than English and 11.5% of residents have a disability. About 7.7% of people who live in these counties have income that is below poverty with 5.7% of residents living without health care insurance.

Sources: mncompass.org and county websites.
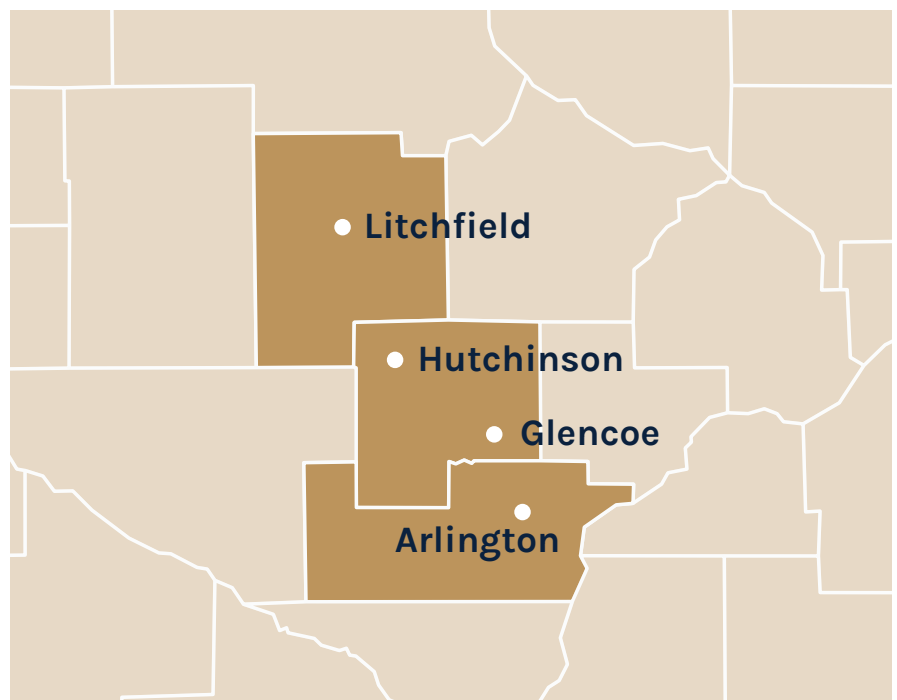
# Definitions

## Community Health Assessment

According to the Minnesota Department of Health, "A community health assessment identifies and describes factors that affect the health of a community, and the factors that determine available resources to address those factors." A Community Health Board (CHB) collects, analyzes and begins to use data to prioritize issues and make decisions on how to address each concern.

## Community Health Improvement Plan

The Minnesota Department of Health defines a community health improvement plan as a "long-term, systematic effort to address public health problems in a community."

## What is health?

While we all may have our own personal definition of "health", the World Health Organization's (WHO) definition is often cited when attempting to describe health. According to WHO, health is "A state of physical, mental and social well-being and not merely the absence of disease or infirmity". If we support this definition, then anything and everything in our lives that impacts our bodies, our minds, our inner beings, and our surroundings has the potential to impact our health. We can no longer totally support the concept that we are all individually and solely responsible for our own personal health. Rather, we are all in this together. That is exactly the definition of public health. "What we do collectively to assure the conditions in which all people can be healthy".

## What is health equity?

By health equity, we mean everyone has the opportunity to attain their highest level of health and no one is prevented from being healthy by unjust or unfair social policies and practices. Inequities are created when barriers prevent individuals and communities from accessing these conditions and reaching their full potential. How do we achieve health equity? We value all people equally. We optimize the conditions in which people are born, grow, live, work, learn and age. We work with other sectors to address the factors that influence health, including employment, housing, education, health care, public safety and food access. We understand that we all share the responsibility of creating healthy communities where everyone can thrive. We can only be healthy when the conditions in our community's support everyone's health

## Social Determinants of Health

Social determinants of health are defined by Healthy People 2020 as the "Conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks." The health of a community – and its people – is dependent on a number of social, political, economic, and environmental conditions. To be healthy, people need peace, shelter, education, food, income, and social justice. The link between these social determinants of health and health outcomes is widely recognized in public health. It is increasingly understood that inequitable distribution of these conditions across various populations is a significant contributor to widespread and persistent health disparities. In the next section, we will further explore social determinants of health in the context of the CHIP priority areas.

# Social Determinants of Health

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. However, there are significant health disparities between different populations in Minnesota indicating opportunity to be healthy is not equitable. This is in part because the health of a community – and its people – is dependent on much more than individual behavior and health care. Social determinants of health are defined by Healthy People 2020 as the "Conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risk." Social determinants of health include employment, income, racism, education and access to food - they are complex issues with multiple causes that often overlap.  The link between these social determinants and their impact on health and health outcomes is widely recognized in public health. Furthermore, research shows these factors disproportionately affect low income communities and communities of color creating stark differences in health outcomes.

## MENTAL WELL-BEING

Race and ethnicity, gender, age, income level, education level, sexual orientation, and geographic location are linked to mental health. There is also a large disparity in access to mental health care based on income and location – individuals in rural areas and of lower income are less likely to have easily accessible mental health services. Other social conditions—such as interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions—can also influence mental health risk and outcomes, both positively and negatively. One example is access to green spaces and safe shared places for people to interact, such as parks and churches, can support positive mental health. On the other hand, lack of shelter, education, food, income and social justice can add stress, instability and unpredictability to households and individuals, thereby having a negative impact on mental well-being.  In particular, we know that a lack of affordable housing may lead to homelessness which can then exacerbate mental health issues. Subsequently, poor mental health, with or without the presence of mental illness, is associated with poor quality of life, higher rates of chronic disease and increased health care utilization, death, injury, crime, smoking, drug and alcohol abuse which shows the undeniable interconnectedness of mental and physical health. As such, when improvements are made in these areas, both the mental and physical health of individuals and communities will also improve.

