



SCOTT COUNTY, MINNESOTA

COMMUNITY HEALTH IMPROVEMENT PLAN

MARCH 2020 // SCOTT COUNTY PUBLIC HEALTH



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Introduction

The 2019-2024 Scott County Community Health Improvement Plan (CHIP) is an action-oriented blueprint for Scott County Public Health and local partners to improve health in Scott County over the next five years. The CHIP draws on the results of the Scott County Community Health Assessment (CHA) and other assessments, which summarized the health status of the people of Scott County through data. Through an integrative process, four priority health issues for Scott County were identified for the CHIP, along with specific strategies for how these issues will be addressed.

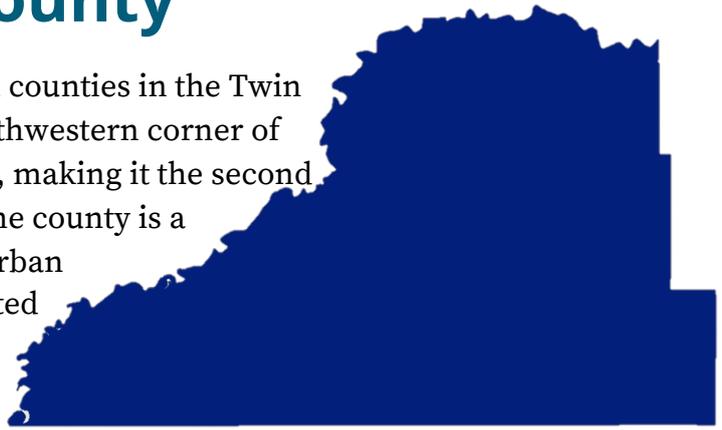
An essential component of the CHIP is its collaborative nature; the CHIP was developed through a collective planning process over the course of 2019 with the intent of creating a shared vision for health in Scott County and a common agenda for achieving it. The purpose of the CHIP is to provide a framework for action from which cross-sector partners (e.g. health, education, housing, transportation) can work together for community health improvement. Finally, the CHIP is designed to grow and change along with the community; its structure allows for modifications and revisions as the community transforms or as conditions and resources shift.

In addition to guiding the direction of community health improvement in Scott County, the creation of a CHIP every five years is the responsibility of the Scott County Community Health Board as required under Minnesota State Law. However, the shared vision for health outlined in the CHIP can only be successful through partnership and collective action.



Snapshot of Scott County

Scott County, Minnesota is one of the seven counties in the Twin Cities metropolitan area, located in the southwestern corner of this region. Its land size is 369 square miles, making it the second smallest county by land area in the state.¹ The county is a diverse mix of rural, agricultural, and suburban communities, made up of seven incorporated cities, 11 townships, and one federally recognized sovereign nation.



According to the Minnesota State Demographer, the estimated population of Scott County in 2018 was 146,111 persons.² From 2010 to 2018, Scott County was the second-fastest growing county in the state, with an increase in population of 12.5%.³ Scott County is expected to continue growing, with a forecasted population of 208,750 by 2040. Currently, Scott County is the 9th most populous county in the state.

Age

28% under 18 years old



10% over 65 years old

Race

Asian - 6%

Black or African American - 4%

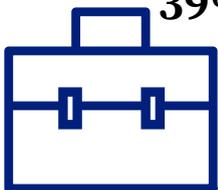
Two+ races - 2%

White - 84%



Not listed: Some other race, American Indian/Alaskan Native, Native Hawaiian or Pacific Islander

Socioeconomic Characteristics



39% have a bachelor's degree or higher

6% below poverty level

Unemployment Rate - 3%

Ethnicity

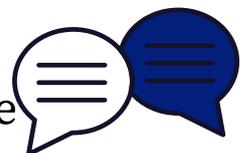


Hispanic - 5% (any race)

Foreign Born - 9%

Language

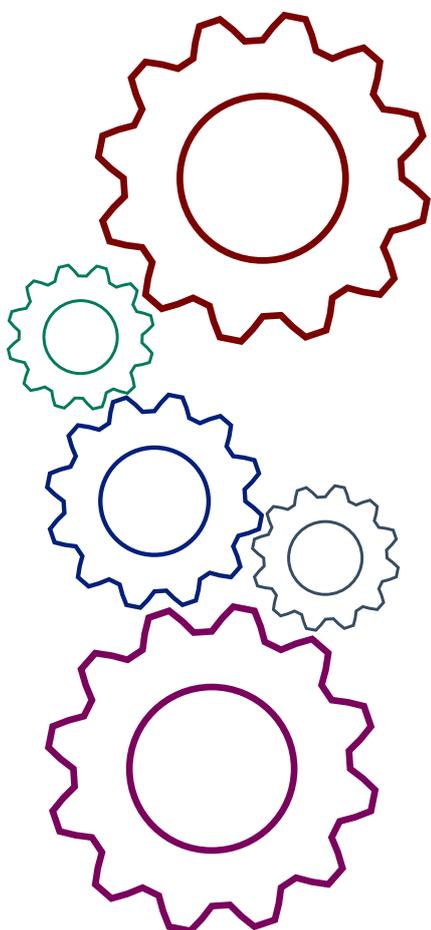
13% speak a language other than English at home



Community Assets & Resources

Scott County has a number of assets and resources that can be utilized to contribute to the improvement of health in the county. Within the county government structure, the Scott County Strategic Plan for 2020-2025 adopted by the Scott County Board of Commissioners has an overarching goal of “Safe, Healthy, and Livable Communities.” This goal lays a foundation for community health work across the county and is supportive of the concepts and activities addressed in this CHIP. Partnership with the work surrounding the 2040 Comprehensive Plan for Scott County was also essential to the CHIP’s data collection and community engagement.

