Dakota County

COMMUNITY HEALTH IMPROVEMENT PLAN

2020-2024

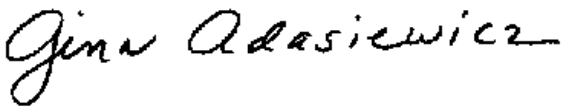
Message to the Community

I am pleased to present the 2020-2024 Dakota County Community Health Improvement Plan. The plan is a combined effort by the Public Health Department and our many community partners. Special thanks to the Healthy Dakota Initiative steering committee and Mental Health Action Team for their excellent input and guidance.

The Community Health Improvement Plan includes goals, measurable objectives, and action steps for four priority areas identified by the Healthy Dakota Initiative: adult mental health, adult physical activity, difficulty paying for health care, and suicidal ideation in adolescents. The plan is intended to be a call to action and a guide for community stakeholders to improving health in Dakota County.

We look forward to working with you on implementing the plan to improve community health in Dakota County.

Healthy regards,



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Public Health Director, Dakota County Public Health Department

About this report

The Dakota County Community Health Improvement Plan is a key step in a long-term, systematic effort to address public health issues identified in the community health assessment. This report and the Dakota County Community Health Assessment are posted on the Dakota County website at: Dakota County Community Health Assessment.

For additional information, please contact the Dakota County Public Health Department by e-mail (Public.Health@co.dakota.mn.us) or by phone (651-554-6100).

Original publication date: March 31, 2022

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Our Vision:

A healthy community for all in Dakota County.

Our Values:

- Excellence
- Effective and Sustainable
- Inclusiveness
- Collaboration
- Empowering People

Executive Summary

The Healthy Dakota Initiative, a comprehensive community health assessment and improvement project, originally launched in April 2013 and reconvened for purposes of community health assessment in May 2018. The Healthy Dakota Initiative Steering Committee includes representatives from a broad cross-section of partner organizations, including local public health, hospitals, schools, non-profits, cities, and businesses, as well as a community member. The Healthy Dakota Initiative aims to engage the community in a strategic planning process to improve the health and safety of all Dakota County residents, and to ensure that the priorities and strategies are shared by the partners in the county. The Dakota County Community Health Assessment represented the first step in the planning process and provides a basis for creating a community health improvement plan. In addition to information about the health of the community, the Community Health Assessment includes information about assets, challenges, barriers, and resources that were used to develop the Dakota County Community Health Improvement Plan (CHIP).

Dakota County Public Health Department convened, facilitated, and participated in the CHIP process. Based on the data from the Community Health Assessment, the Healthy Dakota Initiative Steering Committee identified the following priority areas:

Adult mental health

Improve mental health and prevent mental illnesses by identifying needs, providing education, and promoting access to mental health services for all adult residents of Dakota County.

Adult physical activity

Reduce chronic disease, health disparities, and health care costs by creating sustainable policy, system, and environmental changes that increase opportunities for adults to be physically active.

Difficulty paying for health care

Decrease the financial burden on the health care system by ensuring timely access to health care for uninsured and underinsured residents of Dakota County, regardless of ability to pay.

Housing affordability

Improve mental and physical well-being by identifying needs, providing resources, and ensuring adequate supply of affordable housing opportunities for Dakota County residents.

Adolescent suicidal ideation

Improve mental health and prevent suicide by identifying needs, providing education, and promoting access to mental health services for all adolescent residents of Dakota County.

In addition, **aging of the population, poverty,** and **educational attainment** were identified as issues that cross all of these priority areas.

Action teams of community partners were formed for the priority areas to identify goals, measurable objectives, and strategies. The action teams are committed to implementation, evaluation, and reporting to the community and stakeholders. An action team was not formed for housing affordability because the Affordable Housing Coalition of Dakota County is a public/private collaboration that is already addressing this priority.

Work on the CHIP was paused from 2020 through 2021, due to the response efforts of the COVID-19 pandemic. Partners and communities were impacted by the pandemic in many ways, and capacity was limited.

Dakota County residents and community leaders are encouraged to use this plan as a resource and a call to action.

County Description

The following data was used when developing the priority areas for the CHIP. More recent data may be available at the time of publication.

Dakota County is the third most populous county in Minnesota, comprising 7.6 percent of the population of Minnesota[1]. It is in the southeast corner of the Twin Cities Metropolitan area and encompasses 587 square miles, 563 square miles in land and 24 square miles in water[2]. The Mississippi and the Minnesota rivers form the county's northern and eastern borders. The county shares borders with the following counties: Hennepin County in the northwest, Scott County in the west, Rice County in the southwest, Ramsey County in the north, Washington County in the northeast, Pierce County, Wisconsin in the east, and Goodhue County in the southeast[3].

Geographically, Dakota County is largely rural; however, the county maintains an equal land use mix of urban, suburban and rural[3]. Seventy percent of the county's population resides in the northern and northwestern portions of the county[4].

- Dakota County had an estimated 425,423 residents in 2017[1].
- Dakota County is divided into 21 incorporated municipalities. A small portion of Hastings is in Washington County and the majority of Northfield is in Rice County[5].
- The five largest cities are: Eagan (68,347), Lakeville (64,334), Burnsville (62,657), Apple Valley (53,429), and Inver Grove Heights (35,381), which comprise 66 percent of the population of the county. Eagan is also the ninth largest city in Minnesota[6].

[1]Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018 (ID: PEPANNRES). United States Census Bureau. Population Estimates Program. American FactFinder. www.census.gov. Published May 2019. Accessed: January 21, 2020.

[2]2019 U.S. Gazetteer Files. United States Census Bureau. www.census.gov. Accessed: January 21, 2020.

[3]About Us. Dakota County, Minnesota. www.co.dakota.mn.us. Updated January 4, 2018. Accessed: September 12, 2018.

[4]Profile of General Population and Housing Characteristics: 2010 (ID: DP-1). Census 2010 Summary File 1. United States Census Bureau. Decennial Census. American FactFinder. www.census.gov. Accessed: September 12, 2018.

[5]Dakota County Cities and Townships. Dakota County, Minnesota. www.co.dakota.mn.us. Updated March 1, 2018. Accessed September 12, 2018.

[6]PopFinder for Cities and Townships, 2018. Minnesota State Demographic Center. mn.gov/admin/demography. Published August 2019. Accessed: January 21, 2020.

