

ISANTI COUNTY PUBLIC HEALTH

COMMUNITY HEALTH IMPROVEMENT PLAN 2015-2020

DECEMBER 31, 2015.

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EXECUTIVE SUMMARY

Isanti County Public Health Department (ICPH) and its partners are determined to improve the quality of life and overall health of Isanti County residents. After conducting a thorough Community Health Assessment (CHA) with input from community leaders and the general public, ICPH identified the top health priorities facing the community. Through collaboration with local organizations as well as statewide programs, ICPH plans to address these priorities with a variety of strategies. Each strategy contains measureable objectives to track progress towards the goals of improving health in each specific area of priority. Following is a summary of the top five health priorities and corresponding health improvement strategies:

Health Priority	Suggested Strategies
Mental Health and Wellbeing	<ul style="list-style-type: none"> - Reduce stigma through implementing policy and system changes, supporting mental health services, and presenting an anti-stigma campaign to county residents. - Develop mental health promotion services across ages and circumstances through supporting current parenting and educational services, providing resiliency training, promoting infant mental health training, and developing a model for dementia care across the continuum of care.
Access to Health Services (Dental and Mental Health)	<ul style="list-style-type: none"> - Improve access to dental services for low-income residents by partnering with a mobile dental clinic that specializes in caring for children with disadvantaged backgrounds. - Promote partnerships with dentists, health care organizations, health plans, and local government to help provide reduced-cost services and improve access.
Obesity	Reduce the rate of obesity and overweight status by promoting health food initiatives and partnering to establish a regional Food Access Network to increase access to locally grown food.

Physical Activity	Promote parks, affordable exercise programs, healthy lifestyle classes, and chronic disease prevention programs.
Alcohol, Tobacco, and Other Drugs	Reduce the use of e-cigarettes among youth by promoting smoking cessation programs through Partners in Healthy Living, strengthening county point-of-sale policies regarding tobacco sales, and further educating youth about the dangers of tobacco and e-cigarettes.

INTRODUCTION

DESCRIPTION OF JURISDICTION

Isanti County is located in east central Minnesota, approximately 45 miles north of the Twin Cities of Minneapolis-St. Paul. In 2000, Isanti County became part of the Twin Cities Metropolitan Service Area (MSA) and part of the 11-county metropolitan area. This changed Isanti County's designation from rural to suburban. Three small cities – Braham, Cambridge and Isanti – developed in the county. Prior to 1940, two-thirds of the population resided on farms with one third living in small towns. The proportion of people living on farms has decreased with approximately 2% of the population claiming farming as their major occupation in the 2000 Census of Agriculture.

All three Isanti County cities have grown over the past decade. Cambridge is the county seat and has the largest population of the three – 8,111 (2010). The city of Isanti has a population of 5,251 while Braham has a population of 1,628 as of 2010. In 2004, Isanti County was the 13th fastest growing county in the United States.

Isanti County Population	2010	2006	2000	1990
	37,816 (2% decrease)	38,576 (23% increase in 5 years)	31,287 (21% increase in 10 years)	25,921

Two major state highways intersect in the city of Cambridge – Highway 65 (North/South) and Highway 95 (East/West). Northern Pacific Railroad also routes 27 trains through all three cities each day. This has been a resource for “big box” stores to locate in Cambridge and a source of frustration due to a dramatic increase in traffic congestion. The Rum River winds through the cities of Cambridge and Isanti.

COMMUNITY SYSTEMS

Isanti County’s major formal systems are: City of Braham, City of Cambridge, City of Isanti, the County itself, two school districts and the Cambridge Medical Center. Over the past five years, these systems have come together through a number of coalitions to work jointly on issues. Some of these coalitions include the Early Childhood Coalition, Isanti County Corrections Board (juvenile issues), Interagency Coalition for Children’s Mental Health, Isanti County Emergency Preparedness Coalition, Family Support Team, Statewide Health Improvement Program Community Leadership Team, Heart Safe Communities and Community Benefit Council. All reflect the financial conservatism of the community. School District 911 (Cambridge-Isanti) seems to garner the most support from the community with regard to financial issues, and their bond proposals usually pass. Part of that success comes from keeping projects conservative in nature. The Scandinavian tradition of no-frills continues to be very strong despite a decreasing number of people claiming Scandinavian heritage as the community grows.

Churches offer another system for collaborating on community issues. Again, conservatism prevails. Even though only 50% of families enrolled in schools claim any church affiliation (school survey, 2011), churches continue to have high influence on policy decisions. The Isanti County Ministerial Association is an organization for all pastors to meet and discuss community issues and how best to address them jointly.

