



2017-2018 SUMMARY

**LOCAL PUBLIC HEALTH
STATUS ASSESSMENT**

CHISAGO COUNTY, MINNESOTA

Acknowledgements

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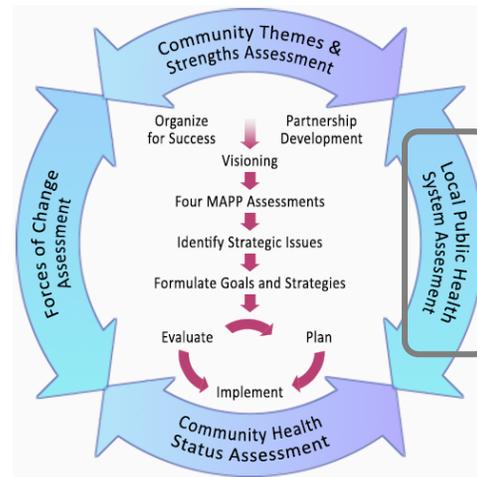
Introduction

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

Chisago County Public Health created a committee bringing 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 2018 Local Public Health System Assessment (LPHS) of the MAPP Model.



Its purpose is to identify areas for system improvement, strengthen local partnerships, and assure that a strong system is in place for effective delivery of day-to-day public health services and response to public health emergencies. Chisago County Public Health identified strengths and weaknesses that may be used to improve and better coordinate public health activities at the community level. In addition, the results provide a better understanding of the LPHS’s performance. Most importantly, the results may inform policy and resource decisions leading to an improved LPHS.

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

The Local Public Health System Assessment

The *Local Public Health System Assessment* (LPHSA) is structured around the Model Standards for each of the ten Essential Public Health Services, hereafter referred to as the Essential Services, which were developed through a comprehensive, collaborative process involving input from national, state and local experts in public health. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized into ten essential public health service areas in the instrument and address the three core functions of public health.

The 10 Essential Public Health Services

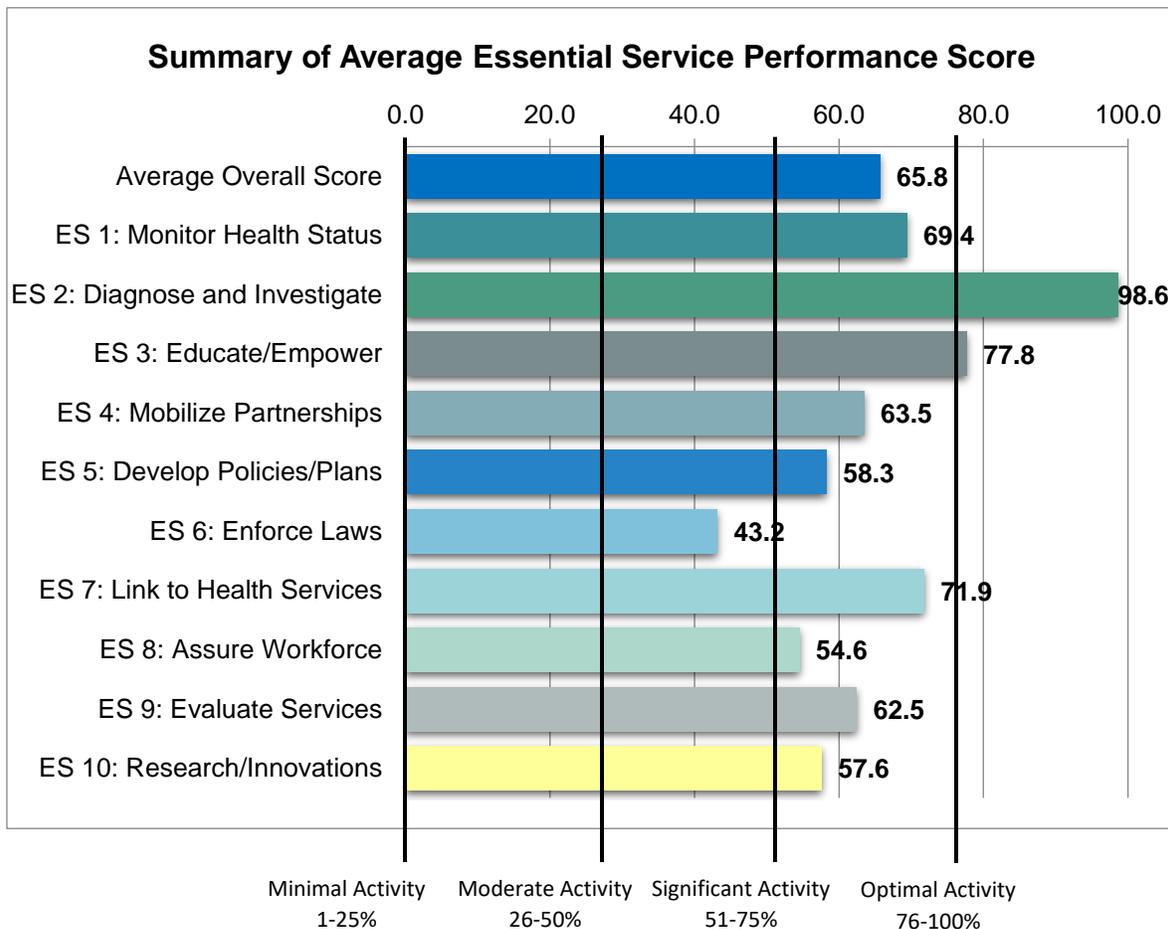
1. **Monitor** health status to identify and solve community health problems
2. **Diagnose and investigate** health problems and health hazards in the community
3. **Inform, educate**, and empower people about health issues
4. **Mobilize** community partnerships and action to identify and solve health problems
5. **Develop policies and plans** that support individual and community health efforts
6. **Enforce** laws and regulations that protect health and ensure safety
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable
8. **Assure** competent public and personal health care workforce
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services
10. **Research** for new insights and innovative solutions to health problems