Planning Process

Process used by the Healthy Dakota Initiative

The Healthy Dakota Initiative adapted components of the Mobilizing for Action through Partnerships and Planning (MAPP) model to collect data that was used to develop community health improvement strategies. MAPP is a strategic planning process used by communities to collect and analyze data, prioritize issues, identify resources to address priorities, and develop goals and strategies. It was jointly developed by the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC)[7].

Determining community health priorities

The Healthy Dakota Initiative Steering Committee reviewed findings from the Community Health Assessment and considered input from the community and key informants. The committee initially identified 19 priorities by evaluating six dimensions: extent (e.g., number of people affected), data trend, comparison to target, benchmark to the state, health disparities (e.g., differences in impact on various groups), and community concern. These 19 priorities were narrowed further by using a multi-voting process, which resulted in the following five issues as top health priorities in Dakota County:

- ***Adult mental health:*** Depression is one of the most common mental disorders in the United States. Evidence suggests that it is caused by a combination of genetic, biological, environmental, and psychological factors. It can happen at any age but may present with different symptoms in different age groups. It can also occur along with other chronic illnesses, such as diabetes, heart disease, and cancer. These conditions can become worse when accompanied by depression and depression is sometimes a side effect of medications taken for these other conditions. Suicide is a major public health concern and a leading cause of death in the United States. It is complicated and tragic but can often be prevented[8].
- ***Adult physical activity:*** Lack of physical activity and poor diet are leading causes of preventable death and disease in the United States. Lack of physical activity is a risk factor for overweight and obesity, heart disease, stroke, type 2 diabetes, depression, some cancers, and premature death[9]. National guidelines recommend that children engage in at least 60 minutes of moderate-to-vigorous physical activity each day, including muscle strengthening and bone strengthening activity at least three days per week. For maximum health benefits, adults need 150-300 minutes of moderate activity

[7]Mobilizing for Action Through Planning and Partnerships (MAPP) User's Handbook. National Association of County and City Health Officials. Published August 2015.

[8]Health Topics. Depression and Suicide. U.S. Department of Health and Human Services. National Institutes of Health. Mental Health Information. www.nimh.nih.gov. Accessed December 21, 2018.

[9]The Importance of Physical Activity. Minnesota Department of Health. Office of Statewide Health Improvement Initiatives. www.health.state.mn.us. Updated October 2014. Accessed December 18, 2018.

every week, 75-150 minutes of vigorous aerobic activity every week, or an equivalent mix of moderate and vigorous aerobic activity, plus muscle-strengthening activities on two or more days a week[10]. A lifestyle that includes long periods of inactivity, such as sitting, can increase the risk of heart disease, stroke, diabetes, and cancer[11].

- ***Difficulty paying for health care:*** Access to health services means that people receive health care services in a timely manner to achieve the best health outcomes. If people delay accessing care because they don't have health insurance or they can't afford the cost of their deductible, coinsurance, and/or copays, it can result in missed preventive care, preventable hospitalizations, more costly care due to undiagnosed conditions, and premature death[12].
- ***Housing affordability:*** Affordable and safe housing is an important factor in both physical and mental health. Home ownership provides financial stability and control over the living environment. Homeowners are more likely to be involved in the life of the community. Excessive housing costs limit the amount of funds available for other needs, such as food and medical care. It also results in elevated stress levels that have an impact on health. Children who have a stable living environment have higher academic achievement and better health outcomes[13]. People who are homeless have unique health concerns. Some may have chronic physical or mental health conditions or substance abuse issues that preceded and possibly even caused their homelessness. Homelessness can complicate the treatment of many of these illnesses, particularly for those with special diets or medications that require special handling, such as insulin. There are also health conditions that occur because of being homeless, such as skin diseases, malnutrition, parasite infections, and dental disease. Homeless people are also more at risk for injuries and violence than the general population[14].
- ***Adolescent suicidal ideation***: Adolescence is a time of many physical, emotional, psychological and social changes. Mood changes can be a normal part of adolescent development, but when they start to disrupt a teen's ability to function on a day-to-day basis it can be an indication of depression. Depression in teens puts them at risk of suicide. Suicide attempts among adolescents may be based on long-standing issues that

[10]Physical Activity Guidelines for Americans, 2nd edition. U.S. Department of Health and Human Services. www.health.gov. Published 2018. Accessed February 4, 2019.

[11]Patel, AV, Hildebrand, JS, Campbell, PT, et al. Leisure-Time Spent Sitting and Site-Specific Cancer Incidence in a Large U.S. Cohort. *Cancer Epidemiol Biomarkers Prev*. 2015; 24(9): 1350-1359.

[12]Access to Health Services. United States Department of Health and Human Services. Healthy People 2020. www.healthypeople.gov. Accessed December 10, 2018.

[13]Cohen, R. The Impacts of Affordable Housing on Health: A Research Summary. Insights from Housing Policy Research. Center for Housing Policy. National Housing Conference.www.nhc.org. Published April 2015. Accessed September 20, 2018.

[14]Homelessness, Health, and Human Needs. Committee on Health Care for Homeless People. Institute of Medicine. www.nchbi.nlm.nih.gov. Published 1988. Accessed September 21, 2018.

are triggered by a specific event. Uncontrolled emotions can lead to impulsive, self-destructive actions[15].

Framework for community health improvement planning

In developing the Dakota County Community Health Improvement Plan, the ideas from three frameworks were incorporated: 1) Healthy Minnesota 2022, 2) Healthy People 2020, and 3) Social Determinants of Health.

Healthy Minnesota 2022 is the statewide framework for improving health in Minnesota. Healthy People 2020 establishes 10-year, national benchmarks for improving health of all Americans. Both are based on the principle that health is the product of many factors, from individual biology to community and system health. These factors create the conditions that allow people to be healthy. Importance is placed on high quality of life across the lifespan, from early childhood through old age[16,17].

Research has shown that social and environmental factors have a large impact on the development of healthy individuals, families, and communities. These determinants include employment and income stability, housing stability, transportation, education, environmental health, safety, food access, and others. The determinants affect a person's life and work conditions, such as stress levels, access to healthy food, safe places to exercise, exposure to environmental hazards, and availability of early learning opportunities. These exposures interact to increase or decrease the risk for many major diseases, such as heart disease, stroke, and Type 2 diabetes. To reflect this understanding of health, the Dakota County Health Assessment has a section devoted to these social determinants of health. The figure to the right shows the social determinants of health framework used in this assessment[18].

[15]Depression in Teens. 2018. Mental Health America. www.mentalhealthamerica.net. Accessed December 18, 2018.