Isanti County Public Health and Cambridge Medical Center have partnered on several occasions to improve the health of the community. Examples include coordinated flu shot clinics, emergency preparedness, and wellness and childhood immunization projects. Braham and Isanti have well-organized, well-established events such as Braham Pie Day and Isanti Rodeo/Jubilee Days, which draw hundreds of people to their communities.

Many more informal groups exist including neighborhood watch groups, community involvement committee, scouts, 4H, two retreat centers, bicycling club, senior dining sites in all three cities, an environmental coalition and school parent organizations and booster clubs for sports. There are three non-profit agencies in Isanti County which operate thrift shops where gently used clothing and household items are donated and resold at low prices. Money from those thrift shops is given to local food shelves and other local charitable projects. Lions and Rotary Clubs also have a very active civic presence and in the past several years, a Habitat for Humanity chapter was developed. The Rotary Club estimates that just 50% (approximately) of adults in the communities volunteer in some form. This may be related to the long commute of residents. In fact, 70% of workers commute an average of 35 miles one way.

The community enjoys efficient local government and elected officials who are responsive to citizens and fiscally proactive. Housing options are available for the population's lifespan. The cost of living, especially with regard to housing, is lower than the surrounding metro counties, and there is a range of housing options from low income to market rate often within the same neighborhood. Isanti County also boasts many retirement housing developments which offer both rental and ownership opportunities in multi-site settings. Adult foster care homes and assisted living facilities are other available options for seniors and disabled adults who need assistance with personal cares. Additionally there are a number of home care agencies that service the area as well as a small bus system (Heartland Express) to assist with transportation needs.

DEMOGRAPHICS

Overall, Isanti County is young with an average age of 36 (up from 34 in 2005). The age dependency ratio was 51.2 in 2010 compared with the statewide age dependency ratio of 49.1. Child dependency is 32.5, and elderly dependence is 18.7. There are 13,972 households with an average of 2.71 people per unit. Many young families were attracted to the area by its rapid growth.

Isanti County 2010 U.S. Census Data

	ISANTI County		CHS AGENCY		MINNESOTA			
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	% MALE	% FEMAL E
0 – 4	1,385	1,322	2,344	2,220	181,342	174,162	3.5	3.4
5 – 9	1,379	1,269	2,298	2,134	181,614	173,922	3.3	3.2
10 – 14	1,414	1,368	2,354	2,247	180,356	171,986	3.3	3.1
15 – 17	832	836	1,455	1,368	113,281	107,400	2.1	2.0
18 – 19	455	459	815	766	75,313	71,835	1.5	1.4
20 – 24	1,110	994	1,783	1,665	180,725	174,926	3.6	3.5
25 – 29	1,251	1,275	2,011	2,045	187,562	185,124	3.6	3.4
30 – 34	1,259	1,131	2,067	1,871	174,549	168,351	3.2	3.0

35 – 39	1,247	1,172	2,007	1,941	165,815	162,375	3.2	3.1
40 – 44	1,292	1,274	2,180	2,090	177,234	175,670	3.5	3.4
45 – 49	1,678	1,538	2,716	2,566	203,588	202,615	4.0	3.9
50 – 54	1,555	1,412	2,560	2,309	200,663	201,032	3.8	3.7
55 – 59	1,216	1,124	2,043	1,917	174,321	175,268	3.2	3.2
60 – 64	927	962	1,627	1,628	137,760	142,015	2.5	2.5
65 – 69	716	802	1,293	1,497	97,533	105,037	1.8	1.9
70 – 74	545	591	999	1,077	70,840	81,017	1.3	1.5
75 – 79	353	420	754	795	54,464	67,650	1.0	1.3
80 – 84	240	358	467	705	40,865	59,051	.8	1.1
85+	211	444	394	905	34,307	72,357	.6	1.4
	19,065	18,751	32,167	31,746	2,632,132	2,671,793	49.6	50.4
TOTAL	37,816		63,913		5,303,925			

RACIAL DIVERSITY

In 1980, Isanti County's non-White population was less than 1% ("non-White" is defined as African American, Native Indian, Asian and Hispanic). The non-White population grew to nearly 2% by 1990, 2.4% by 2000 and 4% in 2010. By comparison, Minnesota's non-white population is approximately 15%. A breakdown of population percentages from 2000 profiles is as follows:

Hispanic	Asian	African American	Native American	White, Non-Hispanic	2+ Races
1.5%	.9%	.6%	.4%	96%	1.6%

INCOME AND POVERTY

Median income in Isanti County was \$55,233 in 2009 compared to a statewide median income of \$55,621. Per capita income in 2010 was \$32,838 compared with \$41,854 statewide. Over the past seven years, however, median and per capita incomes have dropped below the state average. Unemployment in Isanti County in 2010 was 8.8% while statewide it was 7.3%.

