

## MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD

Meeting Location: Zoom  
January 13th, 2022  
9 AM to 11 AM  
Agenda

1. Meeting called to order
2. Approval of the Agenda
3. Approval of November 10th, 2021 meeting minutes\*
4. Fiscal Management
  - a. Approval of Expense Report – Invoice payments\*
    - i. November
    - ii. December
  - b. Approval of Financial Statements – Fiscal Report\*
    - i. November
    - ii. December
  - c. Review Grant Summary Report
    - i. November & December
  - d. Finance Committee Update
    - i. COVID 3 Funding
    - ii. Workforce Development (WFD) Grant
    - iii. Audit Update (bank information)
5. Administrative Items
  - i. Community Health Improvement Plan (CHIP)\* – Presented by Jayme
  - ii. Strategic Plan\* – Presented by Kerry and Mary
  - iii. Conflict of Interest\*
  - iv. CHB 2022 Roster\*
  - v. CHS Teams Schedule\*
6. SCHSAC Update – Commissioner Harder
7. Other Agenda Items
  - a. County Updates (Meeker, McLeod, Sibley)
  - b. CHS Update

### Adjourn

#### \*Attachments:

- November 10th, 2022 Meeting Minutes
- Invoice Payments
- Fiscal Reports
- Grant Summary Report
- CHIP
- Strategic Plan
- Conflict of Interest
- CHB Roster
- CHS Teams Schedule

#### 2022 Meeting Dates

March 10th  
May 12th  
July 14th  
September 8th  
November 10th

*All meetings are **9-11** unless otherwise specified*



## McLEOD-SIBLEY COMMUNITY HEALTH BOARD

Environmental Services Building  
1065 5th Ave SE, Hutchinson, MN 55350

November 10th, 2021

9 AM to 11 AM

### Agenda

#### Attendance:

Bobbie Harder, Daryl Luthens, Julie Bredeson, Andrew Letson (guest) Diane Winter, Julie Schrum, Joy Cohrs, Berit Spors, Rachel Fruhwirth, Klea Rettmann, Nathan Schmalz, Kiza Olson

#### Absent: Beth Oberg

1. Meeting called to order
  - a. Called to order at 9am
2. Approval of the Agenda
  - a. Daryl Luthens motioned, Julie Bredeson second. No discussion. Motion Carries.
3. Approval of October 14th, 2021 meeting minutes
  - a. Joy Cohrs motioned, Nathan Schmalz second. No discussion. Motion carries.
4. Fiscal Management
  - a. Approval of Expense Report for October – Invoice payments
    - i. Daryl Luthens motioned, Nathan Schmalz second. No Discussion. Motion carries.
  - b. Approval of Financial Statements October– Fiscal Report
    - i. Joy Cohrs motioned. Nathan Schmalz second. No discussion. Motion carries.
  - c. Finance Committee Update
    - i. Approval of MMS CHS 2022 Budget. Nathan Schmalz motioned. Daryl Luthens second. No discussion. Motion carries.
    - ii. Approval of Grant Allocation. Julie Bredeson motioned. Joy Cohrs second. No discussion. Motion carries.
    - iii. Approval of MMS CHS Staff Benefits. Joy Cohrs motioned. Julie Bredeson second. No discussion. Motion carries.
    - iv. Approval of MMS CHS COLA/Wage Increase. Nathan Schamlz motioned. Daryl Luthens second. No discussion. Motion carries.
5. Administrative Items
  - a. Set meeting dates for 2022. Meeting dates were agreed upon. The board will meet EOM beginning in January on the 2<sup>nd</sup> Thursday of the month from 9-11 in Hutchinson.
  - b. Executive Committee Designation. The board discussed keeping the executive committee as is. Joy Cohrs motioned. Nathan Schmalz second. No discussion. Motion carries.

c. Review Audit Findings

- i. Corrective Action Plan
- ii. Prior Audit Findings

The board received an update of the audit findings.

6. SCHSAC Update – Commissioner Harder

Updates to the board were provided.

7. Other Agenda Items

- a. County Updates (Meeker, McLeod, Sibley)

COVID and staffing updates were provided by each county.

- b. CHS Update

The CHS Administrator provided updates on COVID, Grant updates, RFPs, and outlook for 2022.

Adjourn

Commissioner Harder motioned to adjourn. Joy Cohrs seconded. Motion carries.

2021 Meeting Dates

No further meetings scheduled  
for 2021

*All meetings are **9-11** unless  
otherwise specified*

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES  
114 N Holcombe Ave, Suite 250, Litchfield MN 55355  
INVOICE PAYMENTS Acct #000991730

Date Uploaded to CDS:  
November 3, 2021

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
3-Nov	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 163.16	26972431	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
3-Nov	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 136.05	26972432	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll

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INVOICE PAYMENTS Acct #000991730

Date Uploaded to CDS:  
November 10, 2021

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
10-Nov	Association of Minnesota Counties	125 Charles Ave	St. Paul	MN	55103-2108	\$ 375.00	67152	100	Local Public Health Grant	6245	Dues & Registrations Fees	Annual Conference
10-Nov	Conway Deuth Schmiesing, PLLP	820 Sibley Ave N Attn: Jon Jerabeck	Litchfield	MN	55355	\$ 5,645.89	295096	100	Local Public Health Grant	6265	Professional Services	Professional Services
10-Nov	City of Glencoe	1107 11th St Suite 104	Glencoe	MN	55336	\$ 102.67	Oct-21	230	SHIP-Community	6353	Meeting Expense	Meeting Expense
10-Nov	Sibley East Public Schools	PO Box 1000	Arlington	MN	55307	\$ 850.00	Oct-21	230	SHIP-Community	6350	Other Charges & Services	School Equipment

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Date Uploaded to CDS:  
November 11, 2021

Vendor Name		Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
11-Nov	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 263.56	26988632	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
11-Nov	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 162.21	26988633	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll

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Date Uploaded to CDS:  
November 16, 2021

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
18-Nov	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 244.75	27005702	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
18-Nov	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 125.59	27005703	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll



**MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES**  
**Breakdown by Program for Auto Payment**

On-line Auto Payment Date	11/30/2021
Date Uploaded to CDS:	11-19-21

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Date Uploaded to CDS:  
November 24, 2021

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
24 Nov	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 200.82	27021609	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
24 Nov	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 162.21	27021610	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll

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INVOICE PAYMENTS Acct #000991730