[16]Healthy Minnesota 2022: Statewide Health Improvement Framework. Minnesota Department of Health. Healthy Minnesota Partnership. www.health.state.mn.us/healthymnpartnership. Published February 2018. Accessed September 12, 2018.

[17]About Healthy People. United States Department of Health and Human Services. Healthy People 2020. www.healthypeople.gov. Published 2014. Accessed September 12, 2018.

[18]Dakota County Community Services Division.

Implementation and monitoring of plan

Information will be collected on a quarterly basis to update the Dakota County Public Health tracking tool. The action teams have committed to developing annual work plans, and to meet at least twice per year to review the progress of each objective. At these meetings, community partners will give updates on their activities and discuss any barriers or changes that need to be made. Once a year, action team members will review progress and available measurement data on each objective. Based on this review, the action team may recommend quality improvement projects or revisions to the plan. Plan revisions will be decided by consensus of the appropriate action team and will be based on the following criteria:

- Feasibility of the strategy (if not started)
- Effectiveness of the strategy
- New or emerging health issue
- Strategy completed
- Change in health status indicators
- Change in level of resources available

Note: The activities under the Adult Physical Activity priority are funded by the Statewide Health Improvement Partnership grant, which is on a 2-year cycle. The interventions are prescribed by the grant and the work plan is set for the 2-year period, so the action team is not able to recommend plan revisions during the 2-year period of the grant. Therefore, annual discussions will be limited to progress on strategies, changes in level of resources, and recommendations for future grant cycles.

An annual report will be completed by January of each year that details the progress and future plans for each of the objectives.

Document Format

This document is organized by the priority areas: adult mental health, adult physical activity, difficulty paying for health care, and suicidal ideation in adolescents. Each priority starts with vision and mission statements and a discussion of data from the 2018 Dakota County Community Assessment that supports the importance of this priority. The section for each priority includes several goals with objectives and strategies. Below are definitions of key terms used in these sections[19]:

Vision sets forth the "ideal" state that the community wants to achieve. It provides long-term direction and guidance for the community.

Mission indicates how the community intends to achieve the vision.

Values are beliefs or principles that the community members hold in common and strive to put into action.

Goal is a fundamental issue the community needs to address. It is a desired end, which is not necessarily attainable or quantifiable.

Objective is a measurable outcome that the community wants to achieve by focusing on the particular goal.

Strategy is a broadly stated means of utilizing resources to achieve the goals. The strategies are understood to contribute to meeting the objective.

Action plan is a document which includes tactics that describe who, what, when, where and how activities will take place to implement a strategy.

Citations within the plan are designated by a number in superscript which corresponds to a numbered reference in the footnotes.

[19] Glossary of Strategic Planning. University of North Carolina Wilmington. uncw.edu. Accessed: July 14, 2014.uncw.edu.

Priority: Adult Mental Health/Adolescent Suicidal Ideation

Vision

Children, adolescents, adults, and families in Dakota County have opportunities to attain optimal mental well-being.

Mission

Identify needs, provide education, reduce stigma, and promote access to mental health services.

Values

- Partnerships exist between consumers, community and providers that promote mental well-being across the life span.
- Residents with mental illnesses have opportunity to achieve their full potential and to live in a community that is free of stigma and prejudice.
- Residents with mental illnesses actively participate in designing, protecting and strengthening their own mental health and well-being.
- Residents have the skills, supports and resources to manage and recover from life challenges that impact mental well-being.

Why improving mental health is important

Depression is one of the most common mental disorders in the United States. Evidence suggests that it is caused by a combination of genetic, biological, environmental, and psychological factors. It can happen at any age but may present with different symptoms in different age groups. It can also occur along with other chronic illnesses, such as diabetes, heart disease, and cancer. These conditions can become worse when accompanied by depression and depression is sometimes a side effect of medications taken for these other conditions. Suicide is a major public health concern and a leading cause of death in the United States. It is complicated and tragic but can often be prevented[8].

A useful measure of mental health in the population is the self-reported number of days that mental health was not good in the past 30 days. This measure of perceived mental distress can help describe the burden of depression, anxiety, and stress in the population. Poor mental health can negatively impact physical health and health behaviors.[20] In 2019, six percent of Dakota County adults 18 and older reported for 14 or more days in the last 30 days that their

[20]Measuring Healthy Days. Population Assessment of Health-Related Quality of Life. November 2000. Centers for Disease Control and Prevention. www.cdc.gov. Accessed December 21, 2018.

mental health (including stress, depression, and problems with emotions) was not good. This was below the statewide rate of 10.5 percent[22]. Among Dakota County adults 18 and older, the percent who report for 14 or more days with poor mental health varies by age. Fifteen percent of adults aged 25-34 reported poor mental health for 14 or more days in the last 30 days, compared to six percent of those aged 45-54[21]. Statewide, American Indians are the most likely to report poor mental health for 14 or more days in the last 30 days (29 percent), compared to eight percent of Asians[22].

In 2019, 20.5 percent of Dakota County adults 18 and older said they had ever been told by a doctor that they had depression. Among those who ever had depression, 51 percent were currently taking medication prescribed to treat depression[21]. Suicide is one of the leading causes of death in Dakota County. For the 3-year period 2016-2018, the suicide rate for adults 20 and older in Dakota County (16.2 per 100,000) was below the statewide rate (17.0 per 100,000). The Dakota County suicide rate for adults 20 and older increased by three percent from 2011 to 2017 (from 15.7 per 100,000 to 16.3 per 100,000). Minnesota's rate also increased during the same time frame, but more quickly than Dakota County's rate[23]. Even though Dakota County females are two times more likely to have ever had depression (31 percent, compared to eight percent in 2019), males have a higher rate of suicide than females[21,23]. During the period 2016-2018, Dakota County males 20 and older were nearly 3.5 times more likely to die by suicide than females 20 and older (25.6 per 100,000, compared to 7.3 per 100,000). Statewide, the highest rate of suicide is in American Indians[23].

Adolescence is a time of many physical, emotional, psychological, and social changes. Mood changes can be a normal part of adolescent development, but when they start to disrupt a teen's ability to function on a day-to-day basis, it is can be an indication of depression. Depression in teens puts them at risk of suicide. Suicide attempts among adolescents may be based on long-standing issues that are triggered by a specific event. Uncontrolled emotions can lead to impulsive, self-destructive actions[24].

