



SCOTT COUNTY, MINNESOTA

COMMUNITY HEALTH IMPROVEMENT PLAN
**PLAN FOR MONITORING &
REVISION**

MARCH 2020 // SCOTT COUNTY PUBLIC HEALTH



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Monitoring & Revision Components

The 2019-2024 Community Health Improvement Plan (CHIP) is a flexible and dynamic document that should be able to change as community needs and assets change. It is also important to measure success of the CHIP. Thus, a formal process for the revision and monitoring of the 2019-2024 CHIP for Scott County will happen annually.

The Community Health Improvement Committee (CHIC) is the core group engaged in the planning and implementation of the Scott County community health improvement plan. 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. Most CHIC members participate in a work group designated to one of the four priority health areas identified in the CHIP (Alcohol, Tobacco, and Other Drugs; Adverse Childhood Experiences; Obesity; and Access to Health Services).

Scott County Public Health will work with the cross-sector members of the CHIC work groups to complete the process of annual monitoring and revision.

Work Plans

Five-year work plans were developed for each of the four priority health areas identified in the 2019-2024 CHIP. These work plans are available in the 2019-2024 CHIP.

Work plans will serve as a framework from which to monitor and revise the CHIP. The objectives, strategies, and action steps identified in the work plans provide a high-level overview of how each priority area is being addressed. These work plan components were strategically defined to target the behaviors, risk and protective factors, and interventions that will be essential to improving health in the community.

The work plans are dynamic and will be reviewed and updated annually as appropriate, as needs, resources, and understanding the health priorities change. Data from evaluation outcomes and activities in each work group can also inform revisions to the work plans. With changes to the work plans, the implementation and evaluation plans will also be updated to align with the goals, objectives, strategies, and action steps of the work plan.

Implementation Plans

Each CHIC work group has created a 2-year implementation plan in the form of a Gantt chart. The time frame of two years allows for realistic planning for short-term activities while keeping an eye on longer-term goals and objectives. The time periods defined by the Gantt chart are quarters of the calendar year. Work groups will annually update their implementation plans, maintaining an outlook of the coming two years.

The action steps displayed in the Gantt chart align with the work plan strategies and objectives to which they most relate. However, many action steps will impact more than one strategy or objective of the work plan due to the interconnections of factors that play into health.

Also defined in the implementation plan is the person or organization responsible for each activity outlined in the implementation plan. While the work groups as a whole are collaborative in nature, the assignment of specific action steps to groups or people allows for increased organization, in addition to accountability to achieve the goals of the work plan.

The implementation plans for each of the four priority health areas of the CHIP are located in the Appendix.

Evaluation Plans

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.

Key process and outcome measurements were selected for each priority area, where possible. Process measures are counting outputs of action steps on the work plan, while outcome measures are tracking progress toward strategies and objectives. Baseline numbers for all measures (where available) and 1-year or 5-year targets (where applicable) are available for process and outcome measures.

In some cases, a direct measurement of an action step, strategy, or objective was not readily accessible or feasible to obtain by members of the work group. In these cases, work group members selected available measures that best reflected the goals the work plan has set to achieve as part of the CHIP. In other cases where no outcome measure were available, process measures will show what work has been accomplished directed at achieving an objective target. Outcome and process measures may be edited or added to as the work plan develops over the next five years.

In addition to quantitative measures, qualitative data will be integral to monitoring the four priority health areas set in the CHIP. Scott County Public Health, the CHIC, and its partner organizations will continue efforts to engage with community members and collect qualitative information over the course of the implementation of the CHIP.

Collection of relevant data, evaluation of work group activities, and general surveillance of the four health priorities identified in the CHIP will be an on-going process. Building an understanding of the status of the four health priority areas and each work group's

activities will not be limited to the process and outcome measures identified in the evaluation plans. The collaboration and sharing of information between partners implementing the action steps of the work plan will be essential to building knowledge and measuring the success of the CHIP.

The evaluation plans for each of the four priority health areas of the CHIP are located in the Appendix.

Process for Monitoring & Revision

Annual Review

As outlined in the sections above describing the monitoring and revision components of the CHIP, the CHIP is a dynamic document that will be reviewed and updated in a formal annual review.