## OBESITY

A number of factors affect a person's ability to eat a healthful diet, stay physically active, and achieve or maintain a healthy weight. The built environment has a critical impact on behaviors that influence health. For example, having access to affordable healthy food is key to consumption of healthy food yet in many communities, particularly in low-income communities and those living in rural areas, there is nowhere nearby to buy fresh fruit and vegetables. This lack of access is exacerbated for those who do not have access to a vehicle or other convenient transportation. Furthermore, since some healthy foods can cost significantly more than other unhealthy alternatives, low to moderate income households find price is the most significant barrier to healthy food consumption.

Similarly, some communities lack safe, affordable or appealing places to play or be active. These environmental factors are compounded by social and individual factors—gender, age, race and ethnicity, education level, socioeconomic status, and disability status—that influence nutrition, physical activity, and obesity. If people are worried about having shelter and enough money to buy food, they may have little energy, time or money to focus on nutrition and physical activities. Strategies that improve nutrition and physical activity through policy, systems and environmental change are fundamental to reducing obesity in children and adults.

## ALCOHOL, TOBACCO AND OTHER DRUG MISUSE USE/MISUSE

Factors such as gender, race and ethnicity, age, income level, educational attainment, and sexual orientation are associated with substance misuse. For instance, children living in poverty and racial and ethnic minorities are more likely to experience adverse childhood events which increases the likelihood of developing a substance use disorder. Substance misuse is also strongly influenced by interpersonal, household, and community dynamics, especially for adolescents; research suggests marijuana exposure through friends and siblings is a key determinant of adolescents' current use.

Similarly, gender, race and ethnicity, age, income level, educational attainment, geographic location, and disability are associated with disparities in commercial tobacco use and exposure. People that lack quality housing may be at greater risk of exposure to secondhand smoke, and people with limited health care access may lack information about the dangers of tobacco use and available cessation options. Further, initiation and continued use of tobacco products is strongly influenced by the social environment, including the targeted and predatory marketing to specific populations by the tobacco industry. Smoke-free protections, tobacco prices and taxes, and the implementation of effective tobacco prevention programs all reduce tobacco use and exposure.

# The Model and Process

## Model:

Meeker-McLeod-Sibley Community Health Services (MMS CHS) worked with the Minnesota Department of Health's Center of Public Health Practice to determine the right model to use when starting the process of a Community Health Assessment. The CHS chose to use the Results and Performance Accountability System. Because MMS CHS participates in a joint Community Health Assessment (CHA) process with the MMS Healthy Communities Collaborative, moving from a Collective Action model in 2016 to a Results-Based Accountability (RBA) model in 2019/2020 was a way to insure accountability because the whole community, public and private sectors, must share responsibility for results. This model works to implement some form of results or performance accountability in a community. Results accountability involves a very simple, but business-like, thinking process that can help direct the work of creating a strategy for improving the well-being of a population or subpopulation in a geographic area. RBA uses a data-driven, decision-making process to help communities and organizations get beyond talking about problems and move to taking action to solve problems.

Source: www.raguide.org

**RESULTS-BASED DECISION MAKING**

**Population:** Children prenatal to age 5

**Results:** Children enter school healthy and ready to learn

**Indicators**

**Baselines**

Target

Trend

**Story** behind the baselines

**Partners** with a role to play

**What works:**

**Criteria**

**Action Plan and Budget**

## Process:

### DATA COLLECTION:

MMS CHS worked through the Results-Based Accountability processes in 2018 and 2019 collecting various forms of both qualitative and quantitative data resources.

The MMS Community Health Improvement Team proceeded to gauge community readiness in the Spring of 2019 through CHA community engagement activities. In the Summer of 2019, key informant interviews and focus groups were conducted with adults and youth regarding Mental Health, E-cigarettes/Vaping and Alcohol. Public Health and Health Care entities continued to meet over Summer and Fall 2019 to discuss health indicators and provide data sharing opportunities. After all
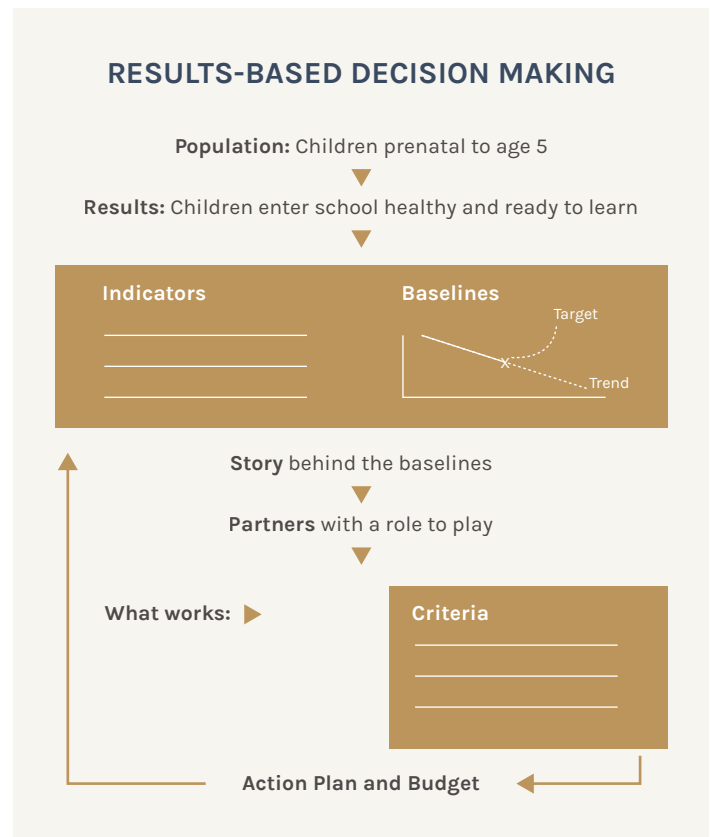
the data was gathered and analyzed MMS CHS held community-based input meetings in November 2019 to help guide MMS CHS staff in determining the top 10 health priorities in Meeker McLeod and Sibley Counties.