Date Uploaded to CDS:  
November 24, 2021

24-Nov	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
	Meeker County Public Health	114 N Holcombe Ave, Suite 250	Litchfield	MIN	55355	\$ 2,605.00	Nov-21	100	Local Public Health Grant	6265	Professional Services	W/C Peer Payroll
24-Nov	Reliance Standard Life Ins Co	PO Box 82510	Lincoln	NE	68501-2510	\$ (857.67)	9-08507-0001					Dental, Life & Disability



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INVOICE PAYMENTS Acct #000991730

Date Uploaded to CDS:  
December 1, 2021

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
1-Dec	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 219.65	27040185	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
1-Dec	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 107.80	27040186	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll

Date Uploaded to CDS:  
December 8, 2021

INVOICE PAYMENTS Acct #000991730

Vendor Name		Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
Conway Deuth Schmiesing, PLLP		820 Sibley Ave N	Litchfield	MIN	55355	\$ 1,937.78	295810	100	Local Public Health Grant	6265	Professional Services	Professional Services

8 Dec

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INVOICE PAYMENTS Acct #000991730

Date Uploaded to CDS:  
December 7, 2021

Vendor Name		Vendor Address	Vendor City	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
7-Dec	Minnesota Counties Computer Cooperative	MNCCC Lockbox PO Box 860687	Minneapolis	MIN	55486-0687	\$ 11,133.29	2201123	100	Local Public Health Grant	6264	PH-DOC Software	PH-DOC Software Support
7-Dec	Teuby Continued	PO Box 24	Glencoe	MIN	55336	\$ 3,800.00	Oct-02	237	Suicide Prevention Grant	6265	Professional Services	QPR & MHFA Classes

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Date Uploaded to CDS:  
December 9, 2021

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
9 Dec	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 175.73	27053599	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
9 Dec	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 134.75	27053600	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll

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Date Uploaded to CDS:  
December 15, 2021

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
15-Dec	Peoplerready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 338.87	27070327	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
15-Dec	Peoplerready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 172.48	27070328	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll

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Date Uploaded to CDS:  
December 23, 2021

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
23 Dec	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 244.75	27088024	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
23 Dec	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 167.09	27088025	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll





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INVOICE PAYMENTS Acct #000991730

Date Uploaded to CDS:  
December 30, 2021

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
30-Dec	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 307.32	27101697	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
30-Dec	Peopleready Inc	1002 Solutions Center	Chicago	IL	60677-1000	\$ 123.97	27101698	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll



**Public Health**  
Prevent. Promote. Protect.

# Community Health Improvement Plan

**2021-2026**

**Meeker McLeod Sibley**  
Community Health Services



## 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 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,

A handwritten signature in blue ink, appearing to read 'Kiza Olson', with a stylized, flowing script.

**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 Statute 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- Sibley



**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

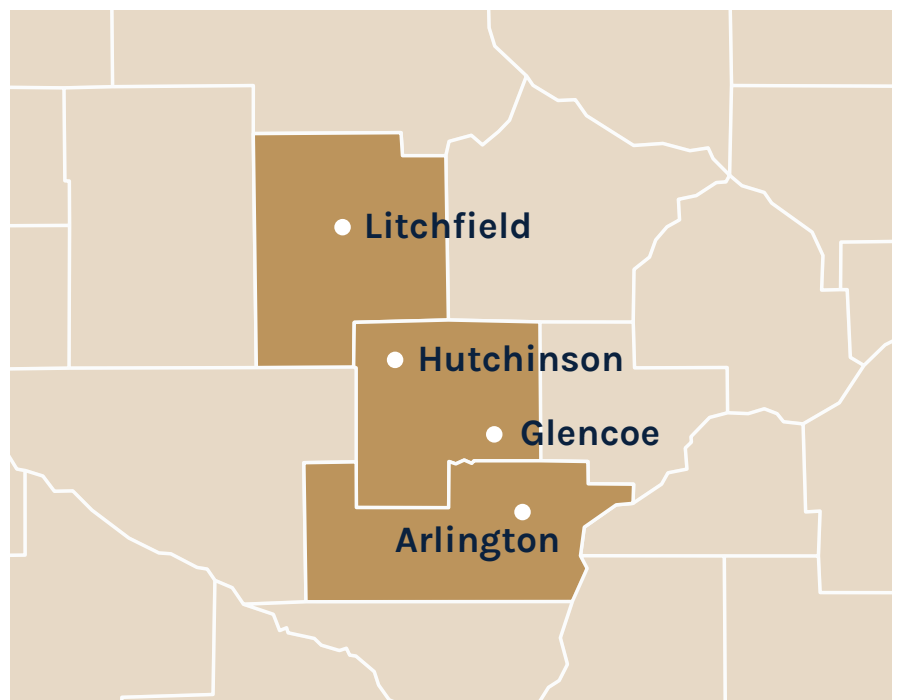
# Introduction

## 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 county 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](http://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, yet 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.

## **ATOD 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.

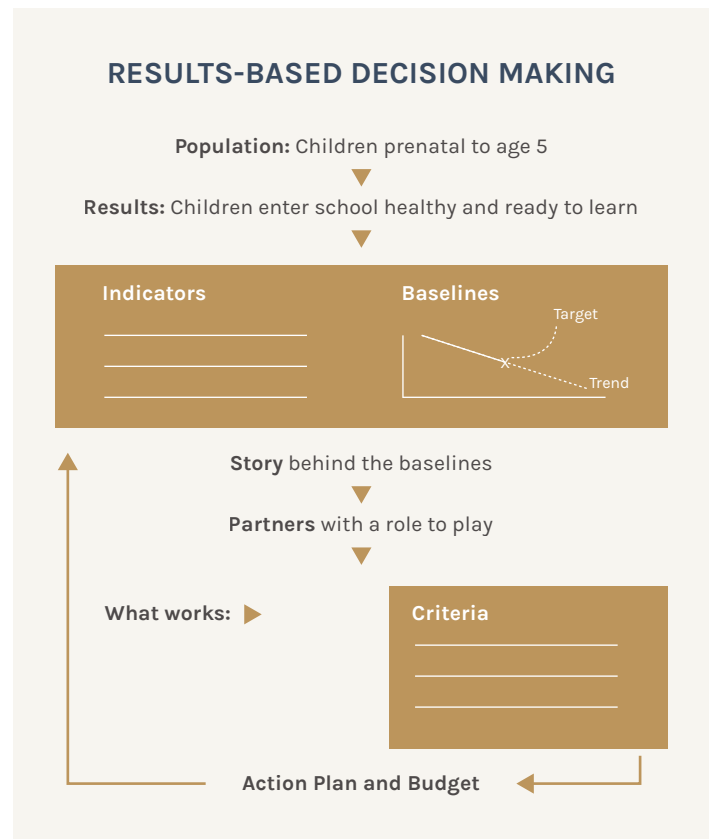
Source: [www.raguide.org](http://www.raguide.org)

## 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, PH 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
<b>Adult</b>		
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)
<b>Youth</b>		
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
<b>Adult</b>		
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)
<b>Youth</b>		
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, decrease 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
<b>Adult</b>		
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)
<b>Youth</b>		
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.