The CHIC, and its divisions of work groups, will annually review and revise the work plan, implementation plan, and evaluation plan for each health priority area.

The updates and revisions will be based on a number of factors, including:

- Assessment of health indicators for priority health areas
- Assessment of progress toward reaching work plan goal
- Assessment of process & outcome measures in evaluation plan
- Changing landscapes/environments
- Changing resources from CHIC partners
- Changing community needs/emerging health issues
- Review of qualitative information related to health priority areas and CHIC partner implementation of action steps
- Change in evaluation capacity
- Emerging opportunities for intervention
- Feasibility of objectives, strategies, or action steps
- Learning of new evidence-based practices or interventions for a priority health area

Based on the above information, work plans, implementation plans, and evaluation plans will be revised accordingly.

Communicating Changes

Upon work group and CHIC approval of the changes, a revised CHIP will be published with a record of and explanation for revisions. The revised CHIP will be communicated with CHIC partners and their organizations, as well as other community stakeholders and community members.

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Evaluation Plans

Alcohol, Tobacco, & Other Drugs

	Measure	Strategy or Action Step	Baseline (2019)	Target	Source
Objective 1: Increase community readiness to change from X to 6 by 2024	Key Outcome Measure				
	Community Readiness to Change score		n/a	6	Work group documentation
	Other Outcome Measures				
	% of 8th, 9th, & 11th graders who think people who have five or more drinks of an alcoholic beverage once or twice per week carries "moderate risk" or "great risk"	A	75%	78%	MSS
	% of 8th, 9th, & 11th graders who think people who vape or use e-cigarettes carries "moderate risk" or "great risk"	A	58%	65%	MSS
	% of 8th, 9th, & 11th graders who think people smoke one or more packs of cigarettes per day carries "moderate risk" or "great risk"	A	84%	87%	MSS
	% of 8th, 9th, & 11th graders who think people use marijuana once or twice per week carries "moderate risk" or "great risk"	A	66%	69%	MSS
	Process Measures				
	Number of presentations per year	2	3	4	Work group documentation
	Number of publications per year	2	2	6	Work group documentation
Number of communication channels where information is published per year	2	2	4	Work group documentation	
Objective 2: Increase social norms discouraging use by 2024	Key Outcome Measure				
	% of 8th, 9th, & 11th graders who say their parents feel it would be 'very wrong' or 'wrong' for them to smoke cigarettes		96%	97%	MSS
	% of 8th, 9th, & 11th graders who say their parents feel it would be 'very wrong' or 'wrong' for them to drink alcohol nearly every day		93%	96%	MSS
	% of 8th, 9th, & 11th graders who say their parents feel it would be 'very wrong' or 'wrong' for them to use marijuana		91%	94%	MSS
	% of 8th, 9th, & 11th graders who say their parents feel it would be 'very wrong' or 'wrong' for them to use prescription drugs not prescribed for them		96%	97%	MSS
	% of 8th, 9th, & 11th graders who say their parents feel it would be 'very wrong' or 'wrong' for them to vape or use e-cigarettes		90%	95%	MSS
	% of 8th, 9th, & 11th graders who say their friends feel it would be 'very wrong' or 'wrong' for them to smoke cigarettes		86%	89%	MSS
	% of 8th, 9th, & 11th graders who say their friends feel it would be 'very wrong' or 'wrong' for them to drink alcohol nearly every day		80%	83%	MSS
	% of 8th, 9th, & 11th graders who say their friends feel it would be 'very wrong' or 'wrong' for them to use marijuana		72%	75%	MSS
	% of 8th, 9th, & 11th graders who say their friends feel it would be 'very wrong' or 'wrong' for them to use prescription drugs not prescribed for them		87%	90%	MSS
% of 8th, 9th, & 11th graders who say their friends feel it would be 'very wrong' or 'wrong' for them to vape or use e-cigarettes		59%	69%	MSS	