For more detailed information on the data process, please refer to the full Community Health Assessment found here.

# Development of CHIP strategies:

After going through the CHA process and identifying the three priority areas, the next phase was identifying strategies and developing action plans for each priority area. Stakeholder engagement continued to be a vital component to this process. While all three priorities would eventually have their own strategies and action plans, MMS CHS first focused on working with the community to develop plans for the Mental Well-Being priority area.

In January, 2020, MMS CHS hosted a community and stakeholder mental well-being planning event using the RBA framework. A community engagement specialist from the Minnesota Department of Health provided consultation to local staff planning the event and then helped co-facilitate the event. Through this event, the community partners were able to narrow the mental well-being strategies down to the top four. Refer to Appendix B for a more detailed summary of this event.



MMS CHS staff took the top four strategies back to their communities to gather input into narrowing them down further and begin development of action plans. Initial action plans were created in March, 2020, right as the COVID-19 pandemic swept across the country and our communities. At this point, MMS CHS needed to pause the CHIP development process. All public health staff time was 100% COVID response.

When public health staff were able to return to the development of the CHIP, the initial action plans developed in March, 2020 were no longer relevant or realistic due to the "new normal" and challenges of COVID. COVID changed how we gather and interact as a community. It also affected community and partner capacity. In effect, the COVID pandemic amplified the CHA priority areas, but decreased resources to address them. Needing to make adjustments in developing the CHIP, Public Health staffed switched from a model in which we were asking large groups of stakeholders to come to us to gather as a group to a model in which we were going to and interacting with partners on a smaller scale over multiple settings, as well as using best practices for community engagement in a virtual environment.

MMS staff have worked with key partners in each priority area to develop a detailed action plan to address the need for the community. Community partners have committed to assisting in development, implementation and evaluation of the action plan. It is important to engage community partners to ensure that we are fitting the project to the need within the community. As public health, we work closely with a lot of partners but many of these groups have a deeper knowledge and insight of the issues and have connections on how to best address the issue.

# Top 10 Health Priorities

Meeker-McLeod-Sibley Community Health Services collected stakeholder and community residents' input to help to identify the top 10 health issues as shown on the graphic on page 2 of this document. The top ten health concerns in Meeker, McLeod, and Sibley Counties are as follows:

## Top Ten Health Concerns

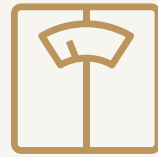| | | | | |
|---|---|---|---|---|
| Adult Mental Health | Youth Mental Health | Adult Obesity | Adolescent Tobacco and E-cigarette Use | Youth Obesity |
| Access to Dental Care | Driving While Intoxicated | Adult Diabetes | Poverty | Youth Suicide |

# Top 3 Health Priorities

## Priority 1: Mental Well-Being

| Priority-Level Measurable Outcomes | Current | Data Source |
|---|---|---|
| **Adult** | | |
| In 2026, the percent of MMS adults who reported one or more days where their mental health was not good will be less than 50.0% | 49.5% (2018) | MMS Community Behavior Survey (2018) |
| **Youth** | | |
| In 2026, the percent of Meeker youth reporting feeling sad or hopeless for two weeks or more in a row is less than 18.0% | 18.3% (Meeker 2017) | Meeker SHARE Survey (2017) |
| In 2026, the percent of Meeker youth reporting feeling sad or hopeless for two weeks or more in a row is less than 24.0% | 24.5% (McLeod 2017) | McLeod SHARE Survey (2017) |
| In 2026, the percent of Sibley youth reporting feeling down, depressed or hopeless at least several days over the last two weeks is less than 50.0% | 50.4% (Sibley 2019) | Sibley MN Student Survey (2019) |

*Baseline data was collected pre – COVID. The disruptions of the COVID-19 pandemic have the potential to negate progress made in these health outcomes.*

## National/State Alignment:

This strategy reflects the Healthy People 2030 goal to improve mental health and aligns with the Minnesota Department of Health Statewide Health Improvement Partnerships mission that focuses on well-being, which was added in 2020 and includes mental, physical and social/emotional health and resiliency.

The World Health Organization defines mental health as "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Mental health and physical health are inextricably linked - poor mental health, with or without the presence of mental illness, is associated with poor quality of life, higher rates of chronic disease and increased health care utilization, death, injury, crime, smoking, drug and alcohol abuse.

Mental well-being refers to the interconnection between mental illness, mental health, mental well-being and the stigma that is associated. Mental health is as important as physical health.

The initial action plan for the Mental Well-being priority area can be found in appendix C.

# Priority 2: Obesity

| Priority-Level Measurable Outcomes | Current | Data Source |
|---|---|---|
| By 2026, the overall population who did not have access to a reliable source of food during the past year is reduced to 7.4% | 7.7% (2019) | Map the Meal Gap |
| **Adult** | | |
| By 2026, adults with a BMI in the obese category has decreased to less than 38% | 39.1%% (2018) | MMS Community Behavior Survey (2018) |
| By 2026, adults who worried about running out of food sometimes or often in the past year has decreased to less than 7.5% | 8.9% (2018) | MMS Community Behavior Survey (2018) |
| **Youth** | | |
| By 2026, children who are food insecure is reduced to 10.0% or less | 11.8% (2019) | Map the Meal Gap |
| By 2026, Sibley youth with a BMI in the obese category is less than 17% | 17.6% (Sibley 2019) | Sibley  - MN Student Survey |
| By 2026, Meeker youth with a BMI in the  obese category is less than 17% | 17.8% (Meeker 2019) | Meeker  - MN Student Survey |

*\*Baseline data was collected pre – COVID. The disruptions of the COVID-19 pandemic have the potential to negate progress made in these health outcomes.*

## National/State Alignment:

This strategy aligns with the Healthy People 2030 goal to reduce overweight and obesity by helping people eat healthy and get physical activity.  At the state level, it aligns with Minnesota Cancer Plan objective 13: reduce the prevalence of obesity.