Within the Local Instrument, each Essential Service includes between 2-4 Model Standards that describe the key aspects of an optimally performing public health system. Each Model Standard is followed by assessment questions that serve as measures of performance. Responses to these questions indicate how well the Model Standard- which portrays the highest level of performance or “gold standard” – is met.

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

About this Report

Graphs on the following pages depict summary scores for a series of questions. Findings for each section highlight notable answers and scores related to the key questions represented by the summary graph.

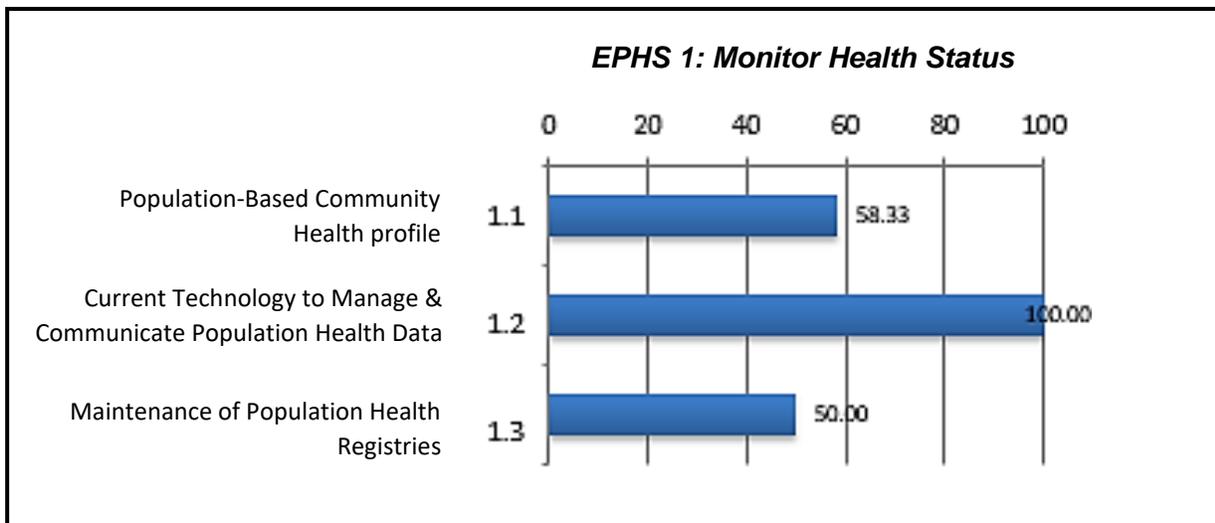


SUMMARY FINDINGS

- The lowest rated area of performance was Essential Service 6 (ES 6), enforce laws and regulations that protect health and ensure safety. The deficiencies relate to not participating in the changes of laws, regulations, or ordinances and educating the community on what the current laws are.
- Optimal progress was achieved in ES 2, which can be attributed to our Emergency Preparedness Program, and top-notch state health department.
- Other areas of performance with near optimal measures include health education and promotion and population-based community health assessment.
- LPHS have made at least significant progress on 9 out of 10 essential service areas.