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, discussion 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.

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.

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 of 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 three 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**  
Prevent. Promote. Protect.

**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 then 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.

## Appendix C – Mental Well-Being Action Plan

### 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
<b>Adult</b>		
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)
<b>Youth</b>		
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 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.

## Appendix D - Obesity Action Plan

### 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
<b>Adult</b>		
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)
<b>Youth</b>		
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.

## Appendix E - Alcohol, Tobacco and Other Drug Misuse Action Plan

### 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
<b>Adult</b>		
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)
<b>Youth</b>		
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.

# Meeker-McLeod-Sibley Community Health Services

## Strategic 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.



**Public Health**  
Prevent. Promote. Protect.

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**Meeker McLeod Sibley**  
Community Health Services

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Meeker-McLeod-Sibley Community Health Services Strategic Plan was approved and adopted on \_\_\_\_\_ by the MMS Community Health Board.

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Meeker-McLeod-Sibley Community Health Board, Chair

This document will be reviewed annually at a Meeker-McLeod-Sibley Community Health Services PET Team Meeting. An annual report will assess progress towards the goals and objectives set and show how targets are monitored.

Reviewed:

### Strategic Plan Revisions

Date	Reviewed	Staff Initial	CHB approved	Board Chair Signature

## **Purpose**

The strategic plan provides community health boards with a guide for making decisions, allocating human and financial resources, and pursuing time-bound, measurable strategies and priorities. The plan is internal to the organization and informed by priorities noted during the organizational assessment and the community health assessment. Strategic planning also allows agency staff the opportunity to contribute to their community health board's vision and goals. The strategic plan is the foundation of how we operate and a roadmap to guide us as we move forward as a community health service.

## **Introduction**

Meeker-McLeod-Sibley Community Health Services (MMS CHS) is the governing entity for public health services under Minnesota Statute 145A; a joint powers agreement was formed in 1980. The governing entity for MMS CHS is the Community Health Board (CHB), consisting of six commissioners, two from each county.

MMS CHS has a long history of working together in numerous public health programs. This collaboration under the community health board arrangement has allowed MMS CHS to be more efficient and effective in the delivery of public health programs, to streamline work plans and reduce duplication in reporting.

According to MN Statute 145A, Community Health Boards are required to complete a community health assessment (CHA) and community health improvement (CHIP) plan, every five years. In 2011 this requirement was changed to include submission of a strategic plan and a quality improvement plan.

The Meeker-McLeod-Sibley Performance Excellence Team (PET) has worked to develop a strategic plan, a quality improvement plan, and facilitate the monitoring of the Strategic Plan and CHIP performance measures. The following plan describes the strategic planning process staff used to identify and prioritize goals, objectives, and indicators aligned with the mission and vision of MMS CHS.

## Strategic Planning Process

### Background

The strategic planning process was developed by the Minnesota Department of Health (MDH) and is based on the national public health accreditation standards issued by the Public Health Accreditation Board (PHAB).

The strategic planning process was mapped out as:



*See Appendix A for a more detailed diagram*

In Spring of 2020, MMS CHS was scheduled to meet with Minnesota Department of Health (MDH) staff to start the process. Due to the COVID-19 pandemic, this process was delayed. In Summer of 2020, the MMS CHS Management Team made the decision to move forward with the strategic planning process and created a temporary strategic planning subcommittee to develop a new plan. The team consists of:

- Kiza Olson; Meeker-McLeod-Sibley Community Health Services Administrator
- Laurie Terning; Meeker County Public Health Nurse Supervisor
- Mary Bachman; Sibley County Health and Human Services Community Health Specialist
- Kerry Ward; McLeod County Health and Human Services Health Educator/Accreditation Coordinator

While this is the core strategic planning subcommittee, all levels of staff had multiple opportunities to provide input throughout the process.

Prior to beginning the process, Kiza Olson, MMS CHS Administrator, met with Linda Bauck-Todd, MDH Nurse Consultant, to discuss process, tools, and facilitation that would work within COVID-19 safety parameters. A combination of survey tools, virtual meetings, and outdoor in-person social distanced meetings were held with staff across the three counties to discuss the strategic plan process and conduct the Strengths, Weaknesses, Opportunities and Challenges

(SWOC) Analysis. These SWOC analysis sessions were held in July 2020. All staff were invited and encouraged to participate.

### **Strengths, Weakness, Opportunities and Challenges (SWOC) Analysis**

The staff reflected on their experiences as they listed strengths, weaknesses, opportunities and challenges (SWOC) for the future.

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Strong support of the board and county administrator</li> <li>• Strong consistent leadership</li> <li>• Dedicated staff</li> <li>• Well versed staff</li> <li>• Compassionate staff</li> <li>• Work together to find the better of the population.</li> <li>• Equality among employees</li> <li>• Professionalism</li> <li>• Knowing what works well and what did not historically</li> <li>• Flexibility</li> <li>• Especially during COVID</li> <li>• Adaptability</li> <li>• Responsive to needs</li> <li>• Resilient</li> <li>• Health Educators/Teams in general are good at establishing partners</li> <li>• Sharing of resources</li> <li>• Knowledge and expertise of staff</li> <li>• Don't hesitate to email or ask those experts</li> <li>• Good teamwork</li> <li>• Working 3 countywide is a benefit</li> <li>• Able to focus in on certain areas</li> <li>• With turnover- work can continue 3 counties</li> <li>• Better opportunity of content experts because of the CHS</li> <li>• DP&amp;C</li> <li>• Vaping/T21</li> </ul>	<ul style="list-style-type: none"> <li>• Record retention</li> <li>• Commissioners/Leadership</li> <li>• Mix of technology between the counties</li> <li>• Employees wear many hats</li> <li>• Metrocentric (CRI)</li> <li>• Shrinking dept. for Sibley</li> <li>• Lack of diversity in staff</li> <li>• Lack of collecting local data</li> <li>• Acting on local data findings</li> <li>• QI – narrow lens</li> <li>• ROI difficult to show</li> <li>• Stigma – government checking in when connected to Human Services and “welfare”</li> <li>• CHS offers unclear roles and responsibilities for staff as we are delegated</li> <li>• No accountability</li> <li>• CHS structure/no team leads/currently share work with no pay for extra work</li> <li>• Authority to staff in relation to teams and staff (ie: EP program)</li> <li>• Geography/location</li> <li>• Grant limitations</li> <li>• Struggle w/Meeker and Sibley staff to meet as a team</li> <li>• Frustrating that sometimes we can't do it the same across the 3 counties</li> <li>• Program-level – FHV/WIC – some things just don't work across the board – different capacity</li> </ul>