	Other Outcome Measures				
	% of 11th graders who drove a motor vehicle after using alcohol or drugs in the past year	A	9%	7%	MSS
	% of 8th, 9th, & 11th graders who think their peers drink alcohol monthly or more	B	49%	39%	MSS
	% of 8th, 9th, & 11th graders who think their peers use marijuana monthly or more	B	43%	33%	MSS
	% of 8th, 9th, & 11th graders who think their peers vape monthly or more	B	68%	58%	MSS
	Process Measures				
	Number of social hosts reached per year	1	n/a	Countywide	Work group documentation
Number of districts with presentations to youth on social/legal consequences of ATOD, per year	4	n/a	2 districts	Work group documentation	
Number of parents reached in presentations on the legal risks of providing substances to minors per year	4	n/a	200	Work group documentation	
Objective 3: Increase youth resiliency to say no to things that are dangerous or unhealthy from 76% to 80% by 2024	Key Outcome Measure				
	% of 5th, 8th, 9th, and 11th grade students who say no to things that are dangerous or unhealthy 'often' or 'always'		76%	80%	MSS
	Other Outcome Measures				
	% of 5th, 8th, 9th, and 11th grade students who stay away from bad influences 'often' or 'always'	A	74%	80%	MSS
	% of 5th, 8th, 9th, and 11th grade students who plan ahead and make good choices 'often' or 'always'	B	67%	75%	MSS
	Process Measures				
Number of schools with Courage to Speak curriculum	2	1	5	Work group documentation	
Number of student groups involved in peer-to-peer activism	3	3	5	Work group documentation	
Objective 4: Increase community collaboration by 2024	Key Outcome Measure				
	Number of sectors represented on ATOD coalition		12	24	Work group documentation
	Process Measures				
Percent of coalition members who attend at least one training per year	1	n/a	75%	Work group documentation	
Number of community committees where DFC/ATOD Coalition is represented	3	7	9	Work group documentation	
Objective 5: Reduce availability of ATOD in Scott County by 2024	Key Outcome Measure				
	% of students who get alcohol from store or restaurant		2%	1%	MSS
	% of students who get vaping from store		11%	2%	MSS
	% of 8th, 9th, & 11th graders who get alcohol socially		64%	60%	MSS
	% of 8th, 9th, & 11th graders who get vaping materials socially		79%	70%	MSS
	Other Outcome Measures				
	% of congratulate & educate checks passed	C	98%	100%	SHIP C&E Log
	Number of retailers with information posted about criminal and civil liabilities for providing substances to minors	C	n/a	2 per year	Work group documentation
Process Measures					
Number of congratulate educate checks completed	1	66/100%	100%	SHIP C&E Log	
Pounds of drugs collected in drop boxes	3	3560 lbs	n/a	Take It to the Box	
Number of Detera bags distributed	3	n/a	n/a	Work group documentation	
Objective 6: Implement policy & built environment changes by 2024	Key Outcome Measure				
	Number of Scott County cities with T21 policy		1 city	6 cities	Work group documentation
	Number of parks in Scott County that are smoke-free		1 city	7 cities	Work group documentation
	Process Measures				
	Number of work sessions/presentations given related to T21 policy	2	0	n/a	Work group documentation
	Number of work sessions/presentations given related to smoke free parks policy	3	0	n/a	Work group documentation
	Number of worksites who have drafted new ATOD policy	5	0	5	Work group documentation
Number of schools who have drafted new ATOD policy	5	0	5	Work group documentation	

Objective 7: Increase access to response, treatment, and recovery resources by 2024	Key Outcome Measure				
	Number of successful referrals to treatment from jail screening		n/a	will set in 2020	Jail Screening Form
	Process Measures				
	Number of physicians in Scott County with buprenorphine certification	1	2/(TBD)	TBD	Work group documentation
	Number of assessments in jail that screen positive for substance use	3	n/a	n/a	Jail Screening Form

