



2017-2018 SUMMARY

FORCES OF CHANGE ASSESSMENT

CHISAGO COUNTY, MINNESOTA

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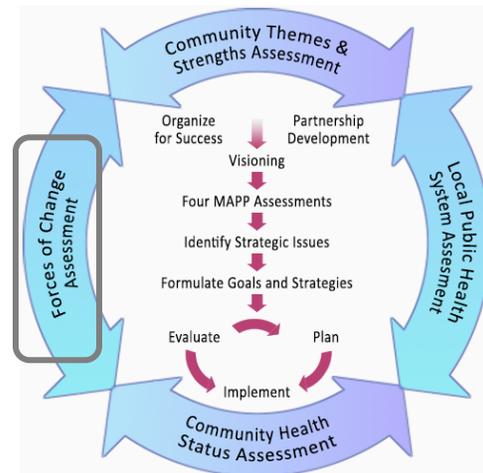
Introduction

Public Health is defined as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Acheson, 1988; WHO). The overall vision is to promote greater health and well-being in a sustainable way, while strengthening integrated public health services and reducing inequalities. In order to achieve this vision, the public health approach involves working with other sectors to address the wider determinants of health. So much more can be accomplished by working together with a common vision to improve health (WHO).

"Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results." --Andrew Carnegie

The Chisago County MAPP Committee brings together the individuals, groups and organizations that make up our local public health system, and guides our community to identify and take action on priority health issues. The committee uses the Mobilizing Action through Planning and Partnerships (MAPP) model for community health planning. The approach used by the Chisago County MAPP Committee is to unify our efforts and build off of one another's strengths to better the health of our community.

In support of the MAPP Committee, the Chisago County Public Health Department is pleased to present this summary report of the 2017 Forces of Change Assessment of the MAPP Model.



Its purpose is to identify trends, factors and events that are or will be influencing health and quality of life in Chisago County and the work of the local public health system. The list of forces was compiled and refined over the course of 2 meetings with the MAPP Committee. The first five forces listed in this report were identified through a voting process with the MAPP Committee as those having the most impact on the Chisago County community. Each section begins with a table showing the threats and opportunities generated by a particular force of change, followed by a narrative explanation with data illustrating the extent of the force or its effects. This report is a tool to assist the MAPP Committee in their identification of strategic health issues.

Other assessment reports are available at: <http://www.co.chisago.mn.us/340/Community-Health>

Forces of Change

Top five Forces of Change by decreasing level of impact
(estimated by the MAPP Committee)

1. Mental Health
2. Affordable housing
3. Sedentary lifestyle (lack of exercise)
4. Substance abuse
5. Population shift (aging)

Other forces of change, in no particular order:

- Uncertainty in health insurance (Medicare, Medicaid)
- Transportation issues
- Food Access issues
- Climate change
- Advancing technology
- Chronic disease management
- Job opportunities
- Access to weapons (gun control)

1. Mental Health

Threats	Opportunities
<ul style="list-style-type: none"> • Stigma • Impacts all ages • Lack of providers • Lack of group home availability and housing • Mental health education in the workplace • Reimbursement rate for provider 	<ul style="list-style-type: none"> • Telemental health (telemedicine): virtual access to provider • Employment of mentally ill • Collaboration with regional mental health coalition • Mental health first aid • Provider recruitment

In the 2017 Chisago County Community Health Survey 24.3 percent of Chisago County Adults reported that they have been diagnosed with some type of mental health illness (depression, anxiety, or other mental health). Respondents (45%) also report being sad, blue or depressed in the last 30 days. Self-reported mental health issues increase for the age group 45-54 years old (33.4%) compared to 17.2% overall; yet anxiety is higher among 18-44 year olds (20%) compared to the average (16.8%). This survey also found that 34.7% of respondents delay getting mental health care because they feel their condition is not serious enough, while 29.7% are too nervous or afraid to seek the care they need. Cost is also associated with mental health care delay.

According to Community Commons, the rate of the county population to the number of mental health providers is 107.3 per 100,000 population. County Health Rankings (2017), found the ratio of population to mental health providers: 950:1.

County Health Rankings (2017), found the average number of mentally unhealthy days reported in the past 30 days is 2.7 in Chisago County.

