



2020-2024 RICE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

NOVEMBER
2021

Prepared by
Rice County
Community
Health Services

EXECUTIVE SUMMARY

The 2020-2024 Rice County Community Health Improvement Plan is based on the 2019 Rice County Community Health Assessment. Through the community health assessment process partners identified 10 priority health issues. Using the priority issues, Rice County Public Health then named four issues to be further developed in this 2020-2024 Rice County Community Health Improvement Plan. The priorities developed from the four priority areas of housing, weight status, mental health and immunizations are:

- Decrease the share of Rice County households that are cost burdened
- Reduce the proportion of children aged 2-5 years enrolled in WIC who are obese
- Improve overall youth mental wellness
- Increase the percentage of children aged 19-35 months who receive recommended immunizations

The jurisdiction for this plan is the whole of Rice County.

OVERVIEW OF THE PROCESS

Every five years since the passage of the Local Public Health Act in 1976, Minnesota Community Health Boards have been required to engage in a community health improvement process, beginning with a community health assessment (CHA). The CHA gives an in-depth look at the health of residents in the Community Health Board's jurisdiction. To complete a CHA, local public health collaborators compile, analyze and summarize data from a variety of sources. For Community Health Boards, the CHA provides the basis of the community health improvement plan (CHIP).

A CHIP is a long-term, systematic plan to address priority public health issues based on the results of the CHA activities. The CHIP is intended to be used by health and other governmental, education and human service agencies, in collaboration with community partners, to coordinate and target resources to address the identified priorities.

CONDUCTING THE CHA IN RICE COUNTY

In 2013, Rice County Public Health collaborated with District One Hospital, Northfield Hospital & Clinics, and HealthFinders Collaborative to develop the questions for a random sample survey instrument with technical assistance from the Minnesota Department of Health Center for Health Statistics. The survey instrument was revised with input from partners for the 2016 survey. As in 2013, convenience sample surveys were conducted with Somali and Latino community members. Recruitment for the convenience sample survey was done at HealthFinder's clinics and classes, in public places in Faribault and at Rice County Public Health. This survey data, along with data collected from numerous national, state and local sources on factors known to influence health were then compiled, analyzed and summarized in the 2019 Rice County Community Health Assessment

(<https://www.co.rice.mn.us/DocumentCenter/View/1580/2019-Community-Health-Assessment-PDF>).

The data in the CHA is presented by the key conditions of opportunity, nature and belonging. This change in presentation of the data is related to Rice County Public Health strategic practice to increase the agency's use of data related to social determinants as a way of continuing the conversation about equity and what drives health. The assessment intended to help make clear the association between the conditions of our community and our health.

PREPARING THE CHIP IN RICE COUNTY

On June 10, 2019, Rice County Public Health staff worked with 40 people from multiple community agencies to review the data in the CHA and to prioritize the top health related issues faced by residents¹. Meeting participants gained an understanding of the department's assessment and planning process and were then engaged in small group discussions related to a wide range of health related issues from

¹ Agencies represented included: Rice County Public Health, Growing Up Healthy, Faribault Police, Faribault Public Schools, Main Street Project, Faribault Adult Education, Toward Zero Deaths, Northfield Union of Youth, Rice County Corrections, Allina Health, A Child's Delight Too, Inc., Rice County Environmental Services, Northfield Retirement Community, Buckham West, Three Rivers Community Action Inc, Carleton College, Shattuck-St. Mary's School, Church of St. Dominic, Lutheran Social Services, HealthFinders Collaborative, Rice County Social Services, Northfield Hospital & Clinics, Somali Community Resettlement Services, Mayo Clinic Health System, Rice County Chemical & Mental Health Coalition, Hope Center, Minnesota State Academies, Rice County Housing and Redevelopment Authority, Waterville-Elysian-Morristown Public Schools, Northfield Community Action Center.

pregnancy and birth outcomes to motor vehicle safety, and from rates of chronic illness to resident’s experience with domestic violence and sexual assault. After reviewing and discussing data for each topic, participants scored each health topic according to the following criteria:

- Size: “This issue affects a large % of the Rice County population”
- Seriousness: “This is a very serious issue in Rice County”
- Feasibility: “There is capacity to address this issue within Rice County”
- Inequity: “There is a disproportionate burden on a particular subpopulation in Rice County”

For each health topic, two scores were then calculated based on the scores from each participant. The “health topic” score included size, seriousness and inequity criteria scores while the “feasibility” score was the health topic score plus feasibility criteria scores. Health topics were then ranked by the two scores with the outcome as follows:

Health Topic Score: Top Topics

(Size + Seriousness + Inequity criteria score)

Rank	Topic
1	Housing
2 (tie)	Education
	Access to Care
3	Income and Employment
4	Transportation
5	Nutrition and Anemia
6	Mental Health and Suicide
7	Weight Status
8	Domestic and Sexual Violence
9 (tie)	Chronic Illness
	ACES

Feasibility Score: Top Topics

(Health Topic Score + Feasibility criteria scores)

Rank	Topic
1	Housing
2	Education
3	Access to Care
4	Income and Employment
5	Transportation
6	Nutrition and Anemia
7	Weight Status
8	Mental Health and Suicide
9	Domestic and Sexual Violence
10	Chronic Illness

Based on the identified health topics, Rice County Public Health then determined that the topics most feasible for the agency to address within the CHIP were:

- Housing
- Weight status
- Mental health
- Immunizations

A NOTE ON HEALTH INEQUITIES IN RICE COUNTY

Health equity is a state of health whereby everyone has a fair opportunity to attain their full health potential and no one is disadvantaged in achieving it due to unfair or unjust distribution of or access to resources. Health inequities therefore are the disparities in rates between groups of people due to differences in social, economic, environmental or healthcare resources. Examples of resources influencing

health that may be unfairly or unjustly distributed or accessible include health insurance, education, vaccination, fresh food and clean air.

Achieving health equity is crucial to a vibrant community and recognizing this, health inequities have increasingly become an area of concern in public health.

Staff at Rice County Public Health are working with our communities to collaborate and take action to address health inequities. By walking alongside our neighbors to find workable solutions that address those disadvantages we aim to play a role in our community's resilience and hope, and thus fulfill our mission to protect, promote and improve the health of all Rice County residents.

PRIORITY 1: HOUSING

GOAL: To decrease the share of Rice County households that are cost burdened from 26.8% in 2019.

Baseline 2019 data is from the Minnesota Housing Partnership 2019 County Profile. Note that state and local priorities concur that the goal is a decrease of any amount.

COMMUNITY ASSETS AND RESOURCES RELATED TO HOUSING:

- Rice County Habitat for Humanity
- Three Rivers Community Action Inc.
- Community Action Center of Northfield
- Faribault Housing and Redevelopment Authority
- Northfield Housing and Redevelopment Authority
- Rice County Housing and Redevelopment Authority
- Rice County Homeless Prevention Team
- Rice County Social Services
- Ruth's House
- Salvation Army
- Laura Baker Services Association

JUSTIFICATION FOR WHY HOUSING IS A PRIORITY:

Homeownership is encouraged as a way for families to build financial and social stability. In Rice County, white residents own over 98% of the homes but make up about 92% of the population. Rice County white residents are 1.7 times more likely to be a homeowner than residents of color are.

Safe, affordable housing offers residents stability and control over their environment and affects their physical and mental health. People worried about housing costs are more likely to report having chronic diseases such as cancer, arthritis, depression, diabetes, or asthma.

When housing costs exceed 30% of income, residents have difficulty covering the costs of other necessities, such as food, medical care, education and quality childcare. In Rice County, affordable rent at 30% of the area median income is \$570 a month. The average renter median monthly housing cost in Rice County is \$722. The Rice County Housing and Redevelopment Authority estimates that 80% of renter households are cost burdened.

- In order to afford a two-bedroom home in Rice County a wage earner would need to make \$16.94 per hour. This is \$7.44 above the current minimum wage.
- In order to afford a one-bedroom apartment in Rice County, a minimum wage employee must work 53 hours a week.

Priority actions	Policy changes needed to accomplish health objectives	Actions that reduce disparities and increase equity	Individuals and organizations that have accepted responsibilities for implementing strategies	Progress notes
Increase workforce housing: Research Farm Worker housing grants and loans through the USDA to build new workforce housing			<ul style="list-style-type: none"> • Affordable housing developers • Rice County HRA 	
Increase workforce housing: Learn about abatement opportunities based on what others have done (Cargill, Lyon County, Freeborn County)	Would require a change to county property tax policy.		<ul style="list-style-type: none"> • Rice County HRA • All county municipalities • Faribault Chamber of Commerce • Rice County Economic Development 	Currently considering abatement for new residential construction
Increase rental assistance for those more likely to experience homelessness: Apply for Foster Youth Initiative grant (targets those youth between the ages of 18 and 24 who were previously in the foster system)		Includes supports for referring into mental health case management.	<ul style="list-style-type: none"> • Rice County HRA 	Emergency housing vouchers were awarded in May of 2021
Identify people who are unstably housed and educate them about their housing options.		Housing Stabilization Services is a new Minnesota Medical Assistance benefit to help people with disabilities, including mental illness and substance use disorder, and seniors find and keep housing. Service include billable case management	<ul style="list-style-type: none"> • Laura Baker Services Association • Rice County Social Services • Three Rivers Community Action Inc. • Community Action Center of Northfield 	

PRIORITY 2: WEIGHT STATUS

GOAL: To reduce the proportion of children aged 2-5 years enrolled in Rice County WIC who are obese from 13.1% in 2018 to 11.8% by 2024.