The number of suicides among Dakota County adolescents (15-19) decreased from 16 in the five-year period 2009-2013 to 15 in the five-year period from 2014-2018[23]. In 2019, 52 percent of 9th graders reported being bothered by little interest or pleasure in doing thing during the last 2 weeks. 41 percent of 9th graders reported being bothered by feeling down, depressed or hopeless during the last 2 weeks. These percentages are similar to the state. In 2019, 12 percent of 9th graders seriously considered attempting suicide during the past year, similar to 2016. In 2019, 37 percent of students who identified as transgender, genderqueer, gender fluid, or unsure about their gender identity reported seriously considering attempting suicide in the previous year, compared to 12 percent of cisgender students. Thirty-four percent of 9th graders

[21]Dakota County Adult Health Survey, 2019. Dakota County Public Health Department. December 2019.

[22]Behavioral Risk Factor Surveillance System Prevalence and Trends Data. 2018. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Division of Population Health. www.cdc.gov. Accessed January 21, 2020.

[23]Minnesota Vital Statistics Interactive Queries (I.Q.). Minnesota Department of Health. www.health.state.mn.us. Accessed January 21, 2020.

[24]Depression in Teens. 2018. Mental Health America. www.mentalhealthamerica.net. Accessed December 18, 2018.

who identify as lesbian, gay, bisexual, questioning, pansexual, or queer reported seriously considering attempting suicide in the previous year, compared to 10 percent of heterosexual 9th graders[25].

Theory of change

	Short-term	Medium-term	Long-term
1	Stigma associated with mental illnesses is reduced through public awareness	People who have mental health concerns seek treatment and adhere to treatment	Adults with mental illness experience a reduction in symptomatic days
2	Primary care providers and schools screen and treat people for mental illnesses	More people who have mental illnesses access resources and get needed treatment	Fewer youth and adults delay getting needed mental health care
3	Providers, faith communities, and community agencies are trained in youth mental health first aid	Community members recognize mental illnesses and are able to assist youth in getting professional help	Communities have the capacity to promote and protect mental health

[25]Minnesota Student Survey Reports 2013-2016. Minnesota Department of Education. www.education.state.mn.us. Accessed December 7, 2018.

Goal 1: Community partners in Dakota County will adopt mental health promotion strategies that emphasize protective factors and self-sufficiency in youth.

	OBJECTIVE	Baseline	Data source	
1.1	**By December 31, 2024, reduce the percent of youth who seriously considered attempting suicide in the past year to 11% (10% improvement over baseline).**	12% of 9th graders (2019)[26]	Minnesota Student Survey	
	Strategy	**Timeframe**	**Partners**	**Reporting/Data Needs**
1.1.1	Qualitative data gathering specific to POC and LGBT+ communities, to better understand needs and how to address them.	2022-2023	**Statewide Health Improvement Partnership (SHIP),** BCBS (could provide claims data), Dakota County groups	Mostly reporting from the reporting itself, not as much on progress etc.
1.1.2	Train and educate Dakota County partners on healthy coping skills/strategies for youth as a means of substance abuse prevention.	2020-2024	**Dakota County Attorney's Office, Allina Health**, Blue Cross Blue Shield of Minnesota, Lakeville Area Schools, United Way of Hastings, DCTC	Break out the different efforts, and track: • How many people attend/trained • Customer satisfaction survey • Pre/post evaluations • How well did it work to keep kids from substances?
1.1.3	Equip educators and parents with evidence-based mental health and trauma intervention trainings to serve children within schools and at home (e.g., CBITS, BounceBack, CBT for schools).	2020-2024	Alive and Thrive, Allina Health, Dakota County Social Services, Lakeville Area Schools, United Way of Hastings, DCTC	

[26]Minnesota Student Survey Reports 2013-2019. Minnesota Department of Education. www.education.state.mn.us. Accessed December 7, 2018.

Goal 2: Community partners in Dakota County will increase community awareness and knowledge to improve mental well-being and prevent suicide in adults.

	OBJECTIVE	Baseline	Data source	
2.1	**By month December 31, 2024, reduce the average number of mentally unhealthy days for adults in the past 30 days to 2.7 days (10% improvement over baseline).**	3.0 days (2016)[27]	County Health Rankings	
	Strategy	**Timeframe**	**Partners**	**Reporting/Data Needs**
2.1.1	Promote the Center for Community Health's menu of best practice interventions that increase social connectedness and reduce isolation.	2020-2024	Promote the Center for Community Health's menu of best practice interventions that increase social connectedness and reduce isolation.	Talk about later in 2022 as we know more.
2.1.2	Equip professionals who don't normally receive mental health training but have close ties to the community with training to increase knowledge/skills about mental health, trauma, and suicide prevention so they are able to intervene when clients show signs of mental health crisis.	2020-2024	BCBS, Allina Health, Dakota County Attorney's Office, Dakota County Public Health, United Way of Hastings	Data from NEAR trainings

Target outcomes are based on state or national goals (Healthy Minnesota 2022[16] or Healthy People 2020[17]), when available. If a state or national goal was not available for a particular measure, a goal was created by computing a 10 percent improvement over the baseline.

[27] County Health Rankings. University of Wisconsin Population Health Institute. University of Wisconsin Population Health Institute. www.countyhealthrankings.org. Published 2019. Accessed December 9, 2019.

Priority: Adult Physical Activity

This priority area is being addressed through the work of the Statewide Health Improvement Partnership (SHIP). The aim of the Minnesota SHIP efforts is to prevent disease before it starts by helping create healthier communities that support individuals seeking to make healthy choices in their daily lives. This is accomplished through several strategies, including active living and active transportation.

Vision

Improved health for residents, reduced incidence and prevalence of chronic disease, reduced health disparities, and reduced health care costs.

Mission

Create sustainable policy, system, and environmental changes to increase access to increase opportunities to be physically active.

The strategies for this portion of the plan are being implemented under the Statewide Health Improvement Program (SHIP) grant. SHIP is a program developed by the Minnesota Department of Health that employs evidence-based strategies for community-led improvements in healthy eating and physical activity[28].

Why improving physical activity and eating habits is important

Lack of physical activity and poor diet are leading causes of preventable death and disease in the United States. Lack of physical activity is a risk factor for overweight and obesity, heart disease, stroke, type 2 diabetes, depression, some cancers, and premature death[9]. National guidelines recommend that adults need 150-300 minutes of moderate activity every week, 75-150 minutes of vigorous aerobic activity every week, or an equivalent mix of moderate and vigorous aerobic activity, plus muscle-strengthening activities on two or more days a week[10]. A lifestyle that includes long periods of inactivity, such as sitting, can increase the risk of heart disease, stroke, diabetes, and cancer[11].