Monitor Health Status to Identify Community Health Problems

Key Questions: Does our local public health system conduct community-wide health assessments to create a community health profile on a regular basis? Do we use technology to interpret and communicate the assessment data? Is there collaboration in our local public health system to use population health registries?

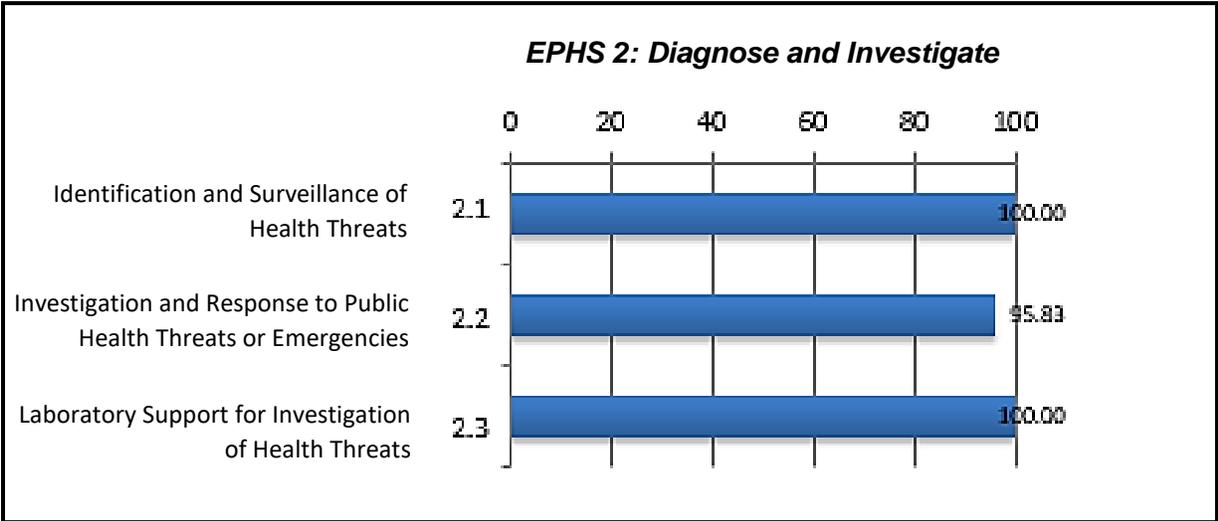


FINDINGS

- Although the Chisago County LPHS is optimal at conducting regular community health assessments, much work is needed in updating and promoting the results to the community.
- The LPHS with the assistance of the state health department have the ability to analyze, display and communicate health data.
- The LPHS noted that we are good about putting the data into registries but have difficulties extracting the data out for analysis and understanding of the people we serve.

Diagnose and Investigate Health Problems and Health Hazards in the Community

Key Questions: Does our local public health system conduct surveillance to identify health threats? How well do we investigate and respond to public health threats and emergencies? Is there access to laboratory support for investigation of health threats?