Baseline 2018 data is from the Minnesota WIC Information System. Note that Healthy People 2020 had a goal to reduce the proportion of children aged 2 to 5 years who are obese from 10.4% (2005-2008) to 9.4% in 2020. At this time, there is not a similar goal set for Healthy People 2030.

COMMUNITY ASSETS AND RESOURCES RELATED TO WEIGHT STATUS:

- Rice County Women, Infants, and Children
- Rice County Public Health: Child & Teen Checkups, WIC, Family Home Visiting
- HealthFinders Collaborative
- Allina Health Clinics
- Mayo Clinic Health System
- Northfield Hospital & Clinics

JUSTIFICATION FOR WHY WEIGHT STATUS IS A PRIORITY:

Children and adolescents who experience overweight or obesity are at increased risk of being bullied and of developing diabetes and heart disease; they are also likely to continue experiencing overweight or obesity into adulthood, placing them at increased risk for serious chronic diseases such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.

Disparities for weight exist by health insurance status, sex, race and ethnicity and by family income. Rice County's WIC program has found significant differences in two to five year-old weight status data by race/ethnicity. Overweight and obesity is more prevalent among children who are Latino than children who are white or African American.

In 2018, the Statewide Health Improvement Partnership worked with Rice County WIC to identify the main factors contributing to the weight disparity experienced by the Latino population. The five main factors identified through interviews were social connections, immigration policy, education, housing, transportation, and employment.

Because of the number of children enrolled in WIC who are already overweight and obese, we aim to increase the communication and referrals between our WIC clinic and the child's primary care provider to help with consistent messaging, referral and medical intervention.

Priority actions	Policy changes needed to accomplish health objectives	Actions that reduce disparities and increase equity	Individuals and organizations that have accepted responsibilities for implementing strategies	Progress notes
To have identified a provider champion at one local health system who is interested and willing to explore flow of pediatric overweight referrals between		By focusing on children who participate in WIC, we are working with a lower income, often MA eligible, population.	<ul style="list-style-type: none"> • Rice County WIC • Rice County SHIP • Local health system 	

WIC and the health system by August 2021.				
To map one local health system's current process for identifying (including referrals received), treating and following up on pediatric obesity by December 2021.			<ul style="list-style-type: none"> • Rice County WIC • Rice County SHIP • Local health system 	
To establish a referral process in WIC to refer participants who are overweight or obese into a health system by May 2022.			<ul style="list-style-type: none"> • Rice County WIC • Rice County SHIP • Local health system 	

PRIORITY 3: MENTAL HEALTH

GOAL: To improve overall youth mental wellness by identifying needs, providing education, reducing stigma, and promoting access to mental health services in Rice County.

The 2019 Minnesota Student Survey found that 24.5 percent of Rice County ninth graders have a long-term mental health, behavioral or emotional problem that has lasted six months or more. Twenty-five percent of Rice County ninth graders have ever been treated for a mental health, behavioral or emotional problem.

COMMUNITY ASSETS AND RESOURCES RELATED TO MENTAL HEALTH:

- Change to Chill- in schools provided by Allina Health Clinics
- Youth Mental Health First Aid
- Rice County Chemical and Mental Health Coalition
- Rice County Social Services Children's Mental Health
- Health and Happiness Project- a resiliency tool kit developed by community partners
- M.I.N.D.S. (Moving In New DirectionS)- a youth advocacy group
- HealthFinders Collaborative
- Faribault Public School Mental Health Committee
- Northfield Youth Alliance
- Faribault Diversity Coalition
- Rice County Child & Teen Checkups

JUSTIFICATION FOR WHY MENTAL HEALTH IS A PRIORITY:

Mental health is the basis for well-being and function of the individual and the community. According to the World Health Organization, mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Mental illness affects every aspect of a person's and their family's life, as it impacts the former's ability to fulfill family, home, community and work roles. For many,

mental illness continues to be associated with stigma that prevent discussion of the symptoms and may prevent seeking or receiving appropriate and needed health care services.