Over the past five years, Isanti County was one of the hardest hit by sub-prime interest rate home loans. According to the Star Tribune, 36% of all mortgages in 2006 were sub-prime, and our local newspapers were running four or more pages of foreclosure notices each week at the height of the housing crisis. While it has leveled off a bit in the last two years, the foreclosure rate remains high and the newspapers continue to run two to three pages per week. There are still numerous vacant homes for sale, and new home construction has not restarted. These factors will impact the local tax base and budgets of local government although the full extent is still unknown.

Poverty levels within Isanti County are sitting below the statewide average in multiple facets. Poverty overall is lower at 9% compared to 10.9% statewide. The percentage of children living in poverty is 12.2%, which is below the state's 13.9%. Isanti leads the region with low poverty rates for all ages living at or below the 200% of poverty threshold. The unemployment rate of the county sits at 10.3%, 2.3% above the statewide average, and the total per capita income level is \$9,306 less, per year, than the statewide average. Unemployment rates and income inequalities have remained consistent in the last five years in comparison to state and national trends, with the exception of the population decrease of 2% as noted by the 2010 Census. The number of those uninsured through a health plan remains steady at just above the state average of 10.2%, at 10.5%.

Income Indicator	<i>Minnesota</i>	<i>Isanti</i>	<i>Kanabec</i>	<i>Mille Lacs</i>	<i>Pine</i>
Unemployment rate - annual average	8	10.3	13.5	12.7	11.4
Total per capita income	42,953	33,647	29,264	26,811	27,506
Perc. of PK-12 students eligible for free/red meals	35.5	36.9	39.3	38.3	47.9
Perc. of people under 18 living in poverty	11.4	9.6	16.6	14.3	18
Perc. of all ages living in poverty	9.6	7.5	11.4	12.3	13.6
Perc. of all ages living at or below 200% of poverty	25.5	24.6	34.8	33.8	35.3
Perc. currently uninsured (under 65)	10.2	10.5	11.6	12.8	13

EDUCATION

Isanti County currently holds a four year graduation rate of 81.8%, 4.3% greater than the state average, and a high school dropout rate of 3.8%, 1.3% less than the state average. County-wide, 47.5% of the population that is 25 years and older currently hold less than, or the equivalent to, a high school diploma; statewide that number drops drastically to 36.9%. Within the county, the percentage of 9th graders who skipped school more than one day within the last 30 days due to

feeling unsafe sits at about 22%; this is in stark contrast to the statewide average of 5%. This is consistent with the percentage of 9th graders who have reported being kicked, bit or hit while on school property which sits just slightly higher at 28%.

Education Indicator	<i>Minnesota</i>	<i>Isanti</i>	<i>Kanabec</i>	<i>Mille Lacs</i>	<i>Pine</i>
Four year graduation rate	77.55	81.82	87.1	79.89	80.39
High school dropout rate	5.07	3.75	6.45	5.88	7.72
Perc. of pop. aged 25 years and older with <=/= diploma/GED	36.9	47.5	55.1	51.1	55.7
Perc. of PreK-12 students receiving special education	14.6	12.1	13.5	15	11.6

INJURY AND VIOLENCE

Unintended injury is the fourth leading cause of all deaths in Isanti County and is consistent with the leading causes of death statewide. In Isanti County, it is the leading cause of death among people ages 15 to 44 years, and it is estimated that 572 years of potential life are lost due to injury among those under age 75. Seventy-one people died between the years 2006 to 2010 due to unintended injury or at a rate of 38.5/100,000. This is well-above the state rate of 36.2/100,000. Over the past five years, deaths due to injury have been consistent among people age 12 to 18. Motor vehicle accidents are the leading cause of injury leading to death. In 2010, 866 people were involved in motor vehicle accidents leading to 13 deaths and six severe injuries. Of those killed or injured in motor vehicle accidents, 80.6% used seatbelts, 11.5% did not and 7.9% were unknown. Alcohol was a factor in 46.2% of fatal motor vehicle accidents in Isanti County compared with 31.9% statewide. It was a factor in 7.4% of injuries compared to 8% statewide. The cost to Isanti County residents for

alcohol-related crashes was \$8,143,100. Alcohol-related crashes in Isanti County are more likely to be fatal, probably due to the rural area with two major state highways intersecting in Cambridge.