In 2019, 12 percent of Dakota County adults 18 and older said they did not engage in leisure time physical activity during the past 30 days[21]. This was below 2014 (19 percent)[21]. The Dakota County percent was below the state percent in 2018 (20.5 percent)[22]. It is also below the Healthy People 2020 goal of 32.6 percent[29]. The most significant disparities in those who did not engage in leisure time physical activity were by level of education attained. 26.5 percent of

[28]Strategies. Minnesota Department of Health. Statewide Health Improvement Program (SHIP) www.health.state.mn.us/divs/oshii/ship/strategies.html. Published March 5, 2015. Accessed March 17, 2015.

[29]Healthy People 2020. United States Department of Health and Human Services. Office of Disease Prevention and Health Promotion. www.healthypeople.gov. Accessed February 21, 2019.

those with a high school education or less did not engage in leisure time physical activity during the past 30 days, compared to six percent of those with a bachelor's degree or higher[21]. Statewide, American Indians and Hispanics were more likely to have not engaged in leisure time physical activity than non-Hispanic, whites[22].

Priority: Difficulty Paying for Health Care

This priority is being addressed through work done by the Dakota County Public Health Department's strategic plan.

Vision

Decrease the financial burden on the health care system by ensuring timely access to health care for uninsured and underinsured residents of Dakota County, regardless of ability to pay.

Why difficulty paying for health care is important

Access to health services means that people receive health care services in a timely manner to achieve the best health outcomes. If people delay accessing care because they don't have health insurance or they can't afford the cost of their deductible, coinsurance, and/or copays, it can result in missed preventive care, preventable hospitalizations, more costly care due to undiagnosed conditions, and premature death[30].

When the Affordable Care Act was implemented in 2014, the number of people who had no insurance coverage decreased steadily in Dakota County, Minnesota, and the United States. In 2018, Dakota County had an uninsured rate of four percent, which is slightly below the state (five percent) and below the United States (nine percent)[31]. The Healthy People 2020 goal is for no one to be uninsured[30]. There may continue to be many people without adequate insurance coverage, due to the increase in high-deductible health plans. There are also still significant disparities among population groups in the county. In 2018, the highest rate of uninsured was among those 19-25 years of age (seven percent) and the lowest rate was among those 75 and older (0.1 percent), most of whom have Medicare. Eighteen percent of Hispanics were uninsured, compared to two percent of non-Hispanic, whites. Nineteen percent of those with less than a high school education were uninsured, compared to two percent of those with a bachelor's degree or higher. Thirteen percent of those living below 100 percent of the poverty level were uninsured, compared to one percent of those living at 400 percent of the poverty level or above[32].

In 2019, 18.5 percent of Dakota County adults 18 and older reported that it was "very difficult" or "somewhat difficult" for them and their family to pay for health insurance premiums, co-pays, and deductibles. In 2019, 72 percent of adults 18 and older said there was a time in the past 12 months when they needed medical care. Among those who needed care, 19 percent

[30]Access to Health Services. United States Department of Health and Human Services. Healthy People 2020. www.healthypeople.gov. Accessed December 10, 2018.

[31]Selected Economic Characteristics in the United States (ID: DP03). United States Census Bureau. 2014-2018 American Community Survey (ACS) 5-year estimates.www.data.census.gov. Accessed January 22, 2020.

[32]Selected Characteristics of Health Insurance Coverage in the United States (ID: S2701). United States Census Bureau. 2014-2018 American Community Survey (ACS) 5-year estimates. www.data.census.gov. Accessed January 22, 2020.

delayed or did not get needed care. Sixty-five percent of those who delayed or did not get needed care did so because of cost or insurance. Those who live at < 200 percent of the federal poverty level are 2 times more likely to report difficulty paying for health insurance premiums, co-pays, and deductibles than those who live at 200 percent of the federal poverty level or greater (48.5 percent, compared to 21 percent)[21]. As noted earlier, there are several groups who have higher uninsured rates than the general population – most notably, young adults, Hispanics, people with less than a high school education, and those living below the poverty level. These populations are all at risk for not being able to access needed health care due to cost. Nationally, blacks are the most likely to not see a doctor for needed care due to cost (22 percent compared to 13 percent of whites)[33].

[33]Disparities in Health and Health Care: Five Key Questions and Answers. Henry J Kaiser Family Foundation. www.kff.org. Published August 8, 2018. Accessed December 10, 2018.

Priority: Housing Affordability

This Community Health Improvement Plan does not include strategies to address this priority area. The Affordable Housing Coalition (AHC) of Dakota County is an independent, public/private collaboration that facilitates county-wide planning of homeless services and resources.

The Affordable Housing Coalition serves Dakota County residents and people experiencing homelessness in four capacities:

1. *A local planning group that advises the Suburban Metro Continuum of Care, which is a regional planning body for Anoka, Dakota, Scott, Carver and Washington counties. Information on this group and meetings can be found on the Suburban Metro Area Continuum of Care website.*
2. *The advisory group for Dakota County's Family Homeless Prevention and Assistance Program (FHPAP) grant from the State of Minnesota.*
3. *The convener and leadership for Heading Home Dakota, a vision and plan to end homelessness in Dakota County in ten years.*
4. *An advisory group for Dakota County on matters pertaining to homelessness and affordable housing.*

Why housing affordability is important

Affordable and safe housing is an important factor in both physical and mental health. Home ownership provides financial stability and control over the living environment. Homeowners are more likely to be involved in the life of the community. Excessive housing costs limit the amount of funds available for other needs, such as food and medical care. It also results in elevated stress levels that have an impact on health. Children who have a stable living environment have higher academic achievement and better health outcomes[13]. People who are homeless have unique health concerns. Some may have chronic physical or mental health conditions or substance abuse issues that preceded and possibly even caused their homelessness. Homelessness can complicate the treatment of many of these illnesses, particularly for those with special diets or medications that require special handling, such as insulin. There are also health conditions that occur as a result of being homeless, such as skin diseases, malnutrition, parasite infections, and dental disease. Homeless people are also more at risk for injuries and violence than the general population[14].