Adults who are obese are at a higher risk for serious health risks including heart disease, diabetes and other chronic conditions, which often lead to premature death and a rise in health care costs. Weight is impacted by healthy eating and physical activity and strategies that improve nutrition and physical activity through policy, systems and environmental change are fundamental to reducing obesity in children and adults.

Among the social determinants of health, food insecurity has one of the most extensive impacts on the overall health of individuals. People experiencing food insecurity do not have consistent access to healthy and adequate food. It is caused not only by poverty but also by other conditions such as affordable housing, social isolation and location. For example, when under economic stress, expenses for food are one of the first reductions people make; households may forego adequate

and/or healthy food for other expenses such as housing and health care. Access to healthy food can be a particular challenge in rural areas as they often lack retailers and stores that supply fresh, nutritious food. Subsequently, because healthy eating is linked to an individual's health throughout life, food insecurity can ultimately lead to serious negative implications for health, including increased risk for chronic diseases, poor management of those diseases, and mental health challenges.

## POTENTIAL POLICY AND SYSTEM LEVEL CHANGES MAY INCLUDE:

### Social and community context and engagement

→ Ensure long term planning processes engage residents from populations experiencing health inequities.

→ Build partnerships with organizations led by and/or serving populations experiencing health inequities

→ Assess social determinants of health in county services and practices and integrate health in all policies approach into policymaking across the counties

→ Worksite wellness policies addressing nutrition, tobacco, physical activity, and breastfeeding support

### Economic stability

→ Explore shelter options for homeless residents and families

→ New construction of general occupancy rental homes at all affordability levels, and preservation of publicly subsidized housing

→ Continue to expand efforts to address food insecurity

### Neighborhood and Built Environment

→ Contribute to long term planning processes at city and county level that expand health eating and/or active living opportunities for residents

→ Expand availability of public transit (more hours and/or more routes and stops)

→ Advocate and promote long-term investments in transit to provide reliable and efficient transit services

→ Work with partners to implement smoke free multi-unit housing policies

→ Create more dedicated spaces for nature, exercising, socializing

→ School nutrition policies to increase fruits and vegetables, decease sodium, saturated fat, and added sugar

### Health care access and quality

→ Expansion of treatment mental health services to prevent lack of access to timely services

→ Reduce stigma around mental health through increased education and resources on mental health and wellbeing for all residents

→ Support and explore improved access to dental health services

→ Increase outreach to get residents enrolled in Medicaid or other county services

The initial action plan document for the Obesity priority area can be found in appendix D.

# Priority 3: ATOD Use/Misuse

| Priority-Level Measurable Outcomes | Current | Data Source |
|---|---|---|
| **Adult** | | |
| By 2026, the percent of MMS adults who reported binge drinking decreased to 26.0% | 28.3% (2018) | MMS Community Behavior Survey (2018) |
| By 2026, the percent of MMS adults who use marijuana has remained at or below 4.5% | 4.5% (2018) | MMS Community Behavior Survey (2018) |
| By 2026, the percent of MMS adults who use any tobacco products every or some days has decreased to 15.0% or less | 16.6% (2018) | MMS Community Behavior Survey (2018) |
| **Youth** | | |
| In 2026, the percent of Sibley youth who used marijuana in the last 30 days is 10.8% or less | 10.8% (2019) | Sibley MN Student Survey (2019) |
| In 2026, the percent of Meeker youth who used marijuana in the last 30 days is 10.0% or less | 8.5% (Meeker 2017) | Meeker SHARE Survey (2017) |
| In 2026, the percent of McLeod youth who used marijuana in the last 30 days is 10.0% or less | 9.5% (McLeod 2017) | McLeod SHARE Survey (2017) |

*Baseline data was collected pre – COVID. The disruptions of the COVID-19 pandemic have the potential to negate progress made in these health outcomes.*

## National/State Alignment:

This strategy aligns with the Health People 2030 objectives:

1. Reduce misuse of drugs and alcohol
2. Reduce illness, disability and death related to tobacco use and secondhand smoke.

At the state level, it aligns with Minnesota Cancer Plan objective 11: reduce use of commercial tobacco and nicotine delivery devices and with the similar Minnesota Department of Health Statewide Health Improvement Partnership mission to reduce commercial tobacco use and secondhand smoke exposure.



Alcohol, Tobacco and other Drug (ATOD) misuse refers to the excessive use of these substances in a manner that is harmful to health and well-being. ATOD misuse has been and continues to be a top priority area across Meeker, McLeod and Sibley Counties. Excessive alcohol consumption contributes to a number of negative consequences, including unintentional injuries, violent acts, chronic diseases and unintended or unhealthy pregnancies. While we have made great improvements in the

percent of adults and youth who are current smokers, disparities among different racial, ethnic and socioeconomic groups persist. E-cigarette use among youth is on the rise across the state and nation. Marijuana use in adolescence or early adulthood can have a serious impact on a teen's life including decline in school performance, increased risk of mental health issues, impaired driving and potential for addiction. Community stakeholders have been anecdotally hearing and sharing with public staff that recreational marijuana use is an increasing problem in our area.

The initial action plan for the Alcohol, Tobacco and Other Drug Misuse priority area can be found in appendix E.