There are 9,805 children in Isanti County ages 0 to 17 years. In 2010, there were 159 reported cases of child maltreatment (16.5/1,000 vs 17.6/1,000 statewide). Of those reported cases, 121 family assessments were done (12.3/1,000 vs 12/1,000 statewide). Forty cases were investigated (4.1/1,000 vs 6.1/1,000 statewide), and 32 were determined to meet criteria for abuse (3.3/1,000 vs 3.5/1,000 statewide). Isanti County's rate of reported cases and determined cases is lower than the state average; however, the rate of family assessment is higher. This is a positive finding since families are then offered parenting services to assist with stress levels. Isanti County Public Health works closely with Isanti County Social Services to provide extra support to families through our Family Home Visiting Program.

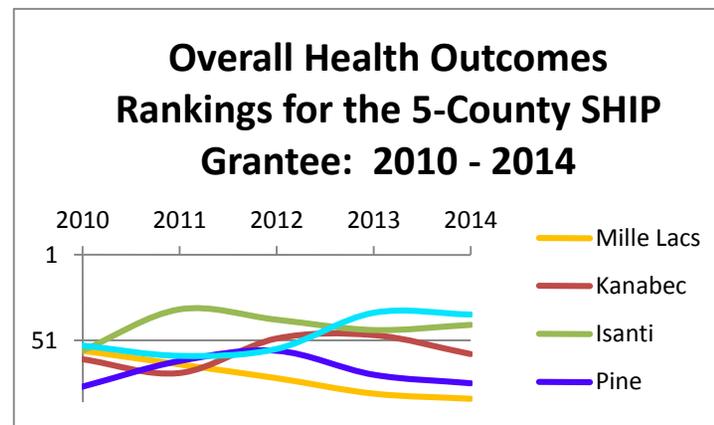
Out-of-home placement for all children under age 18 was 67 in 2010 (6.8/1,000 vs 8.8/1,000 statewide). This reflects our lower rates of determined child maltreatment and youth involved in crime.

DESCRIPTION OF JURISDICTION'S HEALTH INEQUITIES

The County Health Rankings published by the Robert Wood Johnson Foundation and the University of Wisconsin, Population Health Institute, has brought to light some of the health inequities that affect the health of Isanti County.

MENTAL HEALTH

According to the 2015 Robert Wood Johnson Foundation, County Health Rankings & Roadmaps Isanti County residents reporting poor mental health days is 3.5% compared with the MN average of 2.6%. National statistics show women are twice as likely as men to report mental health issues, persons 18-25 are 1.5 times more likely to report mental health issues than persons 26-49 and 2.5 times more likely than persons over 50. Persons of 2 or more races report the highest mental health issues at 6%, followed by Whites and American Indian at 4 %, with Black reporting 3.6% and Asians reporting 3.5%



ACCESS TO HEALTHCARE

Specific to Healthcare access, two provider inequities exist: first, Dentists which Isanti County's ratio is 2,547:1 compared to the Minnesota average ratio of 1529:1. The second inequity is the Mental Health Provider to patient ratio, which for Isanti County is 831:1 versus the Minnesota overall ratio of 529:1. The primary care physician ratio is in a deficit as well with 1,275:1 versus the Minnesota average of 1,045:1. The Central Minnesota Community Health Survey, conducted in the fall of 2013 provided dissenting evidence to this finding by showing that over half of respondents in Isanti County did not feel that they have too few health care and dental providers, and that this issue was seen as only a "minor" problem.

OBESITY AND PHYSICAL INACTIVITY

According to the Minnesota Student Survey, the percent of Isanti County 9th graders who ate 5 or more servings of vegetables or fruit within the last 24 hours sits at the statewide average of 17.5%, while the number of students who reported consuming 3 or more glasses of soda or pop in the last 24 hours is up to 23%, which is higher than the statewide average of 14%. Only 17% of 9th graders reported being physically active at least 30 minutes per day more than 5 days per week. Minnesota 9th grade students as a whole averaged 56% on this measure of physical activity, far higher than the rate found among Isanti County students. This same trend is found with 9th graders who are involved in strenuous physical activity at least 3 days a week, which sits at 13.5% in comparison to the Minnesota average of 71%. Though physical activity is low in Isanti County, 25% fewer students compared to state averages reported watching 6 or more hours of television in the last week. The prevalence of heart disease in Isanti County residents is not known, but the rate of hospitalizations due to heart attacks is 22.9 per 10,000 people over the past 3.5 years. The statewide rate is 29.1; however Isanti County's rate of death due to heart attack per 100,000 people is higher than the state average.