Outside of the context of local government, there are a number of organizations, agencies, and individuals within Scott County who are committed to improving the health and well-being of its residents. The Community Health Improvement Committee (CHIC), which was essential to the creation of this plan, is made up of representatives from many of these entities. Other coalitions or groups are working on initiatives targeted at the same health priorities as the CHIP, such as: Choose Not To Use (Scott County’s Drug Prevention Task Force); schools and work sites, particularly those partnering with the Statewide Health Improvement Partnership (SHIP); the Metropolitan Council (a regional policy-making body, planning agency, and provider of essential services in the Twin Cities region); cities and townships; and the Community Development Agency (a government agency focused on economic and housing development). Those listed here and in the membership of the CHIC are not meant to comprise an exhaustive list. Rather, they are examples of the diverse organizational commitment to health in the county.



In addition, several funding sources are instrumental to the feasibility of the CHIP. These include, but are not limited to, the SHIP grant, Local Public Health Grant, Minnesota Evidence-Based Home Visiting Grant Funds, the Drug Free Communities Grant, county funding, and more.

Finally, the continued and growing diversity of Scott County allows for unique interventions, opportunities to initiate change, and flexibility to bring different perspectives to the table. Some markers of the diversity in Scott County include:⁵

- A mix of rural agricultural land to metropolitan suburbs
- An average age of 35.3, making it is the youngest county in the state
- 9% of the population being over age 65 (compared to the rate for Minnesota, which is 16%)
- A tripling of the population of color since 2000

In sum, Scott County has many unique assets and resources that enable it to work towards better health and disease prevention. The CHIP recognizes the essentiality of building upon the strengths that already exist in the community.

Social Determinants of Health

Scott County has ranked in the top five healthiest counties in the state since 2016.⁶ The county also consistently scores high (70+/100) on the quality of life rating.⁵ However, especially with the growing population and growing diversity of the county, it is essential to include in the CHIP a lens focused on the social determinants of health.

The social determinants of health are the social, economic, physical, cultural, political, and ecological conditions in the places where people are born, live, learn, play, worship, and grow that affect a wide range of health outcomes.⁷ These are factors that are external to the personal decisions that people make about their health, such as educational opportunities, socioeconomic conditions, and safe housing.

Differences in health outcomes between distinct groups of people, or those experiencing different social determinants of health, have shown that health is the cumulative result of the world around us. This interconnectedness means that to achieve health equity, there must be a strong focus on factors external to personal decisions.

A number of strategies in the CHIP are targeting social determinants of health. These include outreach to specific groups with disparate health outcomes, upstream interventions targeting policies and built environments, and a watchful eye kept on the changing demographics of the county.

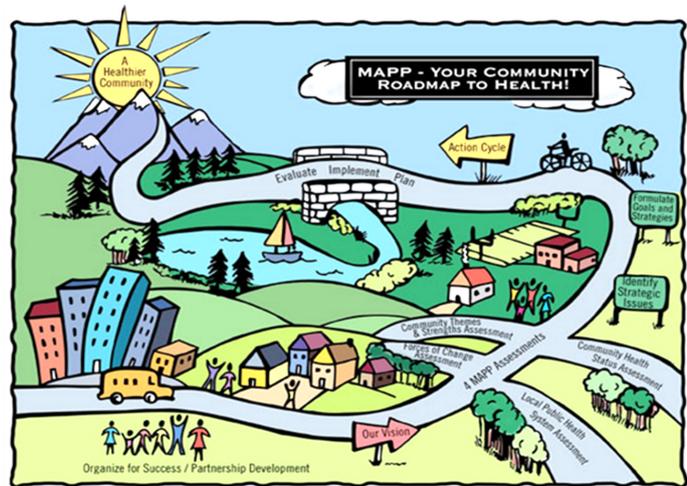
As the CHIP moves forward, continuing to monitor disparities across groups will be critical for both reaching the goals set in the CHIP and striving for greater health equity within the county.

Social Determinants of Health in Scott County

- 21% of students are eligible for free or reduced price lunch⁸
- 5% of white residents live below the poverty level, compared with 23% of black residents and 13% of Hispanic residents⁴
- 54% of renting households pay more than 30% of their income towards rent⁴
- 29% of home owners pay a mortgage payment equal to more than 30% of their income⁴
- 29% of residents rated their neighborhood as 'not pleasant' or 'somewhat pleasant' in which to walk⁹
- 6% of residents are food insecure¹⁰
- 3% of households do not have a vehicle available for transportation⁴
- 38% of residents rate their neighborhood as 'somewhat safe' from crime, and 59% rate it as 'very safe' from crime⁹
- 20% of residents are involved in school, community, or neighborhood activities once a year or less⁹
- 5% of the county population does not have health insurance⁴

Planning Process

The guiding framework for the Scott County CHA-CHIP process was the Mobilizing for Action through Planning and Partnership (MAPP) model. Developed by the National Association of County and City Health Officials (NACCHO), MAPP is a community-driven strategic planning process for improving community health.¹¹ The interactive approach of MAPP allows for cross-sector involvement, community engagement, and a foundation of quantitative and qualitative data to prioritize and plan for health issues affecting the community. An overview of the MAPP process is displayed in the image above.



Scott County Public Health facilitated this MAPP process for the 2019-2024 CHIP cycle. Four assessments were used to inform the prioritization of health issues in Scott County and the development of strategies to address them. Central to these assessments was, as MAPP suggests, the focus on broad representation from across the community in the process. The core pieces of Scott County’s CHIP planning structure are described in detail below.



Collaboration

The Community Health Improvement Committee (CHIC) is the core group engaged in the Scott County community health improvement planning process. Members on the CHIC represent Scott County hospitals, health plans, nonprofit and community organizations, governments, and more – all of whom play a role in the local public health system. The vision of CHIC is: “Create a healthier community by connecting identified community needs with community resources.” CHIC’s mission statement is “Collaborate as healthcare leaders to maintain and improve the health of residents of Scott County.” This framework demonstrates the essential role of CHIC in the process of planning for community health improvement.