The 2016 Minnesota Student Survey found that 18% of 11th grade females have been treated for a mental health, emotional or behavioral problem during the last year. When asked, if respondents have ever seriously considered attempting suicide, 15% of 11th grade females said yes, during the last year compared to 6% of 11th grade males. When asked if respondents have actually attempted suicide 5% of 11th grade females during the last year compared to 0% of 11th grade male, yet 7% of 9th grade males said yes during the last year.

2. Affordable Housing

Threats	Opportunities
<ul style="list-style-type: none"> • Impacts all ages • Developer/businesses/etc. need to be on the same page • Economy • Mental health 	<ul style="list-style-type: none"> • Gather partners/decision makers • Use data to drive decisions

In 2017-2018, Chisago County HRA-EDA partnered with Maxfield Research & Consulting to identify existing and future housing needs for Chisago County residents, and will prove a framework for future housing development. The study indicated that 85% of residents in the county are home owners vs. 15% renters. There is a lack of rental housing and a need for more. Compared to the early 2000s new construction is significantly down. The median sales price for a home in Chisago County is \$207,000.

According to *Community Commons* indicator reports, there are 127.52 per 10,000 HUD-funded assisted housing units available to eligible renters (2016). *Community Commons* also indicates that in Chisago County 21,293 total housing units were built in 1990. The year the structure was built provided information on the age of housing units. These data help identify new housing construction and measures the disappearance of old housing from the inventory, when used in combination with data from previous years (2011-15). This report identifies that there are 12 Low Income Housing Tax Credit (LIHTC) properties and 237 (LIHTC) total units. LIHTC program gives State and local LIHTC- allocating agencies a large sum of funding to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households (Community Commons, 2014).

Lastly, 29.49% of occupied housing units had one or more substandard conditions. This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard (Community Commons, 2011-15).

3. Sedentary Lifestyle

Threats	Opportunities
<ul style="list-style-type: none"> • Car access leads to walking/biking less places • Advancing technology- social isolation • Longer workdays • Long commutes • Can lead to chronic disease 	<ul style="list-style-type: none"> • Telehealth • Education • Partnerships • Safe places to walk/bike • Intergenerational opportunities for seniors • Collaborate with YMCA: satellite programming

In the 2017 Chisago County Community Health Survey 43.2 percent of Chisago County adults reported being overweight based on their body mass index (BMI), and 33.4 percent reported being obese according to their BMI. The Community Health Survey also indicated that 54.2% of residents participate in at least 30 minutes of moderate physical activity 1-4 times a week and 37.2% of residents participate in at least 20 minutes of vigorous physical activity 3 or more times a week. When asked on the survey, “When you think about things that make it difficult to be physically active, how much of a problem are the following things?” Lack of willpower, time, and cost were the top three biggest problems according to survey participants.

According to the 2016 Minnesota Student Health Survey, 17% of 11th grade males are considered obese based on their BMI. When students were asked during the last 7 days, how many of those days they were physically active for at least 60 minutes, 16% of 11th grade females said 0 days, and 11% of 9th grades males said 0 days. When asked in a typical school week, how many days do they go to a PE or gym class, over 50% of both male and females in 9th and 11th grade said 0 days.

In addition, Community Commons data indicates that 20.9% of Chisago County adults aged 20 and older self-report no leisure time for physical activity such as, running, calisthenics, golf, gardening, or walking for exercise. Community Commons also indicates that 1.75% of the population commutes to work by either walking or riding a bicycle.

The 2017 Chisago County Community Health Survey also found that 11.1% of residents have been told by a doctor that they have diabetes and 16.2% have been told they have pre-diabetes. This survey indicated that of those who are obese, 62.4% also have high blood pressure, and 45.2% also have high cholesterol.

County Health Rankings (2017) indicated 30% of adults report a BMI of 30 or more, and 22% of adults age 20 and over report no-leisure time physical activity. The average number of physically unhealthy days reported in the past 30 days is 2.8. Among workers who commute in their car alone, the percentage that commute more than 30 minutes: 54%.

According to a 2017 Chisago County housing study conducted by Maxfield Research & Consulting, LLC, 6,775 of workers inflow into Chisago County for work, while 20,426 of Chisago County residents outflow. Of those residents, 38% are commuting to Hennepin and Ramsey Counties.