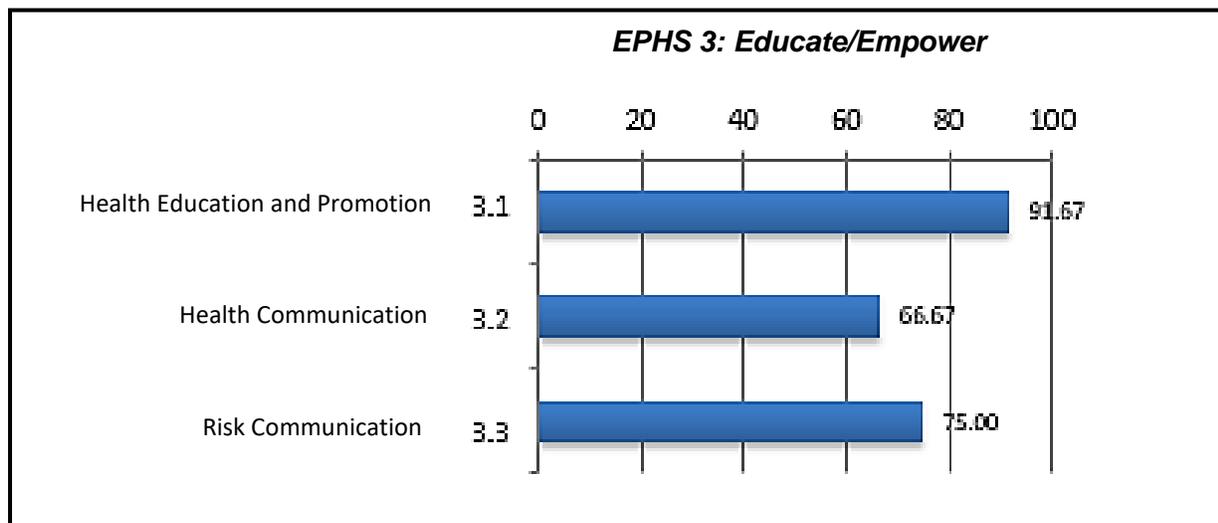


FINDINGS

- Diagnosing and investigating health problems received the highest overall score and the only optimal score for 3 of the 3 performance measures.
- The group indicated our state lab and surveillance at Minnesota Department of Health are top notch when it comes to diagnosing and investigating health problems and hazards.
- It would be ideal to receive more access to disease/health trend data more often than on an annual basis from MDH.
- Our LPHS is just getting started in new public health responsibilities and roles around natural disaster response and recovery like supporting shelters, family assistance centers, essential service providers, and COOP.

Inform, Educate, and Empower Individuals and Communities about Health Issues

Key Questions: Does our local public health system collaborate to create and deliver health education and promotion activities? Do we use health communications plans to inform and influence individual and community decisions about health? Are there risk communication processes in our local public health system to inform and mobilize the community in times of crisis?

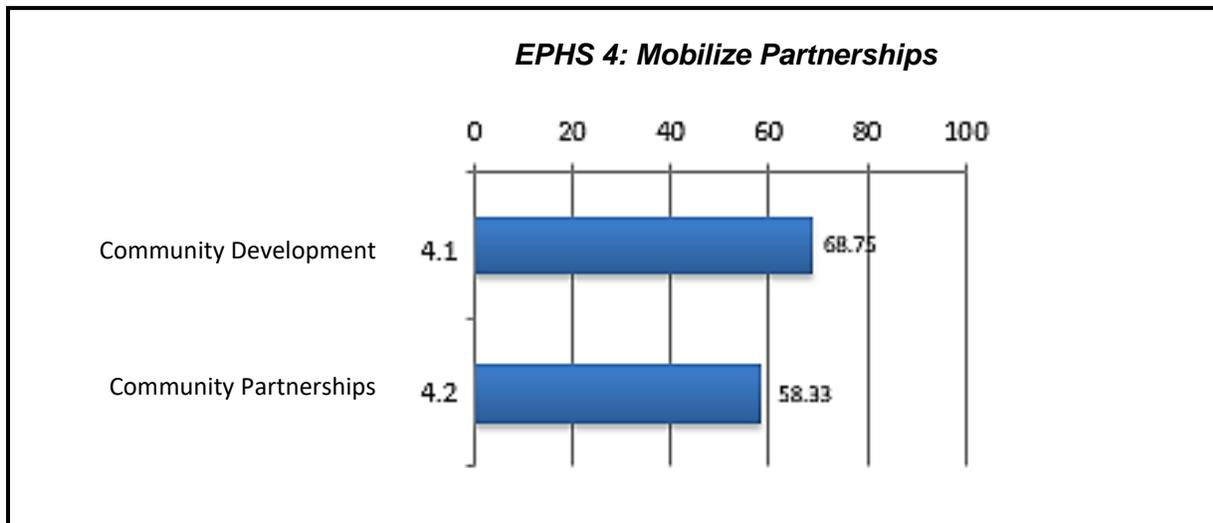


FINDINGS

- This essential service ranked optimal as one of two highest scoring sections in the assessment
- Our partnership collaboration between healthcare and public health is strong.
- Although partner collaboration is strong we need an ongoing connection with policymakers.
- Marketing information to the community could be improved by using more social media platforms and finding ways to reach all populations in the community.
- When it comes to Risk Communication we have sufficient plans in place but lack proper training among staff on PIO functions. Recommend PIO to join the Metro PIO group.