A full list of CHIC membership and organizations represented is available in the Appendix.

Community Engagement

In addition to the participation of the CHIC group in the CHIP planning process, community members' voices were gathered in a number of ways. Scott County conducted a wide array of community engagement activities over the course of 2016-2019. These provided a critical perspective in the process of identifying both community health concerns and assets, each of which were essential to the development of the CHIP.



Between August 2016 and January 2017, in collaboration with Scott County's 2040 Comprehensive Plan, Scott County Public Health conducted multiple open conversations, focus groups, and surveys with community members on the topics of active living, career, early childhood, healthy eating, housing, parks & trails, and transportation.

Additionally, Scott County Public Health hosted a "Marnita's Table" in October 2017. Marnita's Table is a strategy that uses intentional social interaction to authentically engage diverse community members. At the event, Scott County residents participated in a community meal while discussing seven questions about community health needs in Scott County.

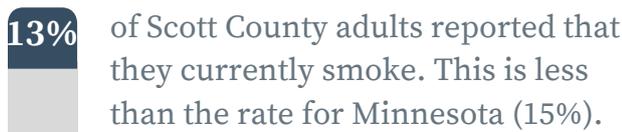
Finally, during the third quarter of 2018, Scott County Public Health, in partnership with Park Nicollet Health Systems and Allina Health Systems, administered a survey to better understand what residents believe are the top health issues in their community. Survey participants were asked to choose the top three concerns they had for their community from a predefined list of 16 health issues.

Additional details of each of these community engagement processes can be found in the Appendix of the 2019-2024 Scott County Community Health Assessment.

Assessment

Four assessments were completed in the CHIP process as defined by the MAPP model. These include: Community Themes Assessment, Forces of Change, Local Public Health System Assessment, and Community Health Assessment. Together, these assessments provide a comprehensive profile of the health status of Scott County and the state of the Scott County public health system. A review of these assessments by the CHIP planning team was important in guiding the vision of the CHIP. A community engagement process, described in the section above, was also instrumental in the completion of the assessments. These assessments and their methodologies can be found in detail in the Appendix of the 2019-2024 Scott County Community Health Assessment.

Summary of Community Health Assessment Findings



Between 2017 and 2018, deaths in Scott County due to drugs or alcohol dropped by **35%**



82% of Scott County adults age 20 and over report participating in leisure time physical activity.

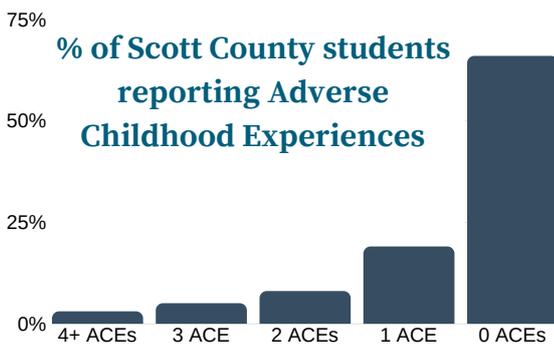


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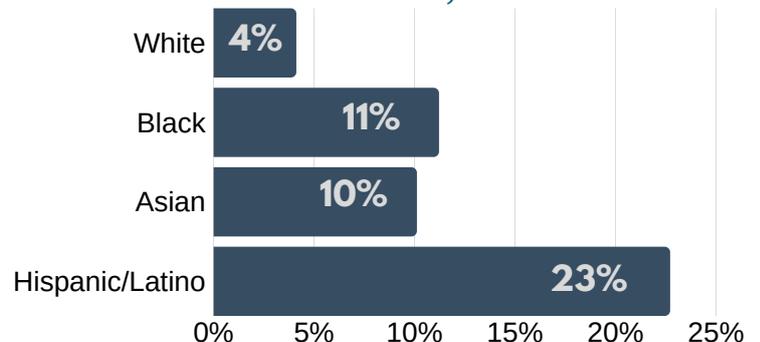
9th graders in Scott County exercise for at least 60 minutes 5 days per week.



14% of Scott County students and **29%** of Scott County adults reported getting 5+ servings of fruits or vegetables per day.



% without Health Insurance in Twin Cities Metro Area, 2017



72% of Scott County students 'feel good about themselves' often or always.



92% of Scott County students feel their parents care about them 'quite a bit' or 'very much.'



The full Scott County CHA is available [here](#).

Prioritization

The four assessments completed as part of the MAPP process set the stage for health issue prioritization. A thorough review of the quantitative and qualitative data collected in these assessments provided CHIC leadership with a foundational understanding of the largest health issues affecting Scott County. Assessment data also gave context to where issues were already being successfully addressed through ongoing initiatives and where additional or cross-sector support could help enact change. Prioritization of the health issues identified is important in order to best allocate resources to make the greatest impact.

Along with a review of data from the assessments, the next step of the prioritization process was to analyze the results of the resident survey, in which county residents selected the top three health issues they believed to be of concern in their community. The survey results were ordered from highest to lowest in terms of the number of times the issue was selected by survey participants. Certain considerations made it clear that four broader categories could encompass multiple health issues identified through the survey.

The health issues that emerged from this process were regrouped into related categories, producing the four broad health priority areas listed below (with subcategories listed below each where applicable).

- Alcohol, Tobacco, and Other Drugs
- Obesity
 - Physical Activity
 - Access to healthy food
 - Diabetes
- Healthcare and Mental Health Access
 - Cost of healthcare
 - Cost of medication
- Adverse Childhood Experiences

After this regrouping, the CHIC group came to consensus that these four broad priority issues would become the focus of the work of the CHIC. The considerations that made this consensus possible included: the synergistic effects of health issues; the interrelatedness between health issues; opportunities to maximize impact through resource consolidation; and increased feasibility through building on ongoing initiatives.