Minnesota has reflected the national trend of increasing obesity, and the obesity rate in Isanti County is very similar to that of the state. Adults reported as overweight in Isanti County was 38.1 (the same as the state). Adults reported as obese in 2014 was 30%, compared to the statewide rate of 26%. According to the MN Student Survey (2010) ninth graders reported as overweight was at 13% (the same as the state as a whole). Ninth graders reported as obese was 19%, which is higher than the state rate of 9%. In 2010, 12th graders (who were 9th graders in 2007) showed a 1% decrease in those reported as overweight but a 1% increase in obesity. This suggests the trend may be changing but still has a long way to go. According to the Minnesota Department of Health the Isanti County WIC population shows high rates of overweight

children ages two to five years old. Isanti County is more obese than the statewide average; 19.2% compared with the state WIC rate of 16.7%. Obesity in this age group at 10.3% is lower than the state rate of 13.1%. 52.9% of pregnant women on WIC in Isanti County are overweight or obese, lower than the statewide rate of 54.2%. Low income poses an issue for overweight children. Isanti County has good access to grocery stores with three “big box” supermarkets in Cambridge and one locally owned grocery store each in the cities of Braham and Isanti. All participate in WIC. Additionally, WIC’s new food packages include more fruits, vegetables and whole grains and will impact this population.

PLANNING PROCESS

The Isanti County Public Health 2013, 2014, and 2015 Community Health Assessment results and feedback solicitation included multiple partner agencies, groups, and councils for direction. Some of these planning meetings included the Allina North Region Community Engagement Council; Isanti County Public Health Commission; Isanti County Board; Isanti County Board of Health; Isanti County Local Collaborative Council; Family Pathways; Isanti County Corrections Advisory Council; Cambridge-Isanti School District 911; various public safety agencies; and elected officials.

The strengths cited most often when discussing resources in our community for health include underlying work ethic within the community and family values. Our community is attractive to young families because of the support provided to families through policies and sponsored activities. A strong educational system, both K-12 and Anoka-Ramsey Community College Cambridge Campus, receives much community support and engages the community in planning as well as provides opportunities for public forums. There is a growing willingness among Isanti County citizens and leaders to cooperate and collaborate in several areas of planning such as comprehensive land use, transportation issues and recreation issues. People stick together. They have pride in their community and schools and are willing to volunteer to help keep a positive environment. Many recreational areas have been developed including a county park system, athletic fields for baseball, soccer and skateboard, eleven lakes, Rum River and bicycle trail system. In addition to helping maintain the quality of life for this area, these things also help to keep residents active, crime rates low and the environment clean.

Cambridge Medical Center (CMC) provides an excellent medical system including strong emergency services to the entire county. Many specialists come from the Twin Cities to CMC one or two days each week to serve clients. While our close proximity to the Twin Cities has been a positive factor in many areas of life, it is especially important in ensuring quality

medical care locally. As a part of the Statewide Health Improvement Program (SHIP) in collaboration with Isanti and Chisago Counties under the leadership of the Kanabec-Pine Community Health Board, Isanti County Public Health Department participates in the Strategic Prevention Framework model to continually assess the community; not only to identify the problems but also the related conditions and consequences that contribute to the problem. Information is collected about the problem, the availability of resources to support prevention efforts, and community readiness to address the problem is evaluated. Priorities for action are based on assessment data and this type of feedback from partners and residents.

Detailed conversations and planning occurred for input on priorities and direction. Examples include the Isanti County Public Health Commission meeting on October 14, 2013, where a quasi Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis took place to identify and assess values and resources around health in Isanti County.

Strengths:

- Strong athletics/school and parent involvement
- Bike trails
- Active community (wellness coaching, public classes at hospital, athletic trainers)
- Strong school system
- Strong medical facility
- Senior housing
- Strong social services
- Growing business community
- SHIP – regional
- Business worksite wellness

Challenges:

- Lack after school activities
- Too much fast food
- Increasing diversity
- Gaps in communications (newspapers)
- Financial costs
- Foreclosures
- Balance across county

Opportunities:

- Business growth
- PH/Allina community benefits council
- Assessment and PH act revisions
- Increased Mental Health services thru Allina (CMC adding considerably more MH practitioners)
- Strong service organizations (vets, Legion)
- Returning vets

The Public Health Commission and the Allina Community Engagement Council are two key groups of community stakeholders who:

- Act in an advisory capacity
- Assist in mapping community assets
- Identify decision makers related to public health projects
- Identify potential priorities
- Assist in setting priorities
- Identify and engage local champions who can help move the work forward
- Ensure health inequities are being addressed

COMMUNITY STAKEHOLDERS WHO PARTICIPATED IN THE PROCESS

On a Systems/Regional level the Pine, Isanti, Chisago, Kanabec, and Mille Lacs counties work closely to address issues of socioeconomic status and health. Therefore the Community Leadership Team is a stakeholder group that spans the region and works to support one another:

- Isanti County Public Health Commission Members
- Allina Community Engagement Council Members
- Kathy Burrill- Lakes School District, Food Service Director
- Tony Buttacavoli – Isanti County Public Health, Director
- Abby Olson, Pine City- Pine City High School- Food Services Director

- Cassie Casey- Lakes & Pines CAC, Head Start
- Cecilia Coulter- Chisago City Farmers Market
- Gayle Cupit- City Center Co-op, Cambridge
- Michael Dahlheim- Mille Lacs Health System
- Leona Dressel- Lakes and Pines Community Action Council
- Barb Eller- Mille Lacs Area Food Network
- Kathy George- City of Lindstrom
- Nathan Johnson- City Planner, Pine City
- Megan King- Isanti County-MN Extension SNAP-Ed and Nutrition Educator
- Nikki Klanderud- Allina System, Community Engagement Manager
- Nicole Laven- Mora's Fairview & Trailview Schools Principal
- Nicole Linder- Fairview, Integrative Health Specialist
- Judy Nelson- Chisago County Senior Center
- John Olinger- City Administrator – City of Lindstrom
- Julie Powers- Cambridge Public Schools, Food Service Director, worksite wellness director
- Darcy Rylander- Allina System, Wellness Program Coordinator
- Kam Schroeder- Kanabec County, MN Extension SNAP-Ed and Nutrition Educator
- Penny Simonson- East Central Senior Resource Center, Coordinator
- Patrick Tepoorten- North Branch School District
- Lisa Krahn- 7 County Senior Federation, Pine City Farmers Market
- Laureen Williams- Program Coordinator of Student-Parent Support at Pine Technical College
- Danna Woods -FirstLight Health System, Dietician
- Josi Wood- Isanti County Farmer's Market, Manager
- Deb Wright- FirstLight Health System, Wellness First Ambassador

The Isanti County Community Health Assessment information is shared with the above listed stakeholders in both oral and written format. Presentations are also provided to the Isanti County Board of Health, the Isanti-Mille Lacs Community Health Board, and Isanti County Public Health staff. We continue to investigate how to share some or all of this information with the public including adding it to our public health website and/or Facebook site.

ISSUES AND THEMES IDENTIFIED BY STAKEHOLDERS

From various stakeholder meetings, the following issues were identified by members as Health Inequities or areas that may be susceptible to health inequity.

Issues Identified

- Percentage of population with only a HS degree or less, much higher than state average
- Uninsured population slightly higher than state average
- Physical Activity rates are low
- Use of ATOD higher than state average
- Seat belt use low among 9th graders
- Bullying in 9th grade higher than state averages.
- Lack of local mental health data
- Large gap in Dental and Mental Health providers from recommended levels
- Higher unemployment rate than state
- Higher age dependency ratio than state
- Lower per-capita income than state
- Increasing racial diversity, but still low
- Private wells showing arsenic contamination
- Moderate risk for radon
- Higher rates of deaths from unintentional injuries than state average
- Significantly higher rate of alcohol use in fatal motor vehicle crashes than state average
- Children experiencing violence at school above state average

COMMUNITY ENGAGEMENT IN THE PLANNING PROCESS

In the spring and summer of 2013, five Central Minnesota counties (Benton, Chisago, Mille Lacs, Sherburne, and Stearns) contracted with Wilder Research to conduct a survey of adults to learn more about their health status and health behaviors, as well as their perceptions of health concerns in their communities. Over 1,200 surveys were sent. Isanti County's participation and partnership with SHIP provides an avenue for feedback from the community involved with different programs and activities. This feedback is gathered and brought back to department leadership for planning purposes. Isanti County is partnering with our other SHIP counties to distribute a community survey in 2015 to gather additional community opinions and direction.

PRIORITIZATION PROCESS USED

Isanti County Public Health Staff along with the Isanti County Public Health Commission and the Allina Community Engagement Council determined our prioritization based on the following criteria:

- Available resources to address the need, including existence of evidence-based or promising practices
- Community readiness to address the need, including existing community assets/partnerships
- Degree to which the issue is health related and can impact multiple indicators of health through prevention-based strategies
- Alignment with National Prevention Strategy Objectives
- Alignment with Healthy Minnesota 2020 Objectives

UPDATE FROM 2015 COMMUNITY HEALTH SURVEY AND COMMUNITY FORUM

Isanti County Public Health participated in a regional community health survey administered through SHIP funding to assess health conditions on a wide range of topics. This information was presented to community health stakeholders at a forum in Cambridge on October 13th, 2015. Results of the community health survey, as well as feedback from forum participants, were used to expand upon the health priorities previously established in the Community Health Assessment of 2014. Action plans have been revised and updated as of December 2015 to reflect the specific needs identified.