<p><b>Strengths cont.</b></p> <ul style="list-style-type: none"> <li>• Gives us more depth to draw from</li> <li>• Safety net to provide assurance when a county loses staff</li> <li>• Utilize our positions to the best of their abilities in relation to skills</li> <li>• Nurses</li> <li>• Health educators</li> <li>• Dietitians</li> <li>• Social workers</li> <li>• Well-rounded team</li> <li>• Benefit from other staff members from other counties -IE community health workers</li> <li>• Hidden support</li> <li>• CHS is a guardian angel vs Unicorn</li> <li>• History of working well together across the county lines</li> <li>• Large group of well-educated, talented, friendly and flexible employees</li> <li>• Passionate/Compassionate</li> <li>• Forward- thinking</li> <li>• Innovative</li> <li>• Inclusive</li> <li>• Patient</li> <li>• Trustworthy</li> <li>• Independent</li> <li>• Ethical</li> <li>• Good communication</li> <li>• Good customer service</li> <li>• Because of COVID – upped the ante – VPN and cellphones to staff</li> <li>• Collaboration and partnerships</li> <li>• Longevity of partnerships</li> </ul>	<p><b>Weaknesses cont.</b></p> <ul style="list-style-type: none"> <li>• Fair vs equitable</li> <li>• History/Baggage</li> <li>• Engagement where it is – do your job well and have a ripple effect eventually and waiting to get there</li> <li>• People are too busy – how do you create time</li> <li>• CHS employee has CHW certification but doesn't use it to its full potential <ul style="list-style-type: none"> <li>○ Work isn't flexible, how does she work in each county with different rules</li> </ul> </li> <li>• Different operations systems</li> <li>• Different management styles</li> <li>• Lack of identified responsibilities</li> <li>• Lack of reliable funding</li> <li>• Making the public aware of the work of public health and services</li> <li>• Rough transition when grant funding ends</li> <li>• Staff turnover</li> <li>• Lack of filled positions</li> <li>• Succession planning</li> <li>• Cross training</li> <li>• How to recruit new graduates (nursing)</li> <li>• Inconsistent environment</li> <li>• Lack of capacity</li> <li>• Different day to day jobs based on external barrier</li> <li>• Different variables that do not create an equal playing field</li> <li>• How to tell community of the services we offer</li> <li>• Are the staff fluid enough to go from one county to another</li> <li>• Integration</li> <li>• Delegation</li> </ul>
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Opportunities	Challenges
<ul style="list-style-type: none"> <li>• Maximize partnerships</li> <li>• Room for growth in capacity</li> <li>• Where/How to define the future of CHS</li> <li>• Cohesive 3 county collaborations</li> <li>• Find an open mind in similar goals</li> <li>• Combining health and human services in Meeker</li> <li>• Effective collaboration as the CHS</li> <li>• CHS structure organization</li> <li>• Educate staff on the benefits/strengths of the CHS <ul style="list-style-type: none"> <li>○ Work through integration grief</li> </ul> </li> <li>• Cash value – meeting community needs at a higher level</li> <li>• Why QI is important (not we have to do this because of accreditation)</li> <li>• Speak in #'s for funding – we are the CHS staff</li> <li>• Train new leadership about public health and educate the public about public health</li> <li>• Accredited = standards/high standards</li> <li>• Seek funding</li> <li>• Work on health inequities <ul style="list-style-type: none"> <li>○ High risk health issues</li> <li>○ Racism as a public health issue – trainings for providers and public – implicit bias</li> <li>○ Health in all polices</li> <li>○ Staff cultural competency</li> <li>○ Social determinants of health</li> </ul> </li> <li>• Use Community Health Workers more</li> <li>• Training <ul style="list-style-type: none"> <li>○ ECHO</li> <li>○ Ethics</li> <li>○ Public health book club</li> <li>○ Community book reads</li> <li>○ TED talks on topics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Different levels, resources, culture across each county coming to the CHS table</li> <li>• Fair vs equitable for programs</li> <li>• Political climate – all vs. me – lack of foresight for the greater good</li> <li>• Inability to safely gather</li> <li>• Unverified sources or misinformation</li> <li>• Lack of trust</li> <li>• History of the CHS/old issues</li> <li>• Re-educating elected officials (when we get newly appointed leaders)</li> <li>• Social media</li> <li>• COVID</li> <li>• CHS board not on our page or the same of each other</li> <li>• Lack of being valued or feeling connected</li> <li>• CHS not having an identified space</li> <li>• Complications with IT</li> <li>• Not sure what channels to go through</li> <li>• No accessibility to a boss</li> <li>• Funding</li> <li>• Staff turnover/retirement</li> <li>• Commissioner turnover</li> <li>• PH message not being a part of the commissioners or politician's language</li> <li>• Different workplace cultures – we are our own threat</li> <li>• Workplace bullying</li> <li>• Chain of command is unclear</li> <li>• We do more in McLeod – do not focus on that as we all have different capacity different expertise</li> <li>• Trying to manage all the moving pieces and not knowing where the support is coming from</li> <li>• Unequal playing field</li> <li>• Recruitment of staff members</li> </ul>

<p><b>Opportunities cont.</b></p> <ul style="list-style-type: none"> <li>○ Make bridges out of poverty a mandatory training</li> <li>• Look back at CHS hot wash of H1N1 to learn from our mistakes and reach others better</li> <li>• Bridges out of poverty training for all staff</li> <li>• Define roles/responsibilities throughout CHS</li> <li>• Opportunity to use data better to guide work/decision making – performance management</li> <li>• PH-DOC use it to its fullest potential</li> <li>• COVID-19 has brought out the face of public health</li> <li>• Promote public health</li> <li>• Branding strategy needed</li> <li>• Ethics process and committee needed</li> <li>• Health advisory board needed for the CHS</li> <li>• Develop more three-county community partners</li> <li>• Look for resiliency in our staff and residents and build upon that</li> <li>• Address health inequities</li> </ul>	<p><b>Challenges cont.</b></p> <ul style="list-style-type: none"> <li>• Delegation of duties</li> <li>• Lack of capacity</li> <li>• Board turnover during election years</li> <li>• Polarization of views</li> <li>• Inconsistency in work environment</li> <li>• Ensure programming is being delivered</li> <li>• How do we support CHS when life happens: <ul style="list-style-type: none"> <li>○ Move on</li> <li>○ Buffer the impact</li> <li>○ How do we not allow it to affect the work we do</li> </ul> </li> <li>• Lack of understanding of the CHS and the benefits</li> <li>• Prioritization</li> <li>• Burnout of staff <ul style="list-style-type: none"> <li>○ Working from home</li> <li>○ Hard time saying no and becoming overwhelmed</li> </ul> </li> <li>• Lack of a timeline</li> <li>• Uncertainty <ul style="list-style-type: none"> <li>○ Hard to plan for grants</li> <li>○ How to train in this environment</li> </ul> </li> </ul>
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## Developing and Updating Core Elements