Moving from Planning to Implementation

Four work groups formed out of the CHIC, with one group for each of the four priority health areas. Each work group is made up of public health partners specifically relevant to the priority area. The cross-sector makeup of the work groups allows for decreased duplication and an opportunity to maximize efforts toward desired outcomes. A list of work group membership is available in the Appendix.

These teams meet regularly to review pertinent data and indicators from the Community Health Assessment and other sources, share information on assets and resources, identify gaps, and brainstorm innovative strategies to address their priority health issue area. This process allows the work groups to develop actionable interventions that can produce real change for the community.

Although the CHIP involved significant planning for the implementation of health interventions, many strategies in the CHIP build on ongoing activities. While formalized with the CHIP, work groups and their individual partners have continued in their efforts toward health improvement for the priority health areas throughout the planning process.

Work Plans

Work groups developed long-term goals for their priority area, along with objectives, strategies, and action steps. Together, these form a strategic work plan which will guide the work group over the next five years. The core components of each work plan are listed and defined below.

Goal: Broad statement describing desired long-term impact

Objective: Describes intermediate steps toward reaching the goal; focused on changing behaviors, systems, policies, or environments

Strategy: Defines how the objective will be met; usually are focused on changing risk and protective factors related to the objective

Action Step: The concrete activities done to achieve the strategies

The four priority health areas for the Scott County CHIP are described in detail in the following sections. Each includes an introduction to the topic, supporting data, and work plans for addressing the health problem. The data listed for each topic (both quantitative and qualitative) are key measures that summarize the deluge of data available in the Scott County Community Health Assessment.

The work plans cannot encompass every single activity that is done in a given priority area, due to the high amount of cross-sector collaboration and efforts. Rather, the activities highlighted in this document are those that represent collaborative efforts identified by the diverse sector representation of work group members.

Health Priority: Alcohol, Tobacco, and Other Drugs

GOAL: Reduce abuse of alcohol, tobacco, and other drugs in Scott County and reduce their consequences

Why It's Important

Use and abuse of alcohol, tobacco, and other drugs (ATOD) can be harmful to health and well-being. Among youth, substance use can affect growth and development, occur with other risky behaviors, and increase chances of substance abuse problems in adulthood.¹² For adults, substance use carries similar risks, and is associated with with higher rates of poor health outcomes, such as heart disease, cancer, mental illness, hepatitis, and more.¹³ Drug use can also have indirect effects due to changes in the brain that interfere with normal decision-making, learning, and self-control.



This priority is strategically aligned with local and national initiatives targeting substance use. There has been an increased need for and focus on this public health problem in recent years, due in large part to the opioid epidemic, rise of the vaping industry, passage of Tobacco 21 (T21) policies, and trend toward legalization of marijuana.

What do the numbers say?

- **16%** of 11th graders and **8%** of 9th graders in Scott County reported that they have used marijuana at least once in the past 30 days¹⁴
- **15%** of 11th graders and **6%** of 9th graders reported that they drink alcohol at least once per month¹⁴
- **30%** of 11th graders and **16%** of 9th graders reported that they vaped or used an e-cigarette at least once in the past 30 days¹⁴
- **31%** of driving deaths in Scott County were alcohol related from 2013-2017¹⁵

Community Voices

In a survey of county residents, alcohol and drug use by youth was the most often reported health concern for the community. Alcohol and drug use by adults and smoking also topped the list, in the 4th and 3rd spots, respectively.¹⁶

Moving to Action (Work Plan)

Objective 1: Increase community readiness to change score to 6 by 2024	
Strategies	A. Increase perception of harm of ATOD abuse B. Increase knowledge of the consequences of use and abuse
Primary Action Steps	1. Complete Community Readiness to Change Survey 2. Education of parents & students through presentations & publications 3. Utilize Minnesota Student Survey to increase awareness about substance use in the community 4. Explore use of Courageous Parenting Curriculum in schools
Objective 2: Increase social norms discouraging use by 2024	
Strategies	A. Increase knowledge of social and legal consequences of substance use B. Increase knowledge on attitudes, beliefs, and norms of peers' substance use
Primary Action Steps	1. Engage social hosts, property owners, & hotel/motel owners 2. Conduct trainings with law enforcement on benefits of enforcement 3. Evaluate feasibility of creating a Party Patrol program 4. Educate youth & adults on social & legal consequences of abuse (training, presentations) 5. Implement awareness campaign that emphasizes the health effects of substance use
Objective 3: Increase youth resiliency to say no to things that are dangerous or unhealthy from 76% to 80% by 2024	
Strategies	A. Increase youth knowledge on how to cope with stress and mental health problems B. Increase refusal skills among youth
Primary Action Steps	1. Support Change to Chill curriculum in high schools 2. Expand Courage to Speak Curriculum in Scott County schools 3. Involve student groups to provide peer-to-peer education & activism
Objective 4: Increase community collaboration by 2024	
Strategies	A. Increase engagement with ATOD coalition B. Increase communication related to ATOD among/between Scott County organizations
Primary Action Steps	1. Recruit & train coalition members 2. Introduce Coalition activities at Shakopee Diversity Alliance & in the community 3. Represent Coalition on existing community committees 4. Collaborate with schools to define how to share resources and expertise 5. Utilize providers in dental healthcare collaborative 6. Involve diverse populations in the development of culturally appropriate prevention materials; translate promotional materials into other languages 7. Build relationships with key community leaders around ATOD work