Mobilize Community Partnerships to Identify and Solve Health Problems

Key Questions: Is there a process in place to develop collaborative relationships between current and potential constituents in the local public health system? Is there a broad-based community partnership to assure a comprehensive approach to improving health?

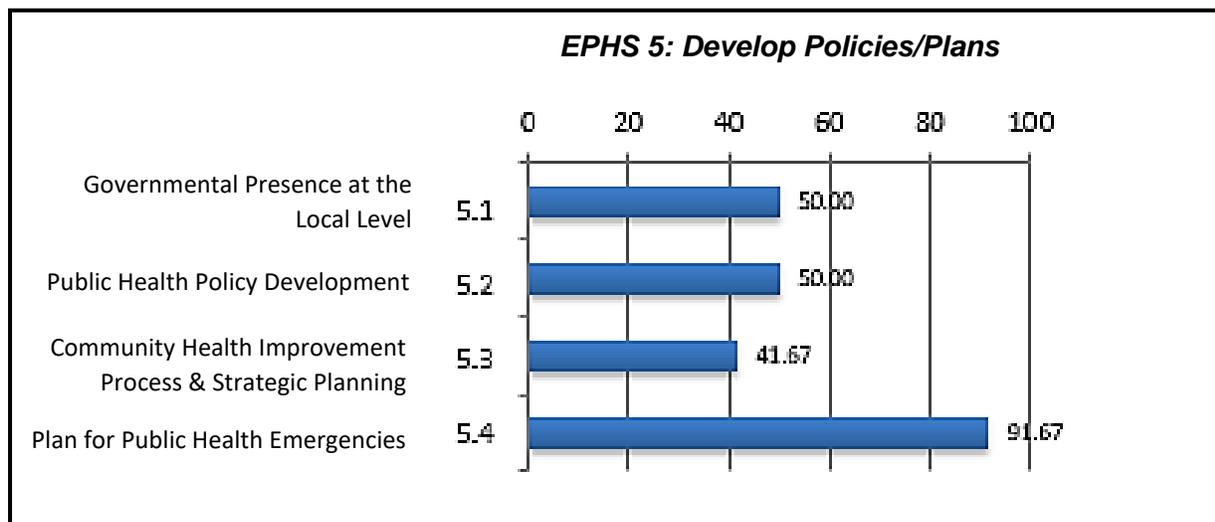


FINDINGS

- The team perceived a significant level of performance in engagement with sector partners, and noted that the community health assessment process is moving in a great direction to make a difference in our community.
- An area for improvement is to continue building relationships with partners and have a better way of sharing information and data across sectors. It was noted that each sector or committee is focused on their own objectives and activities rather than collaborating with the same goal in mind.
- It was suggested that a charter be developed that describes how partners are chosen to be involved with certain projects or to create an advisory committee.
- A long term goal is to develop goals and objectives as a public health division that aligns with other sector partners doing similar work. Right now healthcare is on a three year community health assessment process while county health departments are on a five year cycle.

Develop Policies and Plans that Support Individual and Community Health Efforts

Key Questions: Is there a local governmental public health presence in our community? Does the local public health system review and develop policies to protect and promote health? Does the local public health system have a strategic planning process for community health improvement? Is there community-level planning for responding to public health emergencies?