The Strategic Planning Subcommittee and MMS public health leadership reviewed the results of the SWOC. This expanded team met on a regular basis and, based on the SWOC, revised the mission statement and reviewed the vision as well. All staff were asked to reflect on the suggested updates to the mission and respond with their approval or additional suggestions. The team also looked at the values from the last strategic plan, with consideration of the Minnesota Department of Health's *Moving Public Health in to the 21st Century* framework. It was a priority to include staff throughout the strategic planning process, the Strategic Planning

Subcommittee and public health leadership also asked all staff to review and rank the values from the previous strategic plan and add any new suggested values.

**Mission:**

The mission statement had been in place for a number of years and was revised to reflect a more accurate 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.*

**Vision:**

*Healthier people with enhanced quality of life living in Meeker, McLeod, and Sibley counties*

**Values:**

- Accountability/integrity
- Trust(ed)
- Collaboration
- Prevention
- Honesty
- Quality
- Evidence-based
- Community engagement

**Vision Statements**

The Strategic Planning Subcommittee and public health leadership brainstormed vision statements by answering the question, “Where should the CHS be in the next 3-5 years?” An affinity grouping was used to organize ideas and identify themes.

Identified vision statements:

- Resilient infrastructure
- Valued community leader
- Robust performance management and quality improvement systems
- Safe and healthy community
- Engaged employee culture

## **Strategic Priorities**

The Strategic Planning Subcommittee and public health leadership followed a process to make the vision statements actionable. An affinity grouping was utilized to collect similar action steps; strategy elements were identified to capture the main themes.

Identified strategies:

- Strengthen MMS CHS infrastructure
- Build a positive employee culture
- Maximize, support, and strengthen local partnerships
- Respond to emerging issues
- Develop and implement a comprehensive performance management and quality improvement system
- Increase visibility of local public health

## **Consideration of Agency Infrastructure and Capacity**

Consideration of agency infrastructure and capacity is an important component when planning for efficiency and effectiveness. Because MMS CHS is a delegated public health agency, conversations about infrastructure need to consider the CHS, as well as three counties. This includes four independent human resource departments, personnel policies, and technology resources and guidelines. When CHS plans are linked, such as the Workforce Development Plan to the Strategic Plan, MMS CHS strengthens its foundation to support infrastructure needs.

In developing this strategic plan, MMS CHS considered staff and leadership capacity. In 2021, four of the six community health board (CHB) members were new to the CHB. In addition, MMS CHS has a new administrator who was hired right before the pandemic. New leadership presents new opportunities; although, there is a significant learning and orientation period. While assessing capacity, additional challenges and workload of COVID needed to be considered. Capacity for non-COVID public health work has decreased; therefore, it is even more important to prioritize and ensure efficient operations through information management and communications.

## **Identification of Changing and Emerging Trends**

MMS CHS is continuously monitoring changing and emerging trends that may impact the effectiveness and/or strategies of the health department. Changing and emerging trends that MMS CHS is currently monitoring:

- COVID-19 pandemic

- Turnover within the MMS Community Health Board
- Elections that have the potential to alter the public health direction at all levels of government
- Changes in public health leadership and structure, including some county transitions to combined public health and human services departments
- Expanding health equity work
- Racism and social justice
- All the changes in public health work – quality, evidence-based work, performance management
- Minnesota Department of Health *Moving Public Health to the 21st Century* work

### **Implementation and Communication of Plan**

The 2021–2026 strategic plan represents an ongoing process of setting priorities, reflecting on what is being learned, and taking realistic steps forward. The strategic plan provides the organizational guideposts for CHB staff, county partners and board members to discuss and determine where to focus time and resources. At the broadest level, the implementation of the five-year strategic plan occurs through the development and monitoring of the work plan. The MMS Performance Excellence Team (PET) manages this process and oversees communication with agency staff and the CHB. MMS CHS uses a process of continuous monitoring and quality improvement to ensure implementation is on track and make revisions as needed throughout the year.

Communication regarding progress and revisions of the plan will be discussed with the MMS PET Team, individual public health departments and the MMS CHB. Various forms of communication will be used such as email and in person and virtual meetings, involving all stakeholders.

### **Action Plans**

MMS CHS identified six strategic priorities; however, due to capacity, the MMS CHS Strategic Planning Subcommittee and public health leadership used a dot voting activity to prioritize the strategies after having a thoughtful discussion about each of them. The two priorities identified for creation of initial action plans are *Build a Positive Employee Culture* and *Strengthen MMS CHS Infrastructure*. Action plans for additional strategies will be developed at a later date as capacity allows.

### *Strategy 1: Build a Positive Employee Culture*

*Goal:* Employees who feel valued at work.

*Objectives:*

- A minimum of 75% of MMS staff will complete and return the *Get to Know You* document by October 31, 2021
- A minimum of 80% of MMS staff will complete the annual staff assessment by Jan 31, 2022

Beginning in 2022, create newsletter celebrating staff and client stories three times each year (late Winter, Summer, Fall) For the full action plan, refer to Appendix B.

### *Strategy 2: Strengthen MMS CHS Infrastructure*

*Goal:* The Meeker-McLeod-Sibley Community Health Board will be knowledgeable and supportive decisions makers regarding the work of public health.

*Objective:*

- 100% of commissioners new to the Community Health Board (CHB) will be provided a comprehensive public health orientation within the first half of their first year of appointment to the CHB

For the full action plan, refer to Appendix C.