Objective 5: Reduce availability of ATOD in Scott County by 2024	
Strategies	<ul style="list-style-type: none"> A. Increase knowledge on proper storage and disposal of prescription opioids and other drugs B. Increase point-of-sale knowledge C. Reduce point-of-sale access to ATOD
Primary Action Steps	<ul style="list-style-type: none"> 1. Congratulate & educate checks 2. Map opioid overdoses to assess spatial trends 3. Expand drug collection boxes & disposal choices (promote ‘Take it to the Box’ campaign, distribute Detera bags) 4. Monitor prescription opioid availability 5. Conduct trainings with retailers
Objective 6: Implement policy & built environment changes by 2024	
Strategies	<ul style="list-style-type: none"> A. Increase advocacy/promotion for policy & physical design changes that address substance use
Primary Action Steps	<ul style="list-style-type: none"> 1. Explore policy to monitor design in retail stores 2. Advocate to align local policy with federal T21 policy (SCALE, city planners) 3. Engage cities in conversations on tobacco-free parks/trails 4. Conduct policy scan to monitor location of ATOD retail to schools & parks 5. Connect with worksites and schools regarding internal ATOD policies
Objective 7: Increase access to response, treatment and recovery resources by 2024	
Strategies	<ul style="list-style-type: none"> A. Increase awareness of treatment resources in the community B. Increase accessibility of treatment programs/providers C. Reduce stigma related to help-seeking
Primary Action Steps	<ul style="list-style-type: none"> 1. Subsidize buprenorphine certification for providers 2. Educate physician & social service providers on referral and follow-up (inc. SBIRT training) 3. Communicate referral and follow-up resources to clinicians & treatment providers 4. Screen incoming Scott County inmates in jail for substance use

Where are we now?

Scott County Public Health and community partners working on ATOD problems in the community are well-placed to move forward in prevention and response efforts in this area. In late 2019, Scott County Public Health was awarded the Drug Free Communities (DFC) grant by the Substance Abuse and Mental Health Services Administration (SAMHSA). This award will provide up to 10 years of funding to work on substance use prevention among youth in the county. Central to the DFC work is the engagement of a coalition representing 12 key sectors that have an influence on youth and their choices in regard to substance use.



In early 2020, Scott County Public Health accepted an additional grant focused on ATOD from UCare. This funding will allow for a number of efforts to be implemented, including increased screenings for substance use in the county jail, training for staff on substance use identification and referral, and scholarships for providers to become licensed buprenorphine prescribers.

Work in tobacco use prevention is also ongoing both in Scott County schools and the community at large through the SHIP (Statewide Health Improvement Partnership) program at Scott County Public Health.



Health Priority: Adverse Childhood Experiences

GOAL: Build community & individual resilience and minimize the effect of ACEs among residents of Scott County

Why It's Important

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur from birth to age 17. These could include experiencing violence or abuse, growing up in a household with mental health problems or substance use, or having an incarcerated parent. ACEs are linked to a number of chronic health problems, such as substance use, mental illness, and participation in risky behaviors.¹⁷ They can also affect future quality of life by having an impact on relationships, education, and job opportunities. The effects of ACEs can accumulate overtime, leading to an ongoing cycle of trauma and toxic stress that is hard to escape. Some children are at greater risk for experiencing ACEs than others, and thus a social determinants of health framework is necessary to identifying and addressing the problem.

Although ACEs are common, they are preventable and their effects can be minimized through appropriate support. Mitigating the effects of ACEs can improve health and quality of life outcomes for both parents and children. In this way, the priority health issue of ACEs has the potential to make significant strides in improving health and mental well-being.

What do the numbers say?

- 46% of Scott County students in 8th, 9th, and 11th grade have experienced at least one ACE¹⁴
- 12% of Scott County students in 8th, 9th, and 11th grade have experienced 3 or more ACEs¹⁴
- 33% of students who have never experienced an ACE rate their health as "excellent," compared with 11% of students who have experienced 3 or more ACEs¹⁴
- 10% of students who have never experienced an ACE have a long-term mental health, behavioral, or emotional problem, compared with 54% of students with three or more ACEs¹⁴
- Children who have had an incarcerated parent experience more ACEs than children who have never had an incarcerated parent¹⁴



Community Voices

ACEs in Scott County were called to the attention of the CHIC through a previous priority of "Identifying At Risk Infants and Toddlers: Healthy Development" in the 2014-2019 CHIP. A growing community interest in preventing and mediating ACEs led to a strongly attended community-wide training on ACEs, which highlighted the need for and interest in pursuing this as a priority area. This was supported by a survey of healthcare providers in Scott County, in which 38% reported being "not at all familiar" with Toxic Stress and ACEs.¹⁸



Moving to Action (Work Plan)