4. Substance Abuse

Threats	Opportunities
<ul style="list-style-type: none"> • Stigma (shame in asking for support/services) • Lack of services, treatment • Easily accessible substance availability • Constantly changing drug chemistry and consumption methods • Marijuana legalization 	<ul style="list-style-type: none"> • Increase awareness of drug disposal programs (Drug takeback program) • Tobacco-free cities (menthol cigarette bans) • Education • Policy changes Finding alternative ways to treat chronic conditions

The 2017 Chisago County Community Health Survey found that 15.9% of residents smoke cigarettes, while 6.4% report smoking e-cigarettes. Most of the residents that smoke cigarettes live in the northern region of Chisago County (24.7%), while most of the residents that smoke e-cigarettes live in the Chisago Lakes Area (9.5%). In addition, 70% of respondents drank alcohol in the past 30 days. Of those 70% of respondents, 60.1% indicate drinking in moderation (drinking responsibly without going over the legal limit), 26.8% indicate binge drinking (a pattern of drinking that brings blood alcohol concentration levels to 0.08 g/dL; this typically occurs after 4 drinks for women and 5 drinks for men in 2 hours), 13.1% indicate heavy drinking (binge drinking on 5 or more days in the past month).

The survey asked respondents how much of a problem are the following issues in your community: 13.6% say illegal drug use among youth is a serious problem, 11.4% say alcohol use among those aged 21 and over is a serious problem, and 7.8% say abuse of prescription drugs are a serious problem.

County Health Rankings (2017) reported 15% of the adult population are current smokers. They also reported 23% of adults reported binge or heavy drinking, and 34% of driving deaths involved alcohol.

According to the 2016 Minnesota Student Survey, students were asked if they have used any tobacco products, including e-cigarettes and hookah during the past 30 days, 27% of male and female 11th graders indicated they have. 30% of 11th grade females say they have used alcohol in the past year compared to 18% of males.

5. Population Shift

Threats	Opportunities
<ul style="list-style-type: none"> • Lack of staffing for home services (long-term care) • Lack of home and community based services • Caregivers support • Downward financial pressure on healthcare • Vulnerable adult issues • Senior isolation • Homelessness 	<ul style="list-style-type: none"> • More independent senior living (affordable options) • Telehealth • Silos to Circles group • Volunteer workforce- retirees

The Minnesota Department of Human Services Aging Data Profiles shows age projections for years 2020-2040. In 2020 the regional estimate for the 65+ population in Chisago County is projected to be 17.9%, the 85+ 1.8%. In 2030 the regional estimate for the 65+ population in Chisago County is projected to be 26.4%, the 85+ regional percentage 2.6%. In 2040 the regional 65+ population in Chisago County is projected to be 21.6%, the 85+ regional percentage is 3.8%. From 2015 to 2030 the population of older adults age 65 and older in Chisago County will nearly double in size, and the year 2030 is when the Baby Boomer generation will begin to turn 85, and nearly 25% of Minnesotans will be 65 and over.

In 2015, 26.6% of the senior population age 65+ in Chisago County reported living alone. The percentage of persons age 65+ and older living below poverty threshold was 6.1%.

In 2015, the regional support ratio was 20 persons age 65 and older per 100 people age 15-64 and the regional ratio is projected to increase in 2030 to 44, in 2040 will reach its projected peak of 53 and in 2050 start to decline to 48. Chisago County is above the Minnesota Support Ratio average by 10 persons age 65 and older. This is significant due to the balance of the working-age population of those ages 15-64 in proportion to those aged 65 and older who are non-working residents.

Family caregivers (mainly adult children) provide the majority of services and supports. Those age 85 and older are the age group most likely to need supports. In 2015, the regional family caregiver ratio will be 5 persons age 85 and older for every 100 women 45 to 64. In 2030, the regional family caregiver ratio is projected to double to 11 persons age 85 and older for every 100 women 45 to 63. In 2040 the regional family caregiver ratio is projected to increase to 21 and in 2050 increase again to 27 persons age 85 older.

Nursing home utilization is the rate at which persons age 65 years and older stay in a nursing home. Nursing home beds for those age 65+: From 2009, 218 to 2015, 231 nursing home beds. Beds per 1,000 (BPT) age 65+ in 2009, 41, decreased to 32 in 2015. Beds, age 85+ in 2009 went from 310 again decreased to 277 in 2015. There was a regional decrease in Nursing Home Utilization from 3.6% to 2.6%

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