ACEs

	Measure	Strategy or Action Step	Baseline (2019)	Target	Source
Objective 1: Increase capacity to provide MCCC training on ACEs in Scott County by 2024	Key Outcome Measure				
	Number of certified ACE Interface presenters		0	10	Work Group Documentation
	Other Outcome Measures				
	Number of people trained in MCCC ACEs curriculum	A	5	15	Work Group Documentation
	Process Measures				
	Number of trainers receiving stipend	3	0	10	Work Group Documentation
	Number annually recruited and trained to present MCCC material	5	0	5	Work Group Documentation
Objective 2: Increase capacity to respond to ACEs among professionals who interact with children in Scott County by 2024	Key Outcome Measure				
	Number of training participants who increased their understanding of brain development, the ACE study, and resiliency following completion of the training (post test)		n/a	60%	ACE Presentation Survey from MCCC
	Number of training participants who note the likeliness of incorporating their learning in action with: family, work, and community		n/a	60%	ACE Presentation Survey from MCCC
	Process Measures				
	Number of licensed child care providers receiving training	1	20	150	Trainer attendance logs
	Number of unlicensed day care providers receiving training	1	0	TBD	Trainer attendance logs
	Number of other child service providers receiving training	1	5	50	Trainer attendance logs
	Number of school staff receiving training	1	TBD	TBD	Trainer attendance logs
	Number of broader community receiving training	1	0	100	Trainer attendance logs
	Number of professional groups targeted for outreach	4	0	10	Work Group Documentation
	Number of schools in Scott County school districts receiving MCCC training annually	5	1	100% of Scott County schools	Trainer attendance logs
Objective 3: Increase individual and system capacity to respond to ACEs in Scott County by 2024	Process Measures				
	Number of people who receive Mental Health Center ACEs training	1	383	500	Mental Health Center logs
	Number of requests for follow-up ACEs trainings	2	n/a	5	Mental Health Center logs
	Number of tailored trainings provided for trauma and/or ACEs	3	12	15	Mental Health Center logs
	Number of schools receiving trauma-informed environment and classroom interventions	4	8	10	Mental Health Center logs
Objective 4: Increase collaboration on ACEs awareness by 2024	Key Outcome Measure				
	Number of ACEs collaborations that support efforts of the workgroup		0	15 per year	Work Group Documentation
	Process Measures				
	Number of unique community organizations/groups attended by ACEs workgroup member(s)	1	12	TBD	Work Group Self-Reporting
	Number of individual funding sources to supportwork/increase capacity to do work	2	0	1	Work Group Documentation
	Dollar amount for expenses by year	2	0	\$7,500	Work Group Documentation
	Number of sectors represented on workgroup	3	9	11	Work Group Documentation

Obesity

	Measure	Strategy or Action Step	Baseline	Target	Source
Objective 1: Reduce the number of Scott County residents who report lack of physical activity as a health concern by 2024	Key Outcome Measure				
	Score for lack of physical activity being a health concern (0= not at all a concern, 100= major concern)		42	39	Resident Survey
	Process Measures				
	Number of impressions through Next Door promotions	1	0	36000 annually	Next Door Portal
	Number of organizations/partners participating in Active Communities Collaboration- Next Door posts (unduplicated)	1	0	12	Google Form
	Resource map platform created	2	Not created	Complete by January 2022	Work Group Documentation
	Number of wayfinding signs installed (Scott west regional trail)	3	0	25 (2 kiosk & 23 confirmation signs)	Work Group Documentation (potential to add in Met Council usage data- TBD)
	Number of neighborhoods reached	4	N/A	TBD	Work Group Documentation
	Number of opportunities offered	4	0	6 annually	Work Group Documentation
	Number of education items created	5	0	4 annually	Work Group Documentation
	Number of key informant interviews	6	0	12 by December	Work Group Documentation
	Number of survey responses	6	TBD	TBD- Based on engagement plans	Work Group Documentation
	Number of providers engaged	7	0	10 by December 2020	Work Group Documentation
Number of cities engaged	7	0	7 by June 2020	Work Group Documentation	
Objective 2: Reduce the number of Scott County residents reporting access to healthy food as a health concern by 2024	Key Outcome Measure				
	Score for access to healthy food being a health concern (0= not at all a concern, 100= major concern)		30	27	Resident Survey
	Other Outcome Measures				
	Process Measures				
	Resource map platform created	1	Not created	Complete by January 2022	Work Group Documentation
	Number of impressions through Next Door promotions	2	0	36000 annually	Next Door Portal
	Number of organizations/partners participating in Active Communities Collaboration- Next Door posts (unduplicated)	2	0	12 annually	Google Form
	Number of restaurants engaged	3	0	3 by 2023	Work Group Documentation
	Number of locations served by CAP Mobile Food Shelf	4	4	6 by January 2021	CAP Agency Data
	Number of Little Free Gardens	4	0	TBD	SHIP
	Number of cities with Little Free Gardens	4	N/A	7	SHIP
	Number of residents engaged	5	0	50 by 2020	Various community surveys through PCC, RCP & other groups