# Implementation:

Each of the three priority areas has a community group in charge of implementation of that specific action plan. Having responsibility of implementation of the action plan also includes monitoring the action plan and making revisions as necessary. Each group will work with MMS CHS to create a clear process to ensure all components are addressed annually at a minimum.

## MENTAL WELL-BEING

The 2B Continued Board of Directors is the primary group in charge of implementing the mental well-being action plan. The board is comprised of 6 individuals that represent different organizations and communities. As a board, they formally come together every other month to discuss programs and projects working towards their mission "to increase awareness of suicide prevention, mental health and wellness through advocacy, education and outreach". The board is in charge of ensuring suicide prevention and mental health first aid trainings are facilitated in Meeker, McLeod and Sibley Counties under the mental well-being action plan. The board will use meeting time to discuss each training that occurred and what went well, participation and opportunities for improvement. The board will track the implementation of the action plan, discuss revisions and revise as needed. New data will be shared which may impact the current action plan and cause for a necessary revision. If more data is needed, the board will seek that information and bring it back to be shared. MMS CHS and other local community partners outside of the board will be brought in for discussion when needed.

## OBESITY

The Sibley County FoodShare Board of Directors is the group in charge of implementing the obesity/ food insecurity action plan. The board is comprised of a variety of members that represent different communities, ethnicities, age groups, and life experiences. In addition, the board has members that represent several organizations that address health equity and/or food insecurity in the community. As a board, they come together formally on a monthly basis to guide food shelf operations and direction, but also work together between meetings to continue to address food insecurity in Sibley County. The board will use board meetings to track implementation of the plan by discussing progress, reviewing new data, and revising as needed. As part of this process, MMS CHS and its partners will continuously bring new and relevant data to share. This may include determining the need to collect additional primary data from community members experiencing health inequities and/or food insecurity. As needed, MMS CHS will convene larger input sessions with additional community partners or facilitate opportunities for additional community input.

## ALCOHOL, TOBACCO, AND OTHER DRUG MISUSE

The Sibley County Anti-Vaping Committee is a group in charge of reducing vaping rates among students in Sibley County. Sibley County vaping rates are higher than the state average resulting in the need for a committee addressing the issue. The committee is comprised of key community members, local public health staff, and school staff. School staff are key members of this committee as they will be driving the efforts in lowering the vaping rates in Sibley County by working with students directly. This committee is meeting bi-monthly as they are in the beginning stages of the efforts. Data collection is the first step

in figuring out more information on where the group will prioritize their efforts. Once data collection happens, the committee will be meeting more regularly and recruit more committee members and determine next steps for implementation of the plan. Data collection will occur annually to track progress and trends with students to ensure the success of the Sibley County Anti-Vaping Committee. The committee will reassess the effectiveness of the group periodically, as needed.

# Appendices

## Appendix A – Credits & Acknowledgments

These coalitions, collaboratives and groups of people assisted in the planning of the CHA and CHIP process for MMS CHS.

→ 2B Continued Board of Directors

→ McLeod County Public Health Advisory Board

→ Meeker County Public Health Advisory Board

→ Meeker-McLeod-Sibley Community Health Board

→ Meeker-McLeod-Sibley Community Health Services Employees

→ Meeker-McLeod-Sibley Healthy Communities Leadership Team

→ Meeker, McLeod and Sibley County Residents

→ Meeker-McLeod-Sibley Health Equity Coalition

→ Sibley County Anti-Vaping Committee

→ Sibley County FoodShare Board of Directors

## Appendix B – Summary of CHIP Prioritization Event

See documents on next 2 pages.

# DEVELOPMENT OF COMMUNITY SOLUTIONS AROUND MENTAL WELL-BEING

## January 30th, 2020
## SUMMARY

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**Participants across Meeker, McLeod and Sibley Counties gathered to work through a Results-Based Accountability process in order to identify strategies to implement in our communities focused around mental well-being. Participants received data collected by surveys, key informant interviews and focus groups which identified mental well-being as a current health issue across the tree counties. After receiving the information, participants contributed to discussion about what makes the data worse, what makes it better, potential partners and then brainstormed solutions. The results ended with 4 potential strategies to work on to increase the well-being on adults and youth in our communities.**

**Result -**
    All residents achieving optimal level of mental well - being

**Indicator 1 -**
    Adult:
        Adults who had one or more days in the past 30 days where mental health was not good.

**Indicator 2 -**
    Youth:
        Youth  (8th, 9th, 11th grade) reporting feeling down, depressed or hopeless at least several days over the last two weeks (2019 MN Student Survey)

        Youth (5th, 7th, 9th, 11th grade) who in the past 12 months felt sad or hopeless for two or more weeks (in a row) that they stopped doing normal activities (2017 SHARE survey)

**11 strategies were developed after completing the Results-Based Accountability process:**

- Improving access to care
- Decrease Stigma
- Workplace well-being promotion
- Increase initiatives to promote well-being
- Improve community and family connections
- More daycare open later hours
- Local shelters
- Universal preschool
- School support animals
- Affordable access to exercise and healthy food
- Volunteer coordination

**Public Health**
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**Meeker McLeod Sibley**
**Community Health Services**

# DEVELOPMENT OF COMMUNITY SOLUTIONS AROUND MENTAL WELL-BEING

## SUMMARY

Participants used a dot activity to narrow the **11 strategies down to 6**. Participants were given 4 dots and able to rank them individually on impact and leverage. Results narrowed the strategies down to the following:

#1 – Improving access to care – 33 dots
#2 – Decrease Stigma – 18 dots
#3 –Workplace well-being promotion – 29 dots
#4 – Increase Initiatives to promote well-being – 17 dots
#5 – Shelters – 21 dots
#6 – Improve community and family connections – 40 dots

Participants than worked as tables to rank each of the 6 selected strategies based on feasibility (can it be done?) and availability of resources (funding, people power, skills & knowledge, existing collaborations) using a H (high), M (medium), L (low) scale. After sharing and compiling these results, strategy #1 and #5 were dropped leaving the top 4 strategies.