Objective 1: Increase capacity to provide MNCC training on ACEs in Scott County by 2024	
Strategies	<ul style="list-style-type: none"> A. Increase number of persons trained in MCCC Curriculum B. Increase certification among ACE Interface presenters C. Increase support, tools, and resources for trainers
Primary Action Steps	<ul style="list-style-type: none"> 1. Maintain list of current certified trainers/those certified 2. Coordinate “Understanding ACEs” trainings within Scott County 3. Offer stipend for trainers who are certified 4. Develop a training toolkit 5. On a yearly basis, intentionally recruit and train additional interested people who can present the MCCC ACEs material 6. Pair training with resources - quiet room for those triggered, crisis line for follow-up
Objective 2: Increase capacity to respond to ACEs among professionals who interact with children in Scott County by 2024	
Strategies	<ul style="list-style-type: none"> A. Increase awareness of ACEs among licensed child care providers in Scott County and other 0 – 5 child service providers (foster care, ECFE) B. Increase awareness of ACEs among school staff in Scott County C. Increase awareness of ACEs among unlicensed day care providers both from the Family Friends Network (FFN) and informal care providers in the community D. Increase awareness of ACEs among broader community audience (members of the medical community, judicial system, EMS, Fire and Police)
Primary Action Steps	<ul style="list-style-type: none"> 1. Provide MCCC training to licensed child care providers, unlicensed day care providers, other child service providers, school staff, and the broader community (members of the medical community, judicial system, EMS, Fire and Police) 2. Develop & use post-training questionnaire 3. Trainers track & report attendance at trainings 4. Provide targeted outreach to identified professional groups 5. Offer a district-wide training in each school district 1 time per year on “Understanding ACEs” (MN Communities Caring for Children short presentation) including mental health strategies
Objective 3: Increase individual and system capacity to respond to ACEs in Scott County by 2024	
Strategies	<ul style="list-style-type: none"> A. Increase focus on resiliency and self-healing communities B. Increase knowledge of trauma-informed interventions among providers C. Increase community awareness of the impact of ACEs and trauma
Primary Action Steps	<ul style="list-style-type: none"> 1. Coordinate/partner with Mental Health Center and other licensed clinicians to provide follow-up training after initial ACEs training 2. Track requests for additional follow-up after initial ACEs trainings 3. Provide tailored trainings to meet the needs of requesting party and include content on resiliency and self-healing communities 4. Therapists provide trauma-informed environment and classroom interventions 5. Provide training participants with mental health resources (MH Center brochure or other community-based resources)
Objective 4: Increase collaboration on ACEs awareness by 2024	
Strategies	<ul style="list-style-type: none"> A. Coordinate outreach efforts for ACEs awareness and resiliency B. Build resources to support other objectives
Primary Action Steps	<ul style="list-style-type: none"> 1. Attend and share information about ACEs work with other community organizations, including: FISH, Scott Family Net, LAC, JJC, HRC, CAC, Together WE CAN, LLE, etc. 2. Apply for funding to support certified trainers (i.e. LLE) 3. Provide opportunities for engagement in ACEs subcommittee and/or receive training

Where are we now?

Scott County Public Health has taken the lead on organizing a diverse coalition of community and county partners to spread awareness about the interconnectedness between brain development; Adverse Childhood Experiences (ACEs); and individual, family, and community resiliency. This cross-sector, multidisciplinary committee has prioritized training professionals who interact with children and youth on a daily basis.



Using the national ACE Interface curriculum, Minnesota Communities Caring for Children (MCCC) has provided train the trainer opportunities to develop the capacity of individuals as certified ACE Interface Trainers and Presenters so that they can raise awareness about the effects of trauma and the promise of prevention in their communities. Scott County has sent 6 community members to this training, and currently has 3 trainers who are actively seeking certification. MCCC anticipates holding additional training in spring of 2020. In February of 2020, the ACEs working committee requested and received funding to support up to 20 community trainings across Scott County. As of March 2020, we have completed three ACE Interface trainings in Scott County.

This work complements the work of other organizations and groups working to support children and families in our communities. The ACEs working committee is partnering with many of these groups, and working to co-promote resources and opportunities to support individual, family, and community healing and resiliency.



Health Priority: Obesity

GOAL: Reduce obesity among Scott County residents

Why It's Important

Obesity is both a serious and common health problem across the United States. In 1990, less than 15% of U.S. adults were obese, yet today one out of three (36%) of adults is obese.¹⁹ This rise in obesity has been paralleled by a rise of morbidity and mortality associated with obesity. A large number of chronic diseases are consequences of obesity, including diabetes, heart disease, stroke, and certain types of cancer. The medical care costs for obesity in the United States are also high, estimated at over \$147 billion annually.



Due to these trends, there has been a national focus on obesity for many years. Healthy People 2010/2020 and the Centers for Disease Control and Prevention (CDC) have had a goal of reducing obesity for much of the 21st century, yet obesity rates remain high. Local solutions can build off these national initiatives to begin reversing these rates by addressing risk and protective factors for obesity at the local level.

Good nutrition and regular physical activity are two of the most important things a person can do to prevent or reduce obesity and thus the poor health outcomes associated with it. Equitable access to these is even more important, as obesity disproportionately impacts communities of color and low-income people.

What do the numbers say?

- 28% of adults in Scott County are obese¹⁵
- 9% of children enrolled in WIC in Scott County are obese²⁰
- 8% of 8th, 9th, and 11th grade students in Scott County are obese¹⁴

Community Voices

Highlights of conversations with community members indicated that residents felt a need for increased availability of and accessibility to parks, trails, and other recreational opportunities. Approximately half were not as active as they would like to be. In the healthy eating category, residents cited a desire for opportunities to learn more about how to increase their own healthy eating, but also stated that unhealthy food is often the cheaper and better-tasting option. In the survey of county residents, obesity was the second-most often reported health concern for the community.^{21 22}

→ Moving to Action (Work Plan)

Objective 1: Reduce the number of Scott County residents who report lack of physical activity as a health concern by 2024	
Strategies	<p>A. Increase awareness of physical activity opportunities in Scott County</p> <p>B. Increase access to physical activity opportunities in places where residents already spend time</p> <p>C. Increase community buy-in/interest for physical activity</p>
Primary Action Steps	<ol style="list-style-type: none"> 1. Promote programs happening in Scott County through Next Door platform 2. Create platform to map resources and opportunities around physical activity 3. Implement wayfinding signage for trail systems as needed 4. Offer programs/classes offsite in the community, provide classes ongoing 5. Create and share education around physical activity ongoing 6. Ensure community engagement for various projects involving physical activity & new opportunities in the community (i.e. Moving Equity Data Ahead (MEDA) grant, development of Spring Lake and Master Plan of Cleary Lake, etc.), including through key informant interviews, to create community driven solutions to physical activity barriers/opportunities 7. Implement Parks RX program throughout county by engaging providers to pilot program.
Objective 2: Reduce the number of Scott County residents reporting access to healthy food as a health concern by 2024	
Strategies	<p>A. Increase awareness of food resources in the community</p> <p>B. Increase availability of healthy food in places where residents already spend time</p> <p>C. Increase community buy-in/interest for healthy eating</p>
Primary Action Steps	<ol style="list-style-type: none"> 1. Create platform to map resources and opportunities around healthy eating 2. Promote & connect with community gardens, farmers markets, food shelves, food distributions and other community food resources 3. Address community barrier around prevalence of fast food in the county. Engage with restaurants to learn about how they encourage or promote healthy options at their location 4. Explore options to expand mobile food options (Mobile Food Shelf through CAP Agency, Little Free Pantries) 5. Engage residents on needs related to healthy eating and growing their own food (e.g. edible landscapes, gardens, etc.) through surveys, focus groups and key informant interviews prior to implementing projects



Where are we now?