In 2018, a higher percent of housing units in Dakota County were owner-occupied (74 percent) than the state (72 percent) or the United States (64 percent). This percent decreased slightly from 2014 to 2018 (from 75 percent to 74 percent). Twenty-four percent of Dakota County households (homeowners and renters) spent 30 percent or more of their household income on housing in 2018. This is below the state (27 percent) and the nation (33 percent). The percent decreased for Dakota County, Minnesota, and the United States from 2014-2018. Among Dakota County households who own their home, 17.5 percent spend 30 percent or more of

their household income on housing. Among households who rent their home, it goes up to 44.5 percent. The percent for homeowners is slightly below the percent statewide (19 percent) and the percent for renters is also slightly below the percent statewide (46.5 percent) [34]. Foreclosures decreased in the county from 680 in 2014 to 218 in 2017. Foreclosures represent less than one percent of total parcels in the county[35] In October 2018, a count on a specific day found 190 persons in Dakota County homeless (84 unsheltered and 106 in shelters). This decreased from 296 in 2015. The number of unsheltered people (living in vehicles, outdoors, or in tents or other places not intended for habitation) increased from 50 in 2015 to 84 in 2018[36]. In 2019, six percent of Dakota County adults 18 and older said they or their family had missed a rent or mortgage payment because they did not have enough money. Two percent said they had stayed in a shelter, somewhere not intended as a place to live, or someone else's home because they had no other place to stay at least once during the past 12 months[21]. Another measure of the magnitude of homelessness comes from the school districts. During the 2018-18 school year, a total of 320 homeless students were enrolled in Dakota County public and charter schools (0.5 percent of the total PK-12 student population). This was a decrease from 355 in the 2017-18 school year[37]. For families living in poverty, the options for affordable housing are limited. In 2018, 2.5 percent of the housing units in Dakota County were federally subsidized, which included public housing units and units that accept housing vouchers. Many of these units were specialized housing for seniors or the disabled[34,38]. Additional low-income housing that is funded by state and local sources is available but represents a small portion of total rental units in the county and is often subject to long waiting lists.

[34]Selected Housing Characteristics in the United States (ID: DP04). United States Census Bureau. 2014-2018 American Community Survey (ACS) 5-year estimates.www.data.census.gov. Accessed: January 20, 2020.

[35]Dakota County Sheriff's Office. Dakota County Property Taxation and Revenue.

[36]Homelessness in Minnesota. Minnesota Homeless Study. Wilder Research. Published: March 2019. Accessed: January 22, 2020.

[37]Enrollment, 2018, 2019. Minnesota Department of Education. www.education.state.mn.us. Accessed: Accessed: January 27, 2020.

[38]Assisted Housing: National and Local.2009-2019. United States Department of Housing and Urban Development. www.huduser.gov. Accessed: January 27, 2020.

Definitions

Below are definitions for key terms used in this plan. (See also p. 6)

Active transportation integrates physical activity into daily routines such as walking or biking to destinations such as work, grocery stores or parks[39].

Bikeability indicates the extent to which people can get to where they want to go by bicycle. It includes such things as safety, distance to destinations, and surface conditions[40].

Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues[41].

Community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources[41].

Community health improvement process involves an ongoing collaborative, community-wide effort to identify, analyze, and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process[41].

Community readiness is the degree to which a community is ready to take action on an issue[42].

Ending the Silence is a 50-minute classroom presentation for middle school and high school students that raises awareness and changes perceptions around mental health conditions[43].

Health equity occurs when every person has the opportunity to realize his/her health potential — the highest level of health possible for that person — without limits imposed by structures or

[39]Physical Activity: Active Transportation. Minnesota Department of Health. www.health.state.mn.us. Published July 3, 2014. Accessed July 14, 2014.

[40]Bikeability Checklist. National Center for Safe Routes to School. www.saferoutesinfo.org. Accessed July 14, 2014.

[41]Public Health Accreditation Board Acronyms and Glossary of Terms. Public Health Accreditation Board. www.phaboard.org. Published September 2011. Accessed July 14, 2014.

[42] Plested, B A, Edwards, R W and Jumper-Thurman, P. *Community Readiness: A handbook for successful change.* Fort Collins, CO : Tri-Ethnic Center for Prevention Research, 2006.

[43]Ending the Silence. National Alliance on Mental Illness (NAMI). NAMI. www.nami.org/Find-Support/NAMI-Programs/NAMI-Ending-the-Silence. Published 2017. Accessed March 3, 2017.

systems of society, such as finance, housing, transportation, education, social opportunities, etc., that unfairly benefit one population over another[44].

Healthy Minnesota 2022 is a framework for creating and improving health throughout the state of Minnesota, based on the statewide health assessment, that includes measureable targets for improvement[16].

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans[17].

"Make It Ok" is a social marketing campaign designed to reduce the stigma of mental illnesses by encouraging open conversations and providing education on the topic[45].

Mental health first aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis[46].

Policy, systems and environmental change is an intervention that: creates or amends laws, ordinances, resolutions, mandates, regulations or rules; impacts all aspects of an organization, institution or system; or involves physical or material changes to the economic, social, or physical environment. It is designed to create and encourage healthy behaviors in communities[47].

Walkability: indicates the extent to which people can get to where they want to go by walking. It includes such things as safety, distance to destinations, availability and condition of sidewalks, and aesthetics[40].

Yoga Calm© is a classroom-based program that integrates yoga-based movement, mindfulness, and social-emotional learning into the school day. Benefits of the program include: improved health and fitness, academic achievement, improved self-regulation, increased focus, reduced stress, and enhanced creativity and imagination[Error! Bookmark not defined.].

[44]Health Equity Terminology. Minnesota Department of Health. Minnesota Center for Health Statistics. www.health.state.mn.us. Published February 5, 2014. Accessed July 14, 2014.

[45]Make It Ok. HealthPartners. www.makeitok.org. Published 2013. Accessed July 14, 2014.

[46]Mental Health First Aid. National Council for Behavioral Health. www.mentalhealthfirstaid.org. Published 2013. Accessed July 14, 2014.

[47]Healthy Communities, Healthy Behaviors: Using Policy, Systems, and Environmental Change to Combat Chronic Disease. National Association for City and County Health Officials. www.naccho.org. Published October 2011. Accessed July 14, 2014.