Access to Health Services

	Measure	Strategy or Action Step	Baseline (2019)	Target	Source
Objective 1: Support Scott County residents in having the tools and resources they need to access care by 2024	Key Outcome Measure				
	C&TC Participation Ratio		58% (2018)	65%	C&TC
	% of Shakopee High School students in convenience sample who think it is important to go to an annual checkup		86%	90%	CAPS survey
	% of adults who have one person they think of as their personal doctor or health care provider		82% (2014)	87%	Local Survey
	Process Measures				
	Number of resource guides distributed per year	1	2502	2600	RG Disbursement Graphs
	Mental health grid updated & distributed	1	Yes	annually	Workgroup Documentation
	Number of education events year	3	n/a	5	Workgroup Documentation
Number of Portico sites in Scott County	4	1	2	Workgroup Documentation	
Objective 2: Increase engagement with Access Coalition by 2024	Key Outcome Measure				
	Number of organizations represented on Access coalition		9	12	Workgroup Documentation
	Process Measures				
	Number of access coalition presentations/presence at events per year	1	0	2	Workgroup Documentation
	Number of providers surveyed on need & interest in engaging with other providers	2	0	50	Workgroup Documentation
	Reach of provider contact list	3	211	n/a	Workgroup Documentation
	Number of new members recruited to coalition per year	4	1	2	Workgroup Documentation
Objective 3: Identify top 3 patient barriers to care for residents of Scott County by Q3 2021	Key Outcome Measure				
	Top three barriers to care identified		No	By Q3 2021	Workgroup Documentation
	Process Measures				
	Number of stakeholders interviewed	1	2 - Jordan School District, 2- Belle Plain School District	2+ responses each from school nurses, CAP agency, adult case managers	Workgroup Documentation
	Number of public health clients taking Social Determinants of Health survey per year	2	68	n/a	Workgroup Documentation
Number of health plans or clinics reporting most common social determinants of health referrals among clients	3	0	6	Workgroup Documentation	
Objective 4: Decrease transportation as a barrier to accessing care by 2024	Key Outcome Measure				
	% of convenience sample (public health mobile clinic clients) reporting transportation as a barrier		40%	30%	SDOH Survey
	Process Measures				
	Number of SmartLink Medical Assistance rides per year	A,B	56,559	n/a	SmartLink
	Reach of transportation video	1	634	n/a	Youtube
Reach of SmartLink in-person transportation education per year	3	573	600	SmartLink	

Objective 5: Improve patient -provider interaction for diverse patients	Key Outcome Measure				
	% of residents who were treated with respect by their health care providers during past 12 months		n/a	will set in 2020	Local Survey
	% of residents who received information from their health care provider about their health that was easy to understand during past 12 months		n/a	will set in 2020	Local Survey
	Process Measures				
	Number of trainings LGBTQ trainings offered to clinicians, nurses, and staff by 2021	1	0	2 (Scott County Park Nicollet Clinics)	Park Nicollet
Objective 6: Increase low-cost provider options in Scott County by 2024	Key Outcome Measure				
	TBD as objective develops		n/a	n/a	n/a
	Process Measures				
	TBD as objective develops	1, 2, 3	n/a	n/a	n/a

Implementation Plans

Below are implementation plans for the activities that each work group is planning for 2020-2021. Areas that are shaded represent periods when the action step is planned to be conducted. In the far right column, individuals and organizations who are responsible for each action step are listed. Implementation plans will be updated yearly.