With direction from Scott County Public Health and community partners, obesity and managing chronic conditions has long been a priority in Scott County. By joining together as the CHIC Obesity Action Group, the group is able to breakdown silos and work together collectively to create initiatives that fit within their work. Within the past year, the CHIC Obesity Action Group has created many strategies and objectives from feedback through various assessments and current work activities.



The Statewide Health Improvement Partnership (SHIP) is able to assist with funding various activities and truly tailor our work to meet the needs of the community. With assistance from SHIP funding, the Action Group is supporting the City of Shakopee in creating an edible landscape in one of their local parks. This will allow residents to forage and take fruits and vegetables home to consume with their families.

The Obesity Action Group has many other projects happening with support from group partner organizations. These projects include Parks RX, trail wayfinding signage, resource gathering and engagement through a grant called Moving Equity Data to Action (MEDA). Through MEDA, the Action Group will be expanding engagement activities in the Latinx and Somali communities. The group is early in the project but has already addressed needs including supporting a local Somali grocery store to provide healthy food options at its site as well as growing capacity for a soccer program with a local organization called Esperanza. All projects focus on areas around healthy eating and physical activity and will continue to grow throughout the year.



Health Priority: Access to Health Services

GOAL: Increase access to health care, dental care, and behavioral care for residents of Scott County experiencing barriers to care

Why It's Important

Access to comprehensive, quality health care services is a cornerstone of public health. It not only allows for the treatment and management of illness or disease, but is also important for promoting and maintaining health and reducing unnecessary disability and premature death. Because of this, lack of access to quality health care is a key driver of health inequity.²³



This priority area is focused on the ease with which individuals can obtain medical, dental, or mental health care that is convenient, appropriate, and affordable. There are significant subgroups in the Scott County population for whom it is harder to access care than others. These include low-income families with or without health insurance, elderly residents, those without reliable transportation, residents living in rural and agricultural areas, and immigrants who face language and cultural barriers with the health system.

This priority area strives to address the social determinants of health to increase equitable access to physical, mental, and dental health care. It also parallels the current national conversation on increasing health care access for all, as well as the Healthy People 2020 "Access to Health Services" objective.

What do the numbers say?

- **16%** of Scott County residents under 100% of the poverty threshold do not have health insurance⁴
- **12%** of 5th, 8th, 9th, and 11th graders have not been to the dentist in the past year¹⁴
- **54%** of Scott County residents under 200% of the poverty threshold had a physical exam in the past year⁹
- **4%** of white people in Scott County are uninsured compared to **10%** of non-white people⁴
- **14%** of residents rated access to health care as a top health concern for their community¹⁶

Community Voices

Common themes among community members focused on a desire for expanded access and accessibility to health services, especially for dental, mental, and preventative health. Community members also cited a need for enhanced communication with providers and greater accessibility not only to translators, but culturally diverse providers and health workers. Transportation was also an often mentioned barrier to accessing health care, particularly in rural communities.^{21 22}



Moving to Action (Work Plan)

Objective 1: Support Scott County residents in having the tools and resources they need to access care by 2024	
Strategies	<ul style="list-style-type: none"> A. Increase awareness of how to access medical, dental and behavioral health for residents of Scott County B. Increase patient knowledge on importance of regular, consistent primary care
Primary Action Steps	<ul style="list-style-type: none"> 1. Update & distribute resource lists throughout county annually 2. Explore ways to communicate importance of prevention 3. Education on importance of primary care 4. Expand Portico Healthnet locations 5. Child and Teen Check-Ups phone calls to newly enrolled families 6. Identify agencies for urgent needs for dental, mental, and medical providers
Objective 2: Increase engagement with Access Coalition by 2024	
Strategies	<ul style="list-style-type: none"> A. Increase networking opportunities for safety net providers B. Increase information sharing between medical, dental, and behavioral health entities
Primary Action Steps	<ul style="list-style-type: none"> 1. Promote Access Coalition & its work at community events (i.e. FISH, PCC) 2. Survey providers on need & interest in engaging with other providers 3. Disseminate relevant resources to safety net provider contact list 4. Recruit membership to Access Coalition (i.e. adult case managers)
Objective 3: Identify top 3 patient barriers to care for residents of Scott County by Q3 2021	
Strategies	<ul style="list-style-type: none"> A. Share data across sectors related to patient barriers to care in Scott County
Primary Action Steps	<ul style="list-style-type: none"> 1. Collect qualitative data on patient barriers to care (schools, adult case managers, CAP) 2. Collect qualitative data on patient barriers to care - conduct Social Determinants of Health survey with mobile clinic clients 3. Gather data from health plans and/or clinics, hospitals on most common social determinants of health referrals 4. Create objectives, strategies, and action steps to address identified barriers
Objective 4: Decrease transportation as a barrier to accessing care by 2024	
Strategies	<ul style="list-style-type: none"> A. Increase knowledge on how to access transportation options B. Increase awareness of available transportation options
Primary Action Steps	<ul style="list-style-type: none"> 1. Disseminate lists of transportation options 2. Create health plan resource on how to access transportation 3. Educate/train community members on how to use public transportation 4. Stay connected/engaged with SmartLink 5-year mobility plan
Objective 5: Improve patient provider interaction for diverse patients by 2024	
Strategies	<ul style="list-style-type: none"> A. Increase clinic/clinician/provider knowledge & skills on diverse client needs
Primary Action Steps	<ul style="list-style-type: none"> 1. Research information on bilingual, bicultural, and LGBTQ specialized providers, create resource list 2. Conduct LGBTQ trainings for nurses, clinicians, & staff 3. Implement Sexual Orientation and Gender Identity SmartForm on EPIC Software (for electronic medical records) 4. Explore expansion of after-hours care
Objective 6: Increase low-cost provider options in Scott County by 2024	
Strategies	<ul style="list-style-type: none"> A. Open a free/low cost clinic by 2022
Primary Action Steps	<ul style="list-style-type: none"> 1. Assess feasibility 2. Assemble taskforce 3. Find funding

Where are we now?