Dakota County Healthy Dakota Initiative

Collaborating Organizations

Active Living Dakota County

Allina Health

Allina Health - Regina Hospital

Apple Valley Parks & Recreation

Argosy University

Blue Cross Blue Shield of Minnesota

Center for Community Health

City of Apple Valley

City of Burnsville

City of Eagan

City of Farmington

City of Hastings

City of Inver Grove Heights

City of Lakeville

City of Mendota Heights

City of Rosemount

City of South Saint Paul

City of West Saint Paul

CommonBond Communities

Dakota County Attorney's Office

Dakota County Public Health Department

Dakota County Social Services Department

Dakota County Technical College

Dakota County Physical Development Department

Dakota Electric Association

DARTS

Eagan Parks & Recreation

Farmington Lutheran Church

Farmington Parks & Recreation

Hastings Family Service

Hastings Parks & Recreation

Independent School District 194

Independent School District 196

Independent School District 197

Inver Grove Parks & Recreation

Lakeville Parks & Recreation

Life Development Resources

M Health/Fairview

Melrose Center

Minnesota Department of Health

NAMI – MN

Park Nicollet Foundation

Rosemount Parks & Recreation

South Saint Paul Parks & Recreation

South Saint Paul Police Department

United Way of Hastings

West Saint Paul Parks & Recreation

West Saint Paul Police Department

YMCA-West Saint Paul

County residents

Acknowledgments

Thank you to the following individuals for their contributions to the Community Health Improvement Plan:

Healthy Dakota Initiative Steering Committee

- Debbie Arver, Argosy University
- Tabatha Barrett, DARTS
- Bonnie Brueshoff, Dakota County Public Health
- Melanie Countryman, Dakota County Public Health
- Naima Farah, CommonBond Communities
- Linda Feist, county resident
- Deb Griffith, City of South Saint Paul
- Robert Hanson, Independent School District 197
- Katie Iommazzo, Fairview Ridges Hospital
- Peggy Johnson, Dakota Electric Association
- Chris Koop, Hastings Family Service
- Katie Lowe, YMCA-West Saint Paul
- Kelly McCarthy, City of Mendota Heights
- Anthony Nemcek, City of Rosemount
- Stacie O'Leary, Independent School District 197
- Heather Peterson, Allina Health
- Brandi Poellinger, Allina Health – Regina Hospital

Active Living Dakota County

- Tim Benetti, City of Mendota Heights
- Kathy Bodmer, City of Apple Valley
- Ben Boike, City of West Saint Paul
- Eric Carlson, Inver Grove Parks & Recreation
- Kurt Chatfield, Dakota County
- Regina Dean, City of Burnsville
- Randy Distad, Farmington Parks & Recreation
- Chris Esser, South Saint Paul Parks & Recreation
- Deb Garross, City of Burnsville
- Peter Hellegers, City of South Saint Paul
- John Hennen, Lakeville Parks & Recreation
- John Hinzman, City of Hastings
- Alan Hunting, City of Inver Grove Heights
- Cheryl Jacobson, City of Mendota Heights
- Chris Jenkins, Hastings Parks & Recreation
- Kris Jenson, City of Lakeville
- Kyle Klatt, City of Rosemount
- David Kratz, Dakota County
- Lil Leatham, Dakota County
- Jess Luce, Dakota County
- John Mertens, Dakota County
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- Mike Ridley, City of Eagan
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- Ryan Ruzek, City of Mendota Heights
- Dave Schletty, West Saint Paul Parks & Recreation
- Tom Schuster, Rosemount Parks & Recreation
- Steve Skinner, Apple Valley Parks & Recreation
- Melissa Sonnek, City of West Saint Paul
- Nissa Tupper, Minnesota Department of Health
- Tony Wippler, City of Farmington
- Marguerite Zauner, Dakota County

Mental Health Action Team

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- Paul Danicic, Park Nicollet Foundation
- Milca Dominquez, ISD 196
- Kate Ebert, Dakota County Public Health
- Erika Hammer, Dakota County Social Services
- Carmen Hansen, Melrose Center
- Lisa Holien, ISD 194
- Monica Jensen, Dakota County Attorney's Office
- Jennifer Jiang, Blue Cross Blue Shield of Minnesota
- Annie Kiel, Healtheast Fairview
- Derek Kruse, South Saint Paul Police Department
- Mari Mellick, Hastings United Way
- Jesse Mettner, West Saint Paul Police Department
- Dr. Jim Ollhoff, Farmington Lutheran Church
- Brandi Poellinger, Allina Health
- Janell Schilman, Dakota County Social Services
- Gene Schultz, county resident
- Chris Tran, Dakota County Technical College

The following Dakota County Public Health Department staff members were instrumental in producing the Community Health Improvement Plan: Shannon Bailey, Bonnie Brueshoff, Melanie Countryman, Matt Giljahn, Sierra Hill, Mary Montagne, Michelle Trumpy, Marguerite Zauner.

Appendix A

Community Strengths

Dakota County has many assets and strengths that can give people a sense of identity, belonging and connection that may make health concerns less severe. Community strengths include people, organizations, places, and community initiatives that are an important source of knowledge, skills and connections that can be useful in developing and implementing community health improvement strategies.

The Healthy Dakota Initiative Steering Committee members considered the following question: "What assets/strengths can be drawn upon in Dakota County to fulfill the vision of the Healthy Dakota Initiative?" Below is the list that resulted:

Organizations

- Non-profits (e.g., DARTS, CAP Agency, 360 Communities, Neighbors, Hastings Family Service)
- Businesses
- Schools and Colleges
- Libraries
- Faith organizations
- Hospitals and health clinics
- Food shelves
- Senior centers
- Cities
- Police and fire
- Social clubs (e.g., Elks, Moose, Rotary, Kiwanis)
- Youth-serving organizations (e.g., 4-H, Scouts, athletic associations)
- Apartment and housing complexes
- Interest groups (e.g., biking clubs)
- Professional and business associations
- Political parties
- Local media (e.g., local cable access, local newspapers, radio stations, school newsletters, and social media)
- Utilities
- County departments (e.g., Public Health, Social Services, Employment & Economic Assistance, etc.)
- Fitness centers
- YMCAs
- School PTAs
- Neighborhood associations, (e.g. CrimeWatch)

Places

- Restaurants
- Sporting events
- Schools
- Parks
- Malls
- Community centers
- Minnesota Zoo
- Arts and theater
- Recreational facilities

People

- Political leaders
- Retired people
- Boomers and "young seniors"
- Post-high school graduates
- Mentors
- Volunteers
- Students
- Professionals

Community initiatives

- City and county staff for outreach
- Current city and county groups and projects
- Community events
- Healthy Dakota Initiative
- School district wellness committees

Appendix B

Forces of Change

Dakota County Public Health belongs to a regional partnership of hospitals, health plans and local public health departments that completed a joint Forces of Change Assessment in 2017, which was adopted and updated by the Healthy Dakota Initiative Steering Committee to reflect the current local environment. The assessment used a "wave" process that identified threats and opportunities that are disappearing, established, emerging or on the horizon.