### **MMS CHS Strategic Plan Linkages**

The *Minnesota Local Public Health Assessment and Planning Process* (Appendix D – diagram of the process) links the MMS CHS Strategic Plan with the Community Health Improvement Plan (CHIP). As a part of the implementation of the CHIP, community stakeholders are involved in the creation, implementation, monitoring and revision of CHIP action plans. These action plans work to address the top three health concerns identified during the Community Health Assessment process – mental well-being, obesity/food insecurity, and alcohol, tobacco and other drug misuse. While these issues have been around for a while, the COVID-19 pandemic has exacerbated these issues in the community. The Strategic Plan guides MMS CHS in maximizing capacity to best support and partner with the community to address the identified health issues from the Community Health Assessment (CHA).

The MMS CHS Strategic Plan also links strongly with the Workforce Development (WFD) plan. The WFD plan addresses public health workforce levels to ensure an adequate workforce both now and in the future. The WFD plan is the guiding document for staff orientation and training and will support achievements of goal and objectives of the strategic plan. Not only is it important to ensure staff are competent with basic public health issues, but the WFD team will work to implement MMS Strategic Plan action plans related to workforce and ensure staff are prepared to address emerging public health issues. One of the strategies identified in the MMS CHS Strategic Plan is *Build a Positive Employee Culture*. This strategy is important for employee retention, engagement and productivity, with special focus of the additional demands COVID has put on the public health workforce.

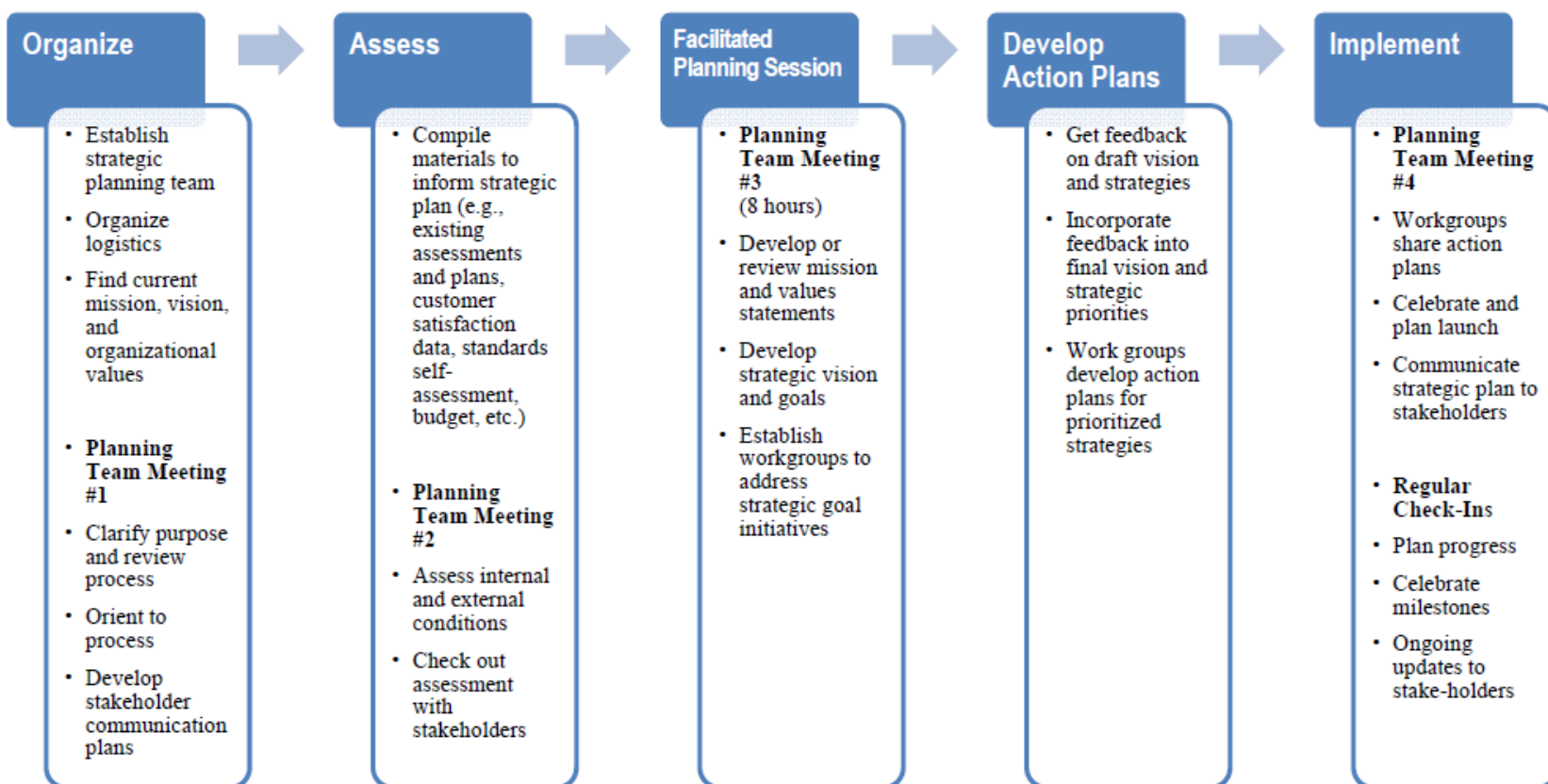
The MMS CHS Performance System links to the strategic plan by requiring public health leadership and staff to have measures uploaded to the tracking system used. Action plan measures will be monitored for implementation and progress will be analyzed. Plans will be revised if necessary. The MMS Performance Excellence Team will receive communications on results of this monitoring process.

The MMS CHS Strategic Plan conforms to the MMS CHS Branding Strategy as it includes the CHS logo and mission. Plans will have a consistent format based on the branding strategy that is found in the MMS CHS Communications Plan.



## Strategic Plan: Process Overview

### Local and Tribal Public Health Strategic Planning

Strategic planning is a deliberate decision-making process that determines the direction in which the organization is going.



## Appendix B

<b>Strategic Priority: To promote a positive employee culture</b>		<b>Goal (desired result related to the strategic priority): Employees who feel valued at work</b>		
<b>#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame)</b> A minimum of 75% of MMS staff will complete and return the <i>Get to Know You</i> document by October 31, 2021			<b>Indicators (how you know you are making a difference)</b>	
<b>Action Steps (Deliverables) w/ timeline</b>	<b>By When</b>	<b>Resources Needed</b>	<b>Lead Person</b>	<b>Status of action steps w/dates</b>
<ul style="list-style-type: none"> <li>Create <i>Get to Know You</i> document.</li> <li>Create procedure to use with <i>Get to Know you</i> document.</li> <li>Explain procedure and purpose of <i>Get to Know You</i> document to staff, including how information will be used/shared.</li> <li>Distribute <i>Get to Know You</i> document to all PH staff from Meeker, McLeod, Sibley, and CHS</li> <li>Collect completed <i>Get to Know You</i> documents from staff</li> </ul>	<p>August 2021</p> <p>July 2021</p> <p>September 2021</p> <p>October 2021</p> <p>October 2021</p>	 <p>Get to know you tool final.pdf</p>  <p>Get to Know You Procedure 2021.doc</p>	Kiza	Kiza to bring to SP mtg for team review and approval.