Alcohol, Tobacco, & Other Drugs

ATOD Implementation Plan									
	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Who is responsible?
Objective 1: Increase community readiness to change to 6 by 2024									
Strategy A: Increase perception of harm of ATOD abuse									
Strategy B: Increase knowledge of the consequences of use and abuse									
Complete Community Readiness to Change Survey									Coalition members
Education of parents & students through presentations & publications									Coalition members
Utilize Minnesota Student Survey to increase awareness about substance use in the community									Public Health, Coalition, schools
Objective 2: Increase social norms discouraging use by 2024									
Strategy A: Increase knowledge of social and legal consequences of substance use									
Strategy B: Increase knowledge on attitudes, beliefs, and norms of peers' substance use									
Engage social hosts, property owners, & hotel/motel owners									Coalition (i.e. Law Enforcement, School Athletics, Faith-Based Organizations)
Conduct trainings with law enforcement on benefits of enforcement									Public Health, Coalition
Evaluate feasibility of creating a Party Patrol program									Law Enforcement
Educate youth & adults on social & legal consequences of abuse (training presentations, Courageous Parenting Curriculum)									Schools, Public Health, Law Enforcement
Implement awareness campaign that emphasizes health effects of substance use									Law Enforcement coalition members (i.e. Schools, Public Health, Law Enforcement)
Objective 3: Increase youth resiliency to say no to things that are dangerous or unhealthy from 16% to 80% by 2024									
Strategy A: Increase youth knowledge on how to cope with stress and mental health problems									
Strategy B: Increase refusal skills among youth									
Support Change to Chill curriculum in Scott County schools									Public Health, Schools
Expand Courage to Speak Curriculum Scott County schools									CNTU; Schools
Involve student groups to provide peer-to-peer education & activism									SADD; Schools
Objective 4: Increase community collaboration by 2024									
Strategy A: Increase engagement with ATOD coalition									
Recruit & train coalition members									Coalition Coordinator
Introduce Coalition activities at Shakopee Diversity Alliance & in community									Coalition Coordinator, members
Represent Coalition on existing community committees									Coalition Coordinator
Strategy B: Increase communication related to ATOD among/between Scott County organizations									
Meet with schools to define how to share resources and expertise									Public Health, Schools, SADD, CNTU
Utilize providers in dental healthcare collaborative									Coalition, Public Health, Healthcare
Involve diverse populations in the development of culturally appropriate prevention materials; translate promotional materials into other languages spoken in Scott Co									Schools, Faith-Based Organizations, Coalition, Shakopee Diversity Alliance, Public Health
Build relationships with key community leaders around ATOD work									Coalition members, Coalition Coordinator
Objective 5: Reduce availability of ATOD in Scott County by 2024									
Strategy A: Increase knowledge on proper storage and disposal of prescription opioids and other drugs									
Expand drug collection boxes & disposal choices (promote 'Take it to the Box' campaign, distribute Deterra bags)									Scott County Sheriff; Local Law Enforcement; Public Health

ACEs Implementation Plan									
	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Who is responsible?
Objective 1: Increase capacity to provide MNCC training on ACEs in Scott County by 2024									
Strategy A: Increase number of persons trained in MNCC Curriculum									
Maintain list of current certified trainers/those certified									Work Group members
Coordinate "Understanding ACEs" trainings within Scott County									Work Group members
Offer stipend for trainers who are certified									Work Group members
On a yearly basis, intentionally recruit and train additional interested people who can present the MNCC ACEs material									Work Group members
Strategy C: Increase support, tools, and resources for trainers									
Develop a training toolkit									Work Group members
Pair training with resources - quiet room for those triggered, crisis line for follow-up									Work Group members
Objective 2: Increase capacity to respond to ACEs among professionals who interact with children in Scott County by 2024									
Strategy A: Increase awareness of ACEs among licensed child care providers in Scott County and other 0 - 5 child service providers (foster care, ECFE)									
Strategy B: Increase awareness of ACEs among school staff in Scott County									
Strategy C: Increase awareness of ACEs among unlicensed day care providers both from the Family Friends Network (FFN) and informal care providers in the community									
Strategy D: Increase awareness of ACEs among broader community audience (members of the medical community, judicial system, EMS, Fire and Police)									
Provide MNCC training to licensed child care providers, unlicensed day care providers, other child service providers, school staff, and the broader community (medical, judicial, EMS, fire, police, etc.)									MCCC Certified Trainers
Develop & use post-training questionnaire									MCCC Certified Trainers
Trainers track & report attendance at trainings									MCCC Certified Trainers
Provide targeted outreach to identified professional groups									Work Group members
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									MCCC Certified Trainers
Objective 3: Increase individual and system capacity to respond to ACEs in Scott County by 2024									
Strategy A: Increase focus on resiliency and self-healing communities									
Strategy B: Increase knowledge of trauma-informed interventions among providers									
Strategy C: Increase community awareness of the impact of ACEs and trauma									
Coordinate/partner with Mental Health Center and other licensed clinicians to provide follow-up training after initial ACEs training									Mental Health Center/Tawnya Ward
Track requests for additional follow-up after initial ACEs trainings									Mental Health Center/Tawnya Ward
Provide tailored trainings to meet the needs of requesting party and include content on resiliency and self-healing communities									Mental Health Center/Tawnya Ward
Therapists provide trauma-informed environment and classroom interventions									Mental Health Center/Tawnya Ward
Provide training participants with mental health resources (MH Center brochure or other community-based resources)									Mental Health Center/Tawnya Ward
Objective 4: Increase collaboration on ACEs awareness by 2024									
Strategy A: Coordinate outreach efforts for ACEs awareness and resiliency									
Strategy B: Build resources to support other objectives									
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.									Work Group members, Heather Wilson
Apply for funding to support certified trainers (i.e. LLE)	Apply for and receive at least \$7,500.00 in funding	Create ongoing budget to grow capacity	Finalize budget	Create list of funders for this work	Apply for funding to sustain/and or expand current work	Continue to maintain current budget and apply for funding to meet the community need			Heather Wilson
Provide opportunities for engagement in ACEs subcommittee and/or receive training									Work Group members