The Wave –incoming and outgoing trends, ideas, practices and processes, and systems in community health

Note: At any point in history, in any given field, we are in the midst of adjusting and shedding paradigms and approaches in response to changing demands. Participants brainstormed responses below, across a variety of "positives" and "negatives," obstacles and opportunities in each of the four categories. The reader is encouraged to read these responses with that in mind.

Dakota County Healthy Dakota Initiative update, 7/19/2018

ON THE HORIZON

- Out of school time – community schools model
- Community schools
- Strategies to address social media
- Privilege
- Linking clinical care with community health
- Multi-generational communities and families (4-5 generations)
- Long-term view of health
- We drive social media
- Support cultural healers
- Community at center (established financial support)
- New partners (business, parks, other)
- Informed based practices
- Emerging diseases
- Funding shifts
- Mental health system transformation
- Radical reform of criminal justice
- Continuity
- Triage and referral (Department of Human Services)
- Environmental impacts on health
- Radical change in technology and climate change will drive how we look at community
- Revenue sharing with community based organizations to care for populations
- Give people more resources (minimum wage, paid leave, guaranteed basic income, reparations)
- Incorporate lay people into the medical model
- Community health is an ethical obligation and should be a non-profit system
- Cultural outreach corp.
- Health defined with communities
- Mental Health ↔ Housing
- Mental well-being
- True bridge out of poverty
- Frame public health issues/science in compelling way
- Big data and analytics
- Understanding historic trauma
- Universal healthcare
- Climate change reality
- 65% of our children's job not invented
- Digital bio monitoring and telemedicine
- Gutsier initiatives (social activism, language, partnerships, tech)
- Unknown health effects of e-cigarettes (vaping, juuling)
- Safe Routes to Schools as part of the school district planning process
- Food access and built environment incorporated into design of cities

EMERGING

- Restructure investment and funding for community-driven work
- Public health is cross sector (housing, transportation, mental health, job, employment)
- Solve problems with, not for the community
- Nothing about you, without you
- Collaboration beyond boundaries
- Youth aren't as healthy as we assume
- Health equity as a practice
- Concerns about privacy /data security
- Opportunities for local policies to make a local difference
- Working across silos
- Multi-generational interventions
- Spectrum thinking – illness/wellbeing
- Understanding of issues related to caregiving
- Aging of Baby Boom generation
- Independent ("aging in place") and healthy living initiatives
- Health in all policies
- Behavioral economics approach (make the effort appealing & easy)
- Anchor institutions
- Recognition of racism/trauma (historical structural, personal bias, ACEs)
- Data collection new ways (participatory, use of technology)
- Those outside of traditional health community seeing their role in solving health issues
- Substance abuse is a health problem – new risks: opioids, synthetics, over-the counter drugs
- Welcoming youth in community decisions
- Community members as experts
- Use of technology to improve connection to resources for SDOH
- Income inequality
- Community based care/health workers
- Working with community
- Health equity
- E-health and informatics
- Interdisciplinary research (U of M) and community based research
- Participatory decision making
- Public Health Accreditation (meeting set benchmarks)
- New media questioning reliability –how do you know what is reliable or accurate/using Google to find information Identity and gender fluidity
- Effect of built environment (ex. walkability) on health is recognized
- Tradition of philanthropy in the community
- Decreased participation in Meals on Wheels by "newer" seniors
- Connection between oral health and physical illness is recognized
- Police shootings – public fear of the police
- Disappearing of churches and people not attending
- Social Determinants of Health (SDOH)
- Increased used of CHWs
- Relationships whole person systems – Orgs collaborative(s)
- Domestic Violence and Substance Abuse is a health concern (addressing healthy masculinity)
- Immigration issues – fear/mistrust of seeking services
- Recognition of cultural differences in health care
- Homeless adolescents/young adults increasing
- Millennials having difficulty making ends meet – student loan debt
- Integrated service delivery in human services
- Hospital mergers
- Legalization of marijuana
- College food pantries
- New risk-taking behaviors
- Active shooter incidents/having to do active shooter drills
- Lack of extended family for caregiving
- Millennials who are isolated
- Social media causing loss of connection
- EMT home visits
- How people receive health care (pharmacies, virtual, telemedicine)

ESTABLISHED

- Community engagement on government time
- Technology
- EHRS (Electronic Health Record System)
- Social media
- Funding
- Siloed approach
- Data is a tool
- Restrictions on data sharing
- Navigating complex systems
- Natural spaces
- Collaborative partnerships and projects
- Organization culture of one-way "official" communication
- Data sources are not connected

- Regulations driving practice
- Working in silos
- Entrenched health disparities
- Evidence-based practices work
- Local foundation support
- Community activism and volunteerism –including more demonstrations/protests
- Reactionary funding (high) – prevention funding (low)
- Structural discrimination → disparities
- Wholesome collaboration
- Land of 100 ideas – make old new again
- AHA – AMA – APHA (American Hospital Association, American Medical Association, American Public Health Association)
- Assumptions that others understand our "language"
- A divided nation
- Family home visiting
- Short-term focus for long-term impact
- Prevention focused on kids
- Social justice
- Health/public health "lingo" ("not well understood")
- No shared values on health "health is not a right" type thinking
- Lots of people are still uninsured, especially people of color
- High cost of child care
- Increased number of high-deductible insurance plans, people can't afford care
- Lack of feeling safe
- Recognition of the importance of prevention by insurance plans (ex. offering YMCA membership discounts)

DISAPPEARING

- Institutional knowledge
- Retirements
- Homelessness isn't a health concern
- Phone calls and voicemail
- Chemical dependency isn't a health concern
- Red-lining in land use/ banking (is it disappearing though?)
- Health is only physical with clinical interventions
- Old survey techniques
- Non-fat/low-fat
- Top-bottom approach
- Public health clinics/direct services
- Legal entities providing services without stakeholder/com. Input
- Education-only approaches for complex issues (e.g. just tell what to eat)
- "Clients" rather than participants
- Funders funding creativity and flexibility -funding becoming prescriptive (less opportunity to innovate)
- Obesity just as issue of calories and exercise
- One size fits all approach
- "Compliance" we know better than participants
- Doing "to" rather than "with"
- An unwillingness to disaggregate data by race and ethnicity.
- Trust
- Systems
- Communities
- Government
- "Large sized" funding sources for programs
- Static desktop technology
- State and federal funding
- Single sector (non-collaborative) approaches
- Prevention through medical model lens
- Addressing specific conditions/diseases in isolation (as different as holistic)
- Silos breaking
- Old forms of public input (public hearings)
- Abstinence only
- Provider /Medical Doctor knows all
- Privacy

Appendix C

Revision History

Changes	Date