ESTABLISHED PRIORITIES

ISANTI COUNTY PUBLIC HEALTH

TOP COMMUNITY HEALTH PRIORITIES WITH STRATEGIES, JUSTIFICATIONS, RESOURCES, AND MEASURES

10 Most Important Community Health Issues	Area of Responsibility	Community Health Issue	Comments
1. Mental Health/Wellbeing	Healthy Communities-Behaviors	Mental Health of residents and agency staff across disciplines	Mental health and illness issues are a priority and identified in healthcare community assessment as priority as well.
2. Access to Health Care Services	Health Quality-Access	Service provider gap	Dental & Mental health services
3. Obesity	Healthy Communities-Behaviors	Obesity in all ages	Children enrolled in WIC
4. Other	Healthy Communities-Behavior	Alcohol, Tobacco, and Other Drugs	Use of ATOD higher than state average; MVA r/t alcohol significantly higher than state average
5. Physical Activity	Healthy Communities-	Physical Activity in all ages	Rates lower than state average

	Behavior		
6. Other	Healthy Communities-Behavior	Lack of local health data	Mental health & chemical dependency
7. Bullying/Violence	Healthy Communities-Behavior	Bullying & violence	Schools- CMC
8. Teen Pregnancy	Healthy Communities-Behavior	Pregnant & parenting teens	
9. Other	Other	Low Income and Senior Housing	Affordability
10. Immunizations	Infectious Disease	Childhood Immunizations rates	Childhood

PRIORITY ALIGNMENT WITH SOCIAL DETERMINANTS OF HEALTH AND IDENTIFIED LOCAL HEALTH INEQUITIES

Mental Health/Wellbeing and Access to Healthcare Providers in Mental Health tied as a priority for #1 followed by Dental Health, Obesity, Alcohol, Tobacco, and Other Drugs, and Physical Activity which encompass Isanti County priority areas aimed at addressing social determinants of health that arose based on health inequities identified in the jurisdiction. Each of these priorities has a policy-based strategy from which systematic and environmental changes will continue to grow and foster increased health.

ACTION PLANS

Isanti County Community Health Improvement Plan

Priority Area: Mental Health

Key Data Findings:

- 30.5% of Isanti County adults report having been diagnosed with a mental health condition at some time (CHS – 2015)
- 14.6% of Isanti County adults that wanted to seek help with a mental health issue in the last year delayed or went without care (CHS – 2015)
- 13% of 9th grade female students reported attempting suicide during the last year (MSS – 2013)
- 8.2% of Isanti County seniors live with Alzheimer’s Disease (CDC – 2015)

CHIP Goal 1: Reduce the stigma surrounding mental illness.

Suggested Strategies:

- Implement policy and system changes that support mental illness treatment and services.
- Support mental health services at the primary care level using advanced practice mental health specialists.
- Present the anti-stigma MakeItOK Campaign in Isanti County.

Objective 1.1: Reach 300 People with an anti-stigma campaign

CHIP Goal 2: Develop mental health promotion services across all ages and circumstances

Suggested Strategies:

- Support evidence-based practices for programs serving families such as Family Home Visiting, Follow Along, and Very Best Baby.
- Provide resiliency training for professional and community members.
- Promote infant mental health training for professionals, schools, community, and parent education services.
- Develop a model for dementia care across the care continuum: from diagnosis through community living and caregiver support.

- Partner with community organizations to raise awareness of suicide risk, enhance ability to help vulnerable individuals, and improve skills for coping with the stresses of life.

Objective 2.1: Provide Alzheimer’s Disease and Related Dementia (ADRD) services through a Minnesota Board on Aging grant proposal.

Objective 2.2: Reduce the rate of attempted suicide among Isanti County 8th, 9th, and 11th grade students by 50%.

Measure	Source	Baseline	2019 Target
Reduce proportion of adults that delay or go without needed mental health care	East Central Minnesota Community Health Survey	14.6% of adults reported delaying or going without needed mental health care	<10% of adults delay or go without needed dental care
Increase the total number of residents who have attended an anti-stigma presentation	Tally of attendees at events		300 attendees
Reduce the rate of attempted suicide among youth	Minnesota Student Survey	Approximately 5% of Isanti County students have attempted suicide during the past year	<2% of Isanti County students report attempting suicide during the past year

Priority Area: Obesity

Key Data Findings:

- 34% of Isanti County adults are obese (CHS – 2015)
- 35% of Isanti County adults are overweight but not obese (CHS – 2015)
- 7.6% of Isanti County adults reported having 5 or more servings of vegetables yesterday (CHS – 2015)
- 27.4% of Isanti County adults reported having 0 servings of fruit or fruit juice yesterday (CHS – 2015)
- 41% of Isanti County adults reported performing at least 20 minutes of vigorous exercise 0 days per week (CHS – 2015)
- Approximately 55% of Isanti County youth eat at fast food restaurants 1 to 3 times per week (MSS – 2013)

CHIP Goal 3: Reduce obesity in Isanti County.