Obesity

Obesity Implementation Plan									
	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Who is responsible?
Objective 1: Reduce the number of Scott County residents who report lack of physical activity as a health concern by 2024									
Strategy A: Increase awareness of physical activity opportunities in Scott County (parks, trails, recreation center, gyms)									
Promote programs happening in Scott County through Next Door platform on a monthly basis									CHIC Obesity Group Members
Collect resources and create management plan for mapping resource. Create platform to map resources and opportunities around physical activity in Scott County	Collect resources			Revisit to determine platform. Connect w/ other counties and GIS					CAPS Student- YMCA, Scott County PH SHIP
Implement Parks RX program throughout county. Engage providers to pilot program.			Potential Pilot		Evaluate				Scott County PH SHIP, Scott County- Three Rivers Park District, St. Francis
Strategy B: Increase access to physical activity opportunities in places where residents already spend time									
Implement wayfinding signage for trail systems as needed.		Install- Phase 1							Scott County- Three Rivers Park District
Offer programs/classes offsite in the community (senior living, parks, churches, etc) of Scott County to further reach residents									River Valley YMCA, Shakopee Community Education, Scott County SHIP, Scott County- Three Rivers Park District
Strategy C: Increase community buy-in/interest for physical activity									
Create and share education around physical activity									CHIC Obesity Group Members
Ensure community engagement for various projects involving physical activity & new opportunities in the community such as Moving Equity Data Ahead (MEDA) grant									Scott County PH SHIP- Others TBD depending on project
Objective 2: Reduce the number of Scott County residents reporting access to healthy food as a health concern by 2024									
Strategy A: Increase awareness of food resources in the community									
Collect resources and create management plan for mapping. Create platform to map resources and opportunities around healthy eating in Scott County	Collect resources			Revisit to determine platform. Connect w/ other counties and GIS					CAPS Student- YMCA, Scott County PH SHIP
Promote & connect with community gardens, farmers markets, food shelves, food distributions and other community food resources to increase participation and awareness through Next Door app and other means of promotion									Scott County SHIP, CAP Agency
Strategy B: Increase availability of healthy food in places where residents already spend time									
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				Potential CAPS Project					Potential CAPS Students- CAP Agency- Scott County SHIP
Explore options to expand mobile food options									
Strategy C: Increase community buy-in/interest for healthy eating									
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.									Scott County SHIP