**#2 Objective:**

A minimum of 80% of MMS staff will complete the annual staff assessment by Jan 31, 2022.


Annual staff assessment tool 80% completion rate

Indicators (how you know you are making a difference)

Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
<ul style="list-style-type: none"><li>• All staff receive email invitation to complete PH WINS survey</li></ul>	September 2021	WFD team	WFD Team	
<ul style="list-style-type: none"><li>• Analyze PH WINS survey questions to determine gaps in employee assessment related employee culture.</li></ul>	November 2021	SP team to complete	Mary Bachman	
<ul style="list-style-type: none"><li>• Create procedure indicating annual assessment focused on meeting the needs/expectations of employees and their interactions within the CHS</li></ul>	December 2021	SP team and PET team work together on this.	Mary Bachman	
<ul style="list-style-type: none"><li>• If gaps in employee assessment related to culture are identified, create supplemental assessment tool.</li></ul>	December 2021	Assessment response collected using Survey Monkey account.	Mary Bachman	
<ul style="list-style-type: none"><li>• Distribute supplement tool to all Public Health staff from Meeker, McLeod, Sibley and CHS to complete (if needed)</li></ul>	January 2022	Filter through MT. SP team in partnership with WFD	Mary Bachman	
<ul style="list-style-type: none"><li>• Analyze supplemental tool results (if needed)</li></ul>	February 2022	SP team	Mary Bachman	

<ul style="list-style-type: none"> <li>Analyze PH WINS survey findings</li> <li>Use results from PH WINS survey and supplemental survey (if needed to plan initiatives to strengthen employee culture.</li> <li>Identify questions from PH WINS survey to ask employees on an annual basis to measure changes in employee culture.</li> <li>Develop annual staff assessment tool to use during non-PH WINS survey years.</li> <li>Implement staff assessment tool.</li> </ul>	April 2022	WFD team in partnership with SP team.	WFD team	
	June 2022	WFD team	WFD team	
	July 2022	SP team in partnership with WFD	Mary Bachman	
	November 2022	Use Survey Monkey for assessment	Mary Bachman	
	January 2023	SP team with WFD	Mary Bachman	

Indicators (how you know you are making a difference)

Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status
<ul style="list-style-type: none"> <li>Create a format for an agency newsletter</li> </ul>	November 2021	Graphic design program, distribution tools (such as Constant Contact)	Kerry Ward	
<ul style="list-style-type: none"> <li>Identify distribution methods to better reach staff with the newsletter, such as email, employee section of CHS website, Sharepoint, and/or printed copies.</li> </ul>	November 2021	 MMS CHS Policy Template. Blank.doc	Kerry Ward	
<ul style="list-style-type: none"> <li>Create a procedure to identify newsletter content, including success stories, program highlights, and CHS news.</li> </ul>	November 2021			
<ul style="list-style-type: none"> <li>Collect newsletter content for Winter, 2022 newsletter</li> </ul>	January 2022			
<ul style="list-style-type: none"> <li>Prepare and distribute Winter, 2022 newsletter to all PH staff</li> </ul>	February 2022			

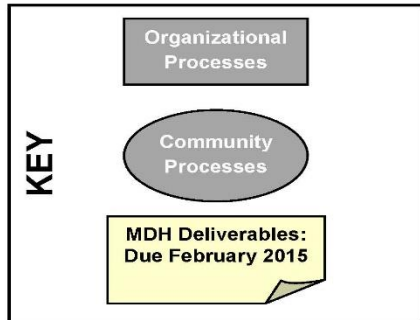
## Appendix C

<b>Strategic Priority: Infrastructure</b>		Goal (desired result related to the strategic priority): The Meeker-McLeod-Sibley Community Health Board will be knowledgeable and supportive decisions makers regarding the work of Public Health.		
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame)  100% of Commissioners new to the Community Health Board (CHB) will be provided a comprehensive public health orientation within the first half of their first year of appointment to the CHB.			Indicators (how you know you are making a difference)	
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status of action steps w/dates
<ul style="list-style-type: none"> <li>Develop orientation materials to use with new CHB members.</li> <li>Develop post orientation survey to measure the effectiveness of the orientation process and make improvements to the process for future CHB members.</li> <li>Identify Commissioners to the Community Health Board</li> <li>Schedule orientation.</li> <li>Implement orientation process. May be done as a group, individual basis, or a combination.</li> </ul>	January, 2022  January, 2022  January, 2022  February, 2022  January – June, 2022	Content and format for delivery of implementation materials  List of county Commissioner committee appointments  Contact information for new CHB members  TBD based on orientation format	Kiza  Kiza  Kiza  Kiza	

<ul style="list-style-type: none"> <li>• Offer additional learning opportunities as needed.</li> <li>• Update orientation materials based on feedback from post orientation survey</li> </ul>	<p>July – December, 2022</p> <p>December, 2022</p>		<p>Kiza and MT</p> <p>Kiza</p>	
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## APPENDIX D:

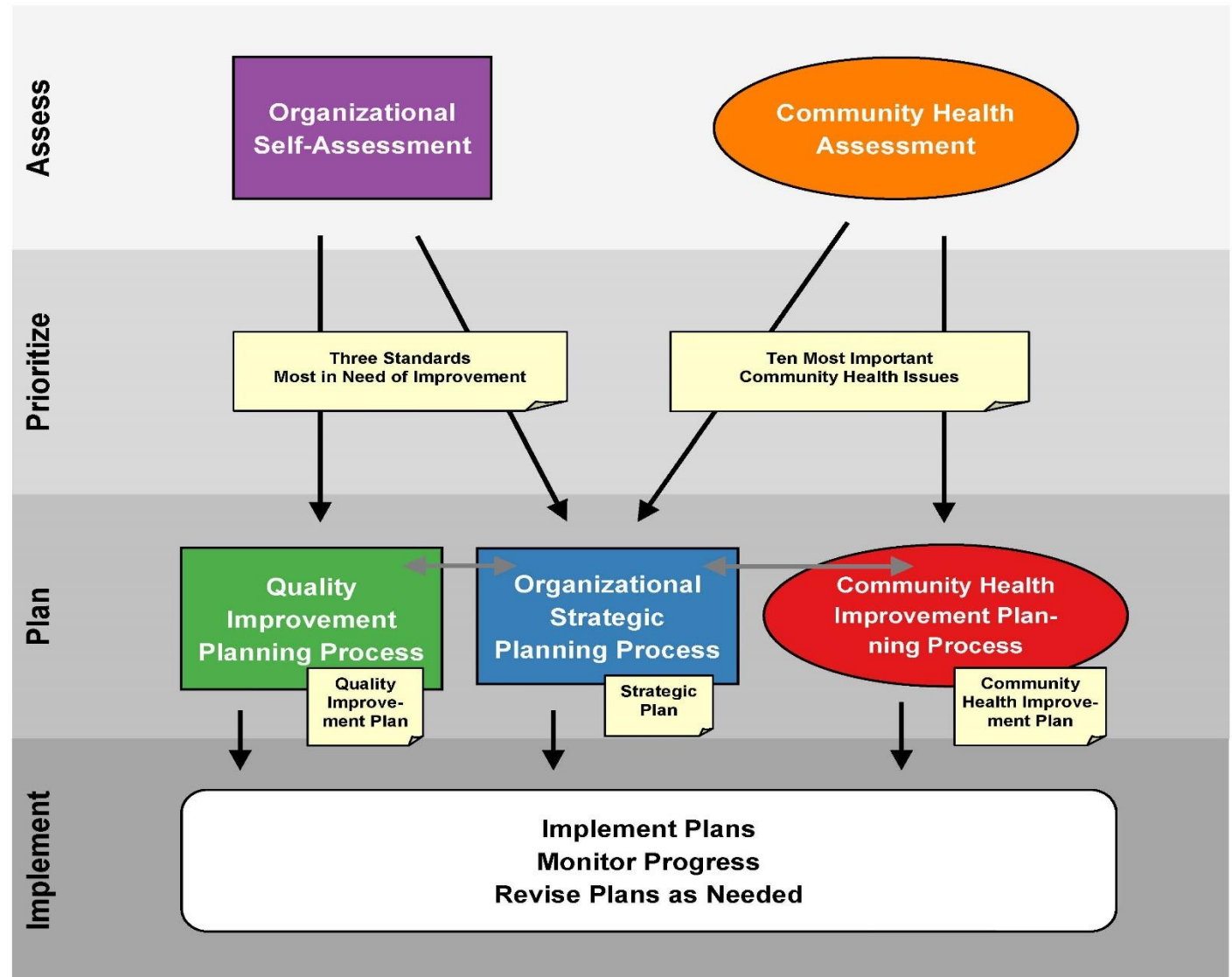
# Minnesota Local Public Health Assessment and Planning Process



Revised April 12, 2012

This diagram represents the revised Community Health Assessment and Action Planning (CHAAP) process.

For information on definitions and criteria for assessments and plans, please visit the *Public Health Accreditation Board (PHAB) Standards and Measures, Version 1.0* at [www.phaboard.org](http://www.phaboard.org).



TEAM	MEETING DAY	TIME
<b>CHS Management Team</b> Brittany, Rachel, Diane, Kiza, Berit, Klea	Thursdays	12:30-2pm
<b>PET</b> Brittany, Julia Ashley, Catherine, Diane, Erin, Kerry, Jayme, Julie K, Laurie T, Mary, Rachel, Pam, Kiza	4 <sup>th</sup> Monday, every month	9-11am
<b>PM/QI</b> Mary, Diane, Rachel, Kiza, Brittany, Erin, Catherine, Laurie T, Pam	TBD	
<b>Family Planning</b> Nichole C, Rachel L, Patty, Rachel F	1 <sup>st</sup> Monday, even months	9-11am
<b>Family Home Visiting</b> Brittany, Laurie T, Patty, Whitney	1 <sup>st</sup> Monday, every month	1-4pm
<b>Project Harmony</b> Catherine, Jenny L, Patty B, Abby, Diane	1 <sup>st</sup> Monday, odd months	9-12pm
<b>WIC</b> Jessica R, Patty, Diane, Brittany, Rachel F, Kiza, Beth, Kiza, Laurie T, Angela, Lindsay	Last Thursday of the 1 <sup>st</sup> month, each quarter.	9:30-11am
<b>Core SME's</b> Laurie B, Catherine Julie S, Brittany	TBD	
<b>MMS EP/EM Team</b> Kiza, Julie K, Stephanie, Diane, Kevin M., Berit, Andrew H, Klea, Rachel F, Brittany	TBD	

# CHS INTERNAL MEETING SCHEDULE

2022

<b>C&amp;TC</b> Whitney N, Nicole M, Jenny C, Diane	4 <sup>th</sup> Monday, every month	9am
<b>Healthy Homes</b> Erin, Rachel L, Jennifer, Renee, Rachel F	TBD	
<b>Health Equity Coalition</b> Vlada, Luz, Julie K, Rachel F, Kerry	4 <sup>th</sup> Tuesday, every month	
<b>SHIP</b> Pam, Brett, Vlada, Kerry, Jayme, Kiza	TBD	

<b>Fiscal</b> Rosy, Oksana, Robin, Julie S, Kiza, Diane, Brittany, Rachel F	Quarterly – Jan, Apr, Jul, Oct, actual days vary	2:00pm
<b>Environmental Health</b> Laurie S, Emily, Rachel F, Kiza, Erin, Julie K, Diane, Brittany, Laurie T	Quarterly – Wednesday !!	
<b>Community Health Improvement Team(CHIT)</b> Mary, Jayme, Brett, Kerry, Pam, Vlada, Laurie T, Brittany, Diane, Rachel F	1 <sup>st</sup> Thursday, every month	10:15-11:45am
<b>CHS Board Meetings</b> Rachel F, Diane, Brittany, Klea, Berit, Kiza, Julie S	2 <sup>nd</sup> Thursday, every other month, Hutchinson	9-11am
<b>CHS Staff Days</b>	5 <sup>th</sup> Mondays in January, March, !!	

# CHS INTERNAL MEETING SCHEDULE

2022

All staff		
<b>CRABC</b> Whitney, Jenny C, Nicole	4 <sup>TH</sup> Friday of @ month	10:30am
<b>Workforce Development</b> Rachel F, Laurie T, Kerry, Kiza	TBD	
<b>Immunization/DP&amp;C</b> Julie K. Donna, Nicole M, Laurie S, Barb, Rachel F, Diane, Kiza, Emily, Laurie T, Jenny C	4 <sup>th</sup> Wednesday of last month in quarter	10-11am