Throughout 2019, the Access to Health Services Group focused on building strong partnerships between local health plans, schools, clinics, hospitals, public health and others in order to share resources, tools, and ideas, better understand the scope of the problem, and build the capacity of their coalition to address this health priority.

Current and ongoing work has been focused on increasing knowledge on the similarities and differences in access to typical health care versus mental health care and dental care. Building capacity in this way is important to be able to move forward with appropriately addressing barriers and social determinants of health.

The Child and Teen Check-Ups program continues to work to help children receiving Medical Assistance have access to primary care and dental care. Additionally, County Transportation joined the work group, contributing resources and information related to addressing transportation as a barrier to care.



Monitoring the CHIP

Revision & Evaluation

The CHIP is a flexible and dynamic document that should be able to change as community needs and assets change. Thus, a formal process for the review and revision of the 2019-2024 CHIP for Scott County will happen annually. Scott County Public Health will guide CHIC work groups through the process of refining work plans based on emerging challenges or changes in assets or resources. Revisions will develop out of relevant data and information collected from partners working on the health issue. Criteria for implementing revisions will include demonstrated evidence for changes in items such as: feasibility of a strategy or action step; partner resources, capacity, or support; magnitude of a health issue; and new opportunities for intervention. There will also be consideration for reexamining the four priority health areas based on emerging health problems in the community.

Continued community engagement and data collection will be essential in the monitoring of the CHIP, with particular focus on the social determinants of health. A strong commitment to these activities on the part of Scott County Public Health and CHIC partners will allow for sustained understanding of the pulse of the health of the community.

Upon annual approval of changes to the CHIP, a revised CHIP will be published with a record of and explanation for revisions.

The CHIP Monitoring & Revision Plan is outlined in a separate document (CHIP Plan for Monitoring & Revision).



Measuring Success

Plans for evaluating progress toward goals, objectives, strategies, and action steps set in the work plan were developed in tandem with the work plans for each priority area. Each work group has identified a primary evaluation lead who will be assisted by Scott County Public Health in monitoring work plan evaluation data.

Work groups also completed a 2-year implementation plan, in the form of a timeline outlining targets for completing activities. The implementation plans will be updated annually to always reflect the upcoming two years.

Evaluation Plans and Implementation Plans for each of the health priority areas are available in the CHIP Plan for Monitoring and Revision.

Credits & Acknowledgements

Credit for the CHIP is ultimately due to the Scott County community. Residents offered their voices and insights to the CHIP planning team, providing a compass for the work described in the plan.

The leadership and expertise of countless others, particularly those in the CHIC group, made this completed product and action plan possible. Work group members and evaluation leads contributed significant time in creating work plans, evaluation plans, and implementation plans.

A special thanks is granted to all of those mentioned above and any others involved throughout the process. Scott County Public Health and CHIC leadership look forward to continue these partnerships to move the plan forward and achieve its goals and objectives over the coming five years.

Please see a complete list of partner organizations in the Appendix.

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Appendix

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Community Health Improvement Committee (CHIC) Membership

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Steven Brown, Scott County Social Services
Jayme Carlson, Scott County Public Health
Matthew Carns, Scott County Sheriff
Joyce Eissinger, Southwest Metro Schools
Mary Erikson, YMCA
Leon Flack, UCare
Barb Hedstrom, Shakopee Police
Department
Megan Helberg, Civic Volunteer
Matt Helgerson, Jordan Schools
Luke Hennen, Scott County Sheriff
Ron Hocevar, Scott County Attorney
Darren Kermes, Southwest Metro Schools
Lisa Kohner, Scott County/Media
Ryan Laager, Belle Plaine Schools
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Mdewakanton Sioux Community
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Extension
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Lil Piñero, Scott County Public Health
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Peggy Nerdahl, Shakopee Schools
Tana Pinc, Park Nicollet
Terry Raddatz, Scott County Mental Health Center
Gary Sprynczynatyk, Blue Cross
Bill Swanstrom, River Valley Health Services
Tawnya Ward, Scott County Mental Health Center
Pakou Xiong, Health Partners

CHIP Partner Organizations

Allina Health
Benedictine Living Community
Blue Cross Minnesota
Camp Esperanza - New Creation Lutheran Church
CAP Agency
City of Shakopee
Fairview Hospital
Faith Communities
Health Partners
Jordan Public Schools
Mayo Clinic - New Prague
Metropolitan Pediatric Specialists
Open Door Health Clinics
Park Nicollet
Park Nicollet Foundation
Portico Healthnet
River Valley Health Services
River Valley YMCA
Scott County Attorney
Scott County Child Care Licensing
Scott County Choose Not to Use
Scott County Fair
Scott County Mental Health Center
Scott County Planning & Zoning
Scott County Statewide Health Improvement Partnership (SHIP)
Scott County Transit
Second Harvest Heartland
Shakopee Community Education
Shakopee Diversity Alliance
Shakopee Mdewakanton Sioux Community
Shakopee Police Department
Shakopee Public Schools
St. Francis Regional Medical Center
St. Mary's Health Clinic
Three Rivers Parks
UCare
University of Minnesota
WGH Group

This list is not fully comprehensive of the many contact points the CHIP will have in the community.

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