Access to Health Services

Access to Health Services Implementation Plan										Who is responsible?
	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021		
Objective 1: Support Scott County residents in having the tools and resources they need to access care by 2024 Strategy A: Increase awareness of how to access medical, dental and behavioral health for residents of Scott County										
Ensure local resource lists are annually updated & distributed	Collect, update and distribute resources list	Update second time; upload updated resource list	Mail updated resource list to partners	Distribute as needed	Collect, update and distribute resources list	Update second time; upload updated resource list	Mail updated resource list to partners	Distribute as needed	Darcy Maskevich/Public Health; C&TC staff	
Scott Co Medical Assistance Dental grid and Mental Health Grid	Modified/up dated grids	Distribute as needed			Modified/up dated grids	Distribute as needed			Health plans/ Mental Health Center	
Expand Fortico sites in Scott Co	Continue discussions with Fortico								C&TC, Public Health	
Identify 2 agencies for emergent, urgent needs and breakdown per category (dental, mental health, medical), create document/enhance resource guide									C&TC	
Strategy B: Increase patient knowledge on importance of regular, consistent primary care C&TC phone calls to newly enrolled families										
Explore ways to communicate importance of prevention; Education on importance of primary care	Determine communication channels and messaging.								C&TC, Health plans, Work Group/coalition members	
Education on importance of primary care							Outreach events and/or communications.		C&TC, Health plans, Work Group/coalition members	
Objective 2: Increase engagement with Access coalition by 2024 Strategy A: Increase networking opportunities for safety net providers Strategy B: Increase information sharing between medical, dental, and behavioral health entities										
Survey providers on need & interest in engaging with other providers	Reach out to FISH	Planning presentation and survey.	Present/collecting surveys on access gaps and need for additional networking opportunities ⁵ .			Determining next steps based on survey.			C&TC, Work Group/coalition members	
Recruit membership to Access Coalition	Draft statement of Access Coalitions ⁵					Disseminate to target audiences			C&TC, Work Group/coalition members	

	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Who is responsible?
Objective 3: Identify top 3 patient barriers to care for residents of Scott County by Q3 2021									
Strategy A: Share data across sectors related to patient barriers to care in Scott County									
Collect qualitative data on patient barriers to care	Collected qualitative data from school professionals.							Determine next steps based on qualitative data input.	Tawmya Ward/Mental Health Center
Collect quantitative data on patient barriers to care - conduct Social Determinants of Health survey with mobile clinic clients								New SDOH survey implementation.	PH Mobile Clinic; Public Health; RVHS
Gather information from health plans and/or clinics, hospitals on most common social determinants of health referrals	Identify methods for collecting SDOH data.							Coalition members share information or data.	Ucare; Blue Cross; Health Partners; RVHS
Explore expansion of after-hours care								Clinics provide update.	Clinics
Create objectives, strategies, and action steps to address identified barriers								Review data collected to date.	Work group/coalition members
								Create/implementation strategies based on data.	
Objective 4: Decrease transportation as a barrier to accessing care by 2024									
Strategy A: Increase knowledge on how to access transportation options									
Strategy B: Increase awareness of available transportation options									
Disseminate transportation access resources	Disseminate flyer and links to video	Review ride data provided by Mobility Mgmt.	Review ride data provided by Mobility Mgmt.	Update flyer; disseminate update	Update flyer; disseminate update	Review ride data provided by Mobility Mgmt.	Review ride data provided by Mobility Mgmt.		Darcy Mackevich/Public Health; Mobility Management
Create health plan resource on how to access transportation (special transport, car seats, etc.), could be added to health plan dental flyer		Develop resource on transportation.	Disseminate to target audiences	Update resource on transportation.	Update resource on transportation.	Disseminate to target audiences	Disseminate to target audiences		Annie Halland/UCare
Educate/train community members on how to use public transportation		Transit video shared	Monitor views on videos.	Transit video shared	Monitor views on videos.	Transit video shared	Transit video shared		Alan Herrmann/Mobility Management
Stay connected/engaged with SmartLink 5-year mobility plan								Mobility Mgmt provides quarterly update	Alan Herrmann/Mobility Management
Objective 5: Improve patient/provider interaction for diverse patients by 2024									
Strategy A: Increase clinic/clinician/provider knowledge & skills on diverse client needs									
Research barriers related to bilingual, bicultural, and LGBTQ access to care		Include questions on FISH survey; develop school survey method	Collect data/input.	Review data				Determine next steps based on data.	Annie Halland/UCare
Conduct LGBTQ trainings for nurses, clinicians, & staff									Park Nicollet
Implement Sexual orientation and Gender Identity SmartForm on EPIC									Park Nicollet
Objective 6: Increase low-cost provider options in Scott County by 2024									
Strategy A: Open a free/low cost clinic by 2022									
Assess feasibility								Review feasibility based on survey inputs.	Work Group/coalition members