## Top 4 Strategies

### Decrease Stigma

- Ok - visual symbol that it is ok to talk about mental health, OK button, Make It Ok Campaign
- Promote, advertise, public service announcements

### Increase initiatives to promote well-being

- Acts of Kindness Club
- Smile Campaign

### Workplace Well-Being Promotion

- Paid leave for caregivers
- understanding employers
- minimum wage increase - well above poverty levels with 80hrs/wk

### Improve community and family connections

- Cultural events to bridge inclusion
- Community meals
- Bring youth activities to senior living facilities
- Free community events
- Family time
- Friendly Fronts

## Next Steps

The top 4 strategies will be narrowed down further and participants will be reconvened to dive into each strategy deeper. Participants interested in each strategy will work to create action steps with activities, timelines and roles.

# PRIORITY 1: MENTAL WELL-BEING

## Mental Well-Being Goal

All residents achieving optimal level of mental well-being

| Priority-Level Measurable Outcomes | Current | Data Source |
|---|---|---|
| **Adult** | | |
| In 2026, the percent of MMS adults who reported one or more days where their mental health was not good will be less than 50.0% | 49.5% (2018) | MMS Community Behavior Survey (2018) |
| **Youth** | | |
| In 2026, the percent of Meeker youth reporting feeling sad or hopeless for two weeks or more in a row is less than 18.0% | 18.3% (Meeker 2017) | Meeker SHARE Survey (2017) |
| In 2026, the percent of Meeker youth reporting feeling sad or hopeless for two weeks or more in a row is less than 24.0% | 24.5% (McLeod 2017) | McLeod SHARE Survey (2017) |
| In 2026, the percent of Sibley youth reporting feeling down, depressed or hopeless at least several days over the last two weeks is less than 50.0% | 50.4% (Sibley 2019) | Sibley MN Student Survey (2019) |

*Baseline data was collected pre – COVID. The disruptions of the COVID-19 pandemic have the potential to negate progress made in these health outcomes.*

# PRIORITY 1: ACTION PLAN

## Mental Well-Being Strategy 1

Provide mental health awareness and suicide prevention trainings throughout Meeker-McLeod-Sibley.

| Action Plan Objectives | Activity | Target Date | Partners | Lead Person/ Organization Responsible | Evaluation Measure | Progress Notes (Monitor) |
|---|---|---|---|---|---|---|
| By June 30, 2022, 6 Mental Health First Aid – Youth trainings will be offered across Meeker-McLeod-Sibley Counties | Formalize contract with 2B continued, local non-profit, to provide Mental Health First Aid trainings across the communities | July 31, 2021 | 2B Continued | MMS CHS | Signed Contract | |
| | Identify 3 school districts, 1 in each county, to participate in Mental Health First Aid – Youth trainings | August 31, 2021 | Participating school districts and staff, MMS CHS | 2B Continued | Commitment from 3 schools | |

| | | | | | |
|---|---|---|---|---|---|
| | Identify locations, dates and times to offer 3 trainings specific to school staff (1 in Meeker, 1 in McLeod, 1 in Sibley) | August 31, 2021 | Participating school districts and staff, MMS CHS | 2B Continued | Locations, dates and times are set |
| | Identify locations, dates and times to offer 3 trainings specific to adults that work with youth (1 in Meeker, 1 in McLeod, 1 in Sibley) | September 30, 2021 | Participating school districts and staff, MMS CHS, other organizations who work directly with youth | 2B Continued | Locations, dates and times are set |
| | Promote Mental Health First Aid – Youth trainings in specific communities | September 30, 2021 | Participating school districts and staff, MMS CHS, other organizations who work directly with youth | 2B Continued | Documentation of promotion completed |
| | Host Mental Health First Aid – Youth trainings in each community | September 30, 2021 | Participating school districts and staff, MMS CHS, other organizations who work directly with youth | 2B continued | Number of trainings completed |
| | Evaluate the impact of the training | October 31, 2021 | Participating school districts and staff, other organizations who work directly with youth | 2B Continued, MMS CHS | Summary report of participant evaluation of training |

| | Identify need for future Mental Health First Aid – Youth trainings and work with 2B Continued to develop a plan to fill community need | November 30, 2021 | | 2B Continued, MMS CHS | Plan developed with next steps to fill community need | |
|---|---|---|---|---|---|---|
| By June 30, 2022, offer a minimum of 10 adult mental health awareness or suicide prevention trainings across Meeker-McLeod-Sibley Counties | Formalize contract with 2B continued, local non-profit, to provide Mental Health First Aid – Adult (MHFA – A) and Question Persuade Refer (QPR) trainings across the communities | July 31, 2021 | 2B Continued | MMS CHS | Signed Contract | |
| | Identify ideal format for offering QPR trainings (in-person vs virtual) | Ongoing | MMS CHS, organization hosting/ offering the QPR training | 2B Continued | Format is identified per training | |
| | Identify 3 locations, dates and times to offer Mental Health First Aid – Adult trainings across MMS (1 in Meeker, 1 in McLeod, 1 in Sibley) | Approx. 1 per quarter | MMS CHS, organization hosting/ offering the MFHA-A training | 2B Continued | Locations, dates and times are identified | |
| | Identify locations/ organizations, dates and times to offer Question Persuade Refer trainings across MMS | Approx. 1 per month | MMS CHS, organization hosting/ offering the QPR training | 2B Continued | Locations, dates and times are identified | |
| | Promote Mental Health First Aid – Adult and Question Persuade Refer trainings to specific communities | Ongoing | MMS CHS, organization hosting/ offering the QPR and MFHA -A trainings | 2B Continued | Documentation of promotion completed | |
| | Host Mental Health First Aid – Adult and Question Persuade Refer trainings | MHFA – A approx. 1 per quarter<br><br>QPR approx. 1 per month | MMS CHS, organization hosting/ offering the QPR and MFHA -A trainings | 2B Continued | Number of trainings completed | |

| | Evaluate the impact of the trainings | Ongoing | Organization hosting/ offering the QPR and MFHA-A trainings | 2B Continued, MMS CHS | Summary report of participant evaluation of training | |
|---|---|---|---|---|---|---|
| | Identify need for future Mental Health First Aid – Adult trainings and Question Persuade Refer trainings and work with 2B Continued to develop a plan to fill community need | Quarterly | | 2B Continued, MMS CHS | Plan developed with next steps to fill community need | |