Mental health problems in children and adolescents have both short term and potentially long term consequences. According to the National Institute of Health, fifty percent of Americans will meet the criteria for a diagnosable mental health condition sometime in their life, and half of those people will develop conditions by the age of 14. Long term, children and adolescents with emotional, developmental or behavioral problems are less likely to attend college or trade school, less likely to hold full-time jobs, and more likely to spend time incarcerated.

The cost of care for mental illness is significant and insurance coverage is often limited. Access to care is also a concern. In 2018, there were 780 Rice County residents for every mental health provider while Minnesota had about 430 residents for every mental health provider (University of Wisconsin Population Health Institute, 2018).

For adolescents who might be showing early signs of mental illness, it is crucial to provide them treatment to keep them in school and engaged in the community, with supports that allow them to reach their personal recovery goals.

Priority actions	Policy changes needed to accomplish health objectives	Actions that reduce disparities and increase equity	Individuals and organizations that have accepted responsibilities for implementing strategies	Progress notes
To improve access to quality, comprehensive mental health services and reduce barriers by adding mental health providers that speak different languages and accept different forms of payment.	Identify state and local policies aimed at improving access to and coverage of mental health services.		<ul style="list-style-type: none"> • RCPH • Rice County Chemical and Mental Health Coalition • Allina Health • United Way • HealthFinders • Fernbrook 	MDH accepted Rice County Public Health and partners into the Mental Health Promotion and Suicide Prevention Strategic Planning Cohort. The goal of the cohort is to support both training and technical assistance to ensure every person receives the same level of care.
To increase knowledge of symptoms, treatments			<ul style="list-style-type: none"> • RCPH 	

and resources for mental health and reduce stigma of mental health through education and Mental Health First Aid trainings.			<ul style="list-style-type: none"> • Rice County Chemical and Mental Health Coalition • Allina Health • United Way • HealthFinders • Fernbrook • Faribault Public Schools 	
To increase resilience and healthy coping skills through education and social connectedness opportunities in all ages through Change to Chill, Health and Happiness Project, and more.			<ul style="list-style-type: none"> • RCPH • Rice County Chemical and Mental Health Coalition • Allina Health • United Way • HealthFinders • Fernbrook • Faribault Public Schools 	

PRIORITY 4: IMMUNIZATIONS

GOAL: To increase the percentage of children aged 19-35 months who receive the recommended doses for diphtheria (DTaP), polio, measles/mumps/rubella (MMR), Haemophilus influenzae type b (Hib), hepatitis B (HepB), chickenpox (varicella), and Pneumococcal (PCV) from 61.3% in 2018 to 67.4% in 2024.

Baseline 2018 data is from the Minnesota Public Health Data Access. Note that Healthy People 2020 had a target of 80 percent of children aged 19 to 35 months vaccinated with the recommended doses mentioned above. At this time, there is not a similar goal set for Healthy People 2030.

COMMUNITY ASSETS AND RESOURCES RELATED TO IMMUNIZATIONS:

- Rice County Child & Teen Checkups
- Rice County Public Health Immunization Clinic
- Rice County Women, Infants, and Children
- HealthFinders Collaborative
- Allina Health Clinics
- Mayo Clinic Health System
- Northfield Hospital & Clinics
- Northfield Community Education
- Faribault Community Education

JUSTIFICATION FOR WHY IMMUNIZATIONS ARE A PRIORITY:

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, largely due to immunizations.

However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. It is recommended that all children receive the childhood immunization series to protect against a variety of vaccine-preventable diseases. If a high proportion of individuals receive immunizations then their actions also help to protect those that are too young to be vaccinated, and people who cannot be vaccinated for medical reasons.

Priority actions	Policy changes needed to accomplish health objectives	Actions that reduce disparities and increase equity	Individuals and organizations that have accepted responsibilities for implementing strategies	Progress notes
Expand education and awareness in the community by mailing C&TC reminder letters and newsletters, targeting families with children 35 months and younger. Include MIIC records at 24 months.			<ul style="list-style-type: none"> • RCPH C&TC 	Need to identify another time point to include MIIC records. 18 months?
Increase communication around immunizations, including education and awareness of under-vaccination and importance of vaccination in the community.			<ul style="list-style-type: none"> • RCPH C&TC 	Social media and print media (example: bus ad, young parent newsletter).
Expand education and awareness during one-on-one conversations.			<ul style="list-style-type: none"> • Rice County WIC • RCPH Family Child Health 	Can we work toward every person in WIC and family home visits receive a MIIC record?