Suggested Strategies:

- Promote healthy food initiatives such as farmer’s markets, community supported agriculture (CSAs) and community gardens
- Partner with the U of M Extension and the East Central Region Food Access Network to increase residents’ access to locally grown food
- Promote parks, affordable exercise programs, healthy lifestyle classes, and chronic disease prevention programs

Objective 3.1: Reduce the adult rate of obesity to less than 30%.

Objective 3.2: Reduce the adult rate of overweight to less than 30%.

Measure	Source	Baseline	2019 Target
Reduce the adult rate of obesity	East Central Minnesota Community Health Survey	34% of Isanti County adults are obese	<30% of Isanti County adults are obese
Reduce the adult rate of overweight	East Central Minnesota Community Health Survey	35% of Isanti County adults are overweight but not obese	<30% of Isanti County adults are overweight
Reduce the percentage of adults who do not exercise vigorously during a typical week	East Central Minnesota Community Health Survey	41% do not perform any vigorous exercise during a typical week	<35% of adults do not perform any vigorous activity during a typical week

Priority Area: Access to services

Key Data Findings:

- 25% of Isanti County adults delayed or went without needed dental care during the past 12 months (CHS – 2015)
- 29% of those who delayed or went without care reported that the care they needed cost too much (CHS – 2015)
- The Isanti County rate of dentists per 100,000 population is 39.3 (Minnesota’s rate is 65.4) (U.S. DHHS, HRSA – 2013)
- As of December 2015, no dental clinics in Isanti County will accept Medical Assistance to cover routine cleanings and check ups

CHIP Goal 4: Improve access to dental services for low-income residents

Suggested Strategies:

- Partner with mobile dental clinics that specialize in providing dental care for low-income children
- Promote partnerships with dentists, health care organizations, health plans, and local government to help provide reduced-cost dental services to populations in need

Objective 4.1: Reduce percent of residents who delayed or went without needed dental care to less than 20%.

Objective 4.2: Increase use of dental/oral health services among Medical Assistance eligible residents ages 0-20.

Measure	Source	Baseline	2019 Target
Reduce the percentage of adults who delayed or went without needed dental care during the last year	East Central Minnesota Community Health Survey	25% of adults delayed or went without needed dental care during the past year	<15% of adults delay or go without needed dental care during the past year
Increase the number of providers in Isanti County that accept public dental insurance	Primary data collection: number of providers that accept Medical Assistance insurance	1 provider accepts MA for dental insurance, but only for emergency dental services	3 or more providers in Isanti County accept Medical Assistance for routine dental care

Priority Area: Alcohol, Tobacco, and Other Drugs

Key Data Findings:

- 12% of Isanti County adults reported heavy drinking in the past 30 days (CHS – 2015)
- 21% of Isanti County residents smoke cigarettes (CDC, BRFSS – 2006-2012)
- 14% of Isanti County adults trying to quit used e-cigarettes as a quit aide in the most recent quit attempt (CHS – 2015)
- 15.2% of Isanti County youth (8th, 9th, and 11th graders) reported using tobacco products in the past 30 days (MSS – 2013)

CHIP Goal 5: Reduce the usage of e-cigarettes, especially among youth

Suggested Strategies:

- Promote smoking cessation programs through health plans and Partners in Healthy Living
- Revise county policies/ordinances regarding e-cigarettes to tighten tobacco restrictions
- Strengthen point-of-sale policies regarding the sale of alcohol and tobacco
- Further educate youth about the dangers of e-cigarettes along with tobacco in other forms

Objective 5.1: Reduce the rate of Isanti County youth reporting tobacco use to less than 12%

Measure	Source	Baseline	2019 Target
Reduce the percentage of adults using e-cigarettes as a quit aide for quitting smoking	East Central Minnesota Community Health Survey	14% of adults trying to quit smoking reported using e-cigarettes as a quit aide	<10% of adults report using e-cigarettes as a quit aide
Reduce the percentage of youth that used tobacco during the past 30 days	Minnesota Student Survey	15.2% of school age youth (8 th , 9 th , and 11 th graders) reported using tobacco in the past 30 days	<10% of youth report using tobacco in the past 30 days