## PLANS FOR SUSTAINING ACTION PLAN & MONITORING IMPLEMENTATION

### Participation of stakeholders in monitoring implementation

MMS CHS Staff will meet with 2B Continued a minimum of quarterly to monitor and revise action plan.

### Process for Revising the Action Plan

The action plan will be reviewed by 2B Continued and MMS staff and progress notes will be updated/ added to action plan document when any revisions are made.

## PRIORITY 2: OBESITY

### Obesity Goal

All residents achieving optimal level of healthy weight and adequate access to healthy foods.

| Priority-Level Measurable Outcomes | Current | Data Source |
|---|---|---|
| By 2026, the overall population who did not have access to a reliable source of food during the past year is reduced to 7.4% | 7.7% (2019) | Map the Meal Gap |
| **Adult** | | |
| By 2026, adults with a BMI in the obese category has decreased to less than 38% | 39.1%% (2018) | MMS Community Behavior Survey (2018) |
| By 2026, adults who worried about running out of food sometimes or often in the past year has decreased to less than 7.5% | 8.9% (2018) | MMS Community Behavior Survey (2018) |
| **Youth** | | |
| By 2026, children who are food insecure is reduced to 10.0% or less | 11.8% (2019) | Map the Meal Gap |
| By 2026, Sibley youth with a BMI in the obese category is less than 17% | 17.6% (Sibley 2019) | Sibley - MN Student Survey |
| By 2026, Meeker youth with a BMI in the obese category is less than 17% | 17.8% (Meeker 2019) | Meeker - MN Student Survey |

*\*Baseline data was collected pre – COVID. The disruptions of the COVID-19 pandemic have the potential to negate progress made in these health outcomes.*

## PRIORITY 2: ACTION PLAN

### Obesity Strategy 1:

Decrease food insecurity in Sibley County by increasing food access through the Sibley County FoodShare.

| Action Plan Objectives | Activity | Target Date | Partners | Lead Person/ Organization Responsible | Evaluation Measure | Progress Notes (Monitor) |
|---|---|---|---|---|---|---|
| By January 1, 2022, assist Sibley County FoodShare Board of Directors in completing a strategic planning process to identify and prioritize how to better reach and serve community residents suffering from food insecurity | Confirm Food Shelf Board's interest in strategic planning process | September 1, 2021 | SCFS Board Members | Board Chair and PH Board Representative | Board meeting minutes confirming decision to proceed with strategic planning process | |

| | Identify resources to help facilitate strategic planning process | September 15, 2021 | FFEN, Second Harvest, U of M Extension | Board Chair, PH Board Representative | Resources identified, including facilitator for process | |
|---|---|---|---|---|---|---|
| | Identify/confirm purpose/goals of strategic planning process with board and organization facilitating | October 15, 2021 | SCFS Board, SCFS staff | Board Chair, PH Board Representative, Facilitating organization | Purpose/ goals documented in Board minutes | |
| | Confirm logistics of strategic planning process, including date, time, number of sessions | October 15, 2021 | SCFS Board, SCFS staff | Board Chair, PH Board Representative, Facilitating organization | Logistics for strategic planning sessions confirmed | |
| | Hold strategic planning sessions | January 1, 2022 | SCFS Board, SCFS staff | Facilitating organization | Minutes/ notes from strategic planning sessions | |
| | Develop strategic priorities, goals and objectives from strategic planning process | January 1, 2022 | SCFS staff | SCFS Board, Facilitating organization | Documentation of strategic priorities, goals, objectives | |
| By June 1, 2022, assist Sibley County FoodShare Board of Directors in identifying and implementing FoodShare infrastructure changes/additions needed to support strategic priorities | Identify/review infrastructure changes/ additions needed from strategic planning process | February 1, 2022 | SCFS Board, SCFS staff | Board Chair, PH Board Representative, Facilitating organization | Documentation of infrastructure changes/ additions needed | |
| | Develop action plan and timeline to address infrastructure needs | February 15, 2022 | SCFS staff | SCFS Board, Facilitating organization | Action plan developed | |
| | Secure resources/ support needed to implement changes/ additions to infrastructure | March 15, 2022 | Facilitating organization, SCFS staff | SCFS Board | Documentation of resources secured | |
| | Implement action steps to make changes/additions to infrastructure | June 1, 2022 | SCFS staff | SCFS Board | Documentation of progress on action steps through monitoring and progress notes | |

| | | | | | | |
|---|---|---|---|---|---|---|
| By January 1, 2023 assist Sibley County FoodShare Board of Directors in implementing action plan of priority(ies) identified during strategic planning to better reach and serve community residents suffering from food insecurity | Review and update, if needed, strategic priorities identified during strategic planning process | July 1, 2022 | Facilitating organization, SCFS staff | SCFS Board | Documentation of review of priorities | |
| | Develop action plan to address strategic priority(ies) | August 1, 2022 | Facilitating organization, SCFS staff | SCFS Board | Action plan developed | |
| | Identify and gather resources needed to support action plan implementation | September 1, 2022 | Facilitating organization, SCFS staff | SCFS Board | Documentation of resources gathered | |
| | Implement action plan(s) | January 1, 2023 | SCFS staff | SCFS Board | Documentation of progress on action steps through monitoring and progress notes | |
| | Monitor and revise action plan(s) as needed | January 1, 2023 | SCFS staff | SCFS Board | Documentation of progress in action planning monitoring document | |

## PLANS FOR SUSTAINING ACTION PLAN & MONITORING IMPLEMENTATION

### Participation of stakeholders in monitoring implementation

Throughout this process, the Sibley County FoodShare Board of Directors is the main group of stakeholders that will monitor implementation. The Board of Directors is legally and ethically responsible for the work of the food shelf in the community, and works closely with food shelf staff, volunteers, clients and community members to ensure systems are in place to best meet the needs of the community. This includes a culture of continuous improvement in which all levels of stakeholders are able to provide ongoing input into the process of improvement.

### Process for Revising the Action Plan

The Sibley County FoodShare Board of Directors typically meets on a monthly basis. The action plan will be reviewed at every board meeting and progress notes will be updated/added to action plan document when any revisions are made.

## PRIORITY 3: ALCOHOL, TOBACCO AND OTHER DRUG MISUSE
### ATOD Goal
All residents achieving nicotine and tobacco free living.

| Priority-Level Measurable Outcomes | Current | Data Source |
|---|---|---|
| **Adult** | | |
| By 2026, the percent of MMS adults who reported binge drinking decreased to 26.0% | 28.3% (2018) | MMS Community Behavior Survey (2018) |
| By 2026, the percent of MMS adults who use marijuana has remained at or below 4.5% | 4.5% (2018) | MMS Community Behavior Survey (2018) |
| By 2026, the percent of MMS adults who use any tobacco products every or some days has decreased to 15.0% or less | 16.6% (2018) | MMS Community Behavior Survey (2018) |
| **Youth** | | |
| In 2026, the percent of Sibley youth who used marijuana in the last 30 days is 10.8% or less | 10.8% (2019) | Sibley MN Student Survey (2019) |
| In 2026, the percent of Meeker youth who used marijuana in the last 30 days is 10.0% or less | 8.5% (Meeker 2017) | Meeker SHARE Survey (2017) |
| In 2026, the percent of McLeod youth who used marijuana in the last 30 days is 10.0% or less | 9.5% (McLeod 2017) | McLeod SHARE Survey (2017) |

*Baseline data was collected pre – COVID. The disruptions of the COVID-19 pandemic have the potential to negate progress made in these health outcomes.*

## PRIORITY 3: ACTION PLAN
### ATOD Strategy 1:
Implement an anti-vaping campaign targeting Sibley County youth.

| Action Plan Objectives | Activity | Target Date | Partners | Lead Person/ Organization Responsible | Evaluation Measure | Progress Notes (Monitor) |
|---|---|---|---|---|---|---|
| By June 30, 2022, 6 Formulation of a youth anti-vaping campaign plan will be completed | Identify local Sibley County contacts to gauge interest in implementing an anti-vaping campaign | July 31, 2021 | SCFS Board Members | Sibley East School District, Gibbon-Fairfax-Winthrop (GFW) School District, County Sheriff Department, Local PD | Commitment from Sibley East and GFW school districts | |

| | | | | | |
|---|---|---|---|---|---|
| | Identify meeting dates, times, and locations for anti-vaping committee to meet | July 31, 2021 | Participating schools districts and staff, MMS CHS | Board Chair, PH Board Representative | Resources identified, including facilitator for process | |
| | Identify initial ways to obtain baseline data to compare once the campaign is complete | July 31, 2021 | Participating school districts and staff, MMS CHS | MMS CHS | Locations, dates and times are set | |
| | Identify how data will be collected | September 30, 2021 | Participating school districts and staff, MMS CHS, other organizations who work directly with youth | MMS CHS | Form of data collection is complete | |
| | Identify who will be running the campaigns | September 30, 2021 | Participating school districts and staff, MMS CHS, other organizations who work directly with youth | Facilitating organization | Groups will be identified as data collectors | |
| | Develop strategic priorities, goals and objectives from strategic planning process | September 30, 2021 | Participating school districts and staff, MMS CHS, other organizations who work directly with youth | SCFS Board, Facilitating organization | Groups of people will be identified as persons running the campaign | |
| | Identify needs for each participating school | September 30, 2021 | Participating school district and staff, MMS CHS | MMS CHS | Needs identified for each participating school | |

| | | | | | |
|---|---|---|---|---|---|
| | Identify any funding sources that will aid in the campaign | September 30, 2021 | Participating school districts and staff, MMS CHS, other organizations who work directly with youth | MMS CHS | Funding sources found | |
| | Identify age groups the campaign will target based off of evaluation of data | October 31, 2021 | Participating school districts and staff, other organizations who work directly with youth | MMS CHS | Target age group acquired | |
| | Set target date for when Campaign project will be complete | November 30, 2021 | Participating school districts and staff, other organizations who work directly with youth | MMS CHS | Campaign date scheduled | |
| | Implement Campaign for an intended period of time | May 31, 2022 | Participating schools and staff | MMS CHS | Campaign initiated | |
| | Plan Evaluation of Campaign | July 31, 2022 | Participating schools and staff | MMS CHS | Evaluation process planned | |
| | Evaluate Campaign | September 31, 2022 | Participating schools and staff | MMS CHS | Data collected from students to measure impact | |

# PLANS FOR SUSTAINING ACTION PLAN & MONITORING IMPLEMENTATION

## Participation of stakeholders in monitoring implementation

MMS CHS Staff will meet with the anti-vaping committee a minimum of quarterly to monitor and revise action plan.

## Process for Revising the Action Plan

Progress notes will be updated/added to action plan document when any revisions are made.