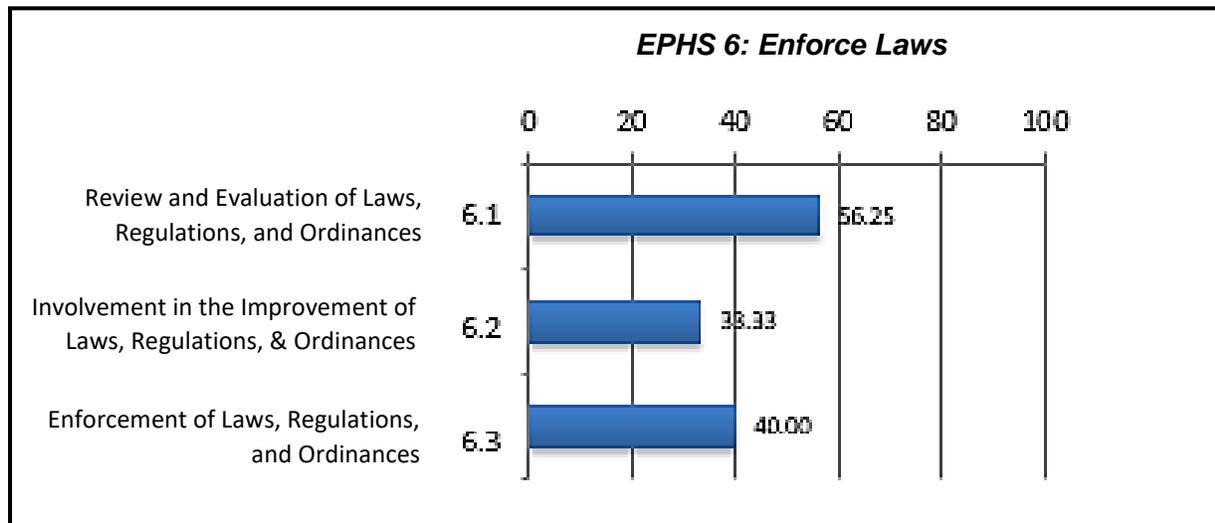
FINDINGS

- The team indicated that public health is able to meet all required mandated services at least moderately or better on all 10 essential public health services.
- When it comes to policies and ordinances that are currently in place, these are mostly SHIP* related.
- It was stated that there are not enough resources to expand or develop program areas where we see gaps. There is a small workforce and low interest in public health work.
- There is a need to develop opportunities to meet with policy makers on a regular basis.
- It was noted that public health needs to be more forceful about sharing local health data.
- Applying for more grant opportunities will be a priority for public health.

*Statewide Health Improvement Partnership

Enforce Laws and Regulations that Protect Health and Ensure Safety

Key Questions: Are health and safety laws, regulations and ordinances reviewed, and are they revised or improved to align with best practices? Are there appropriate enforcement activities in our local public health system to assure compliance with health and safety laws and regulations?

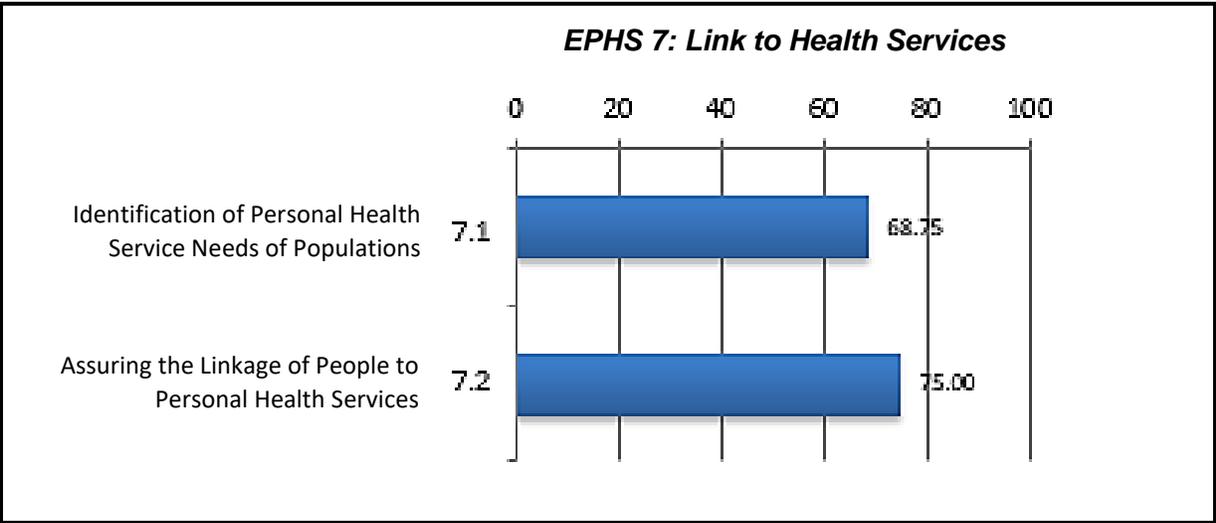


FINDINGS

- Enforcing laws and regulations was ranked as the lowest scoring section in the assessment.
- The team did indicate our public health nuisance project as a strength with tracking and documenting.
- The need for better collaboration among our county environmental services department is essential. It was also noted that there is a lack of information from our state health department and other state departments, like MPCA.
- The team indicated that public health is just getting started to get a better handle on the policy and procedure process.

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

Key Questions: Does the local public health system identify personal health services needs of at-risk populations? Do we assure the linkage of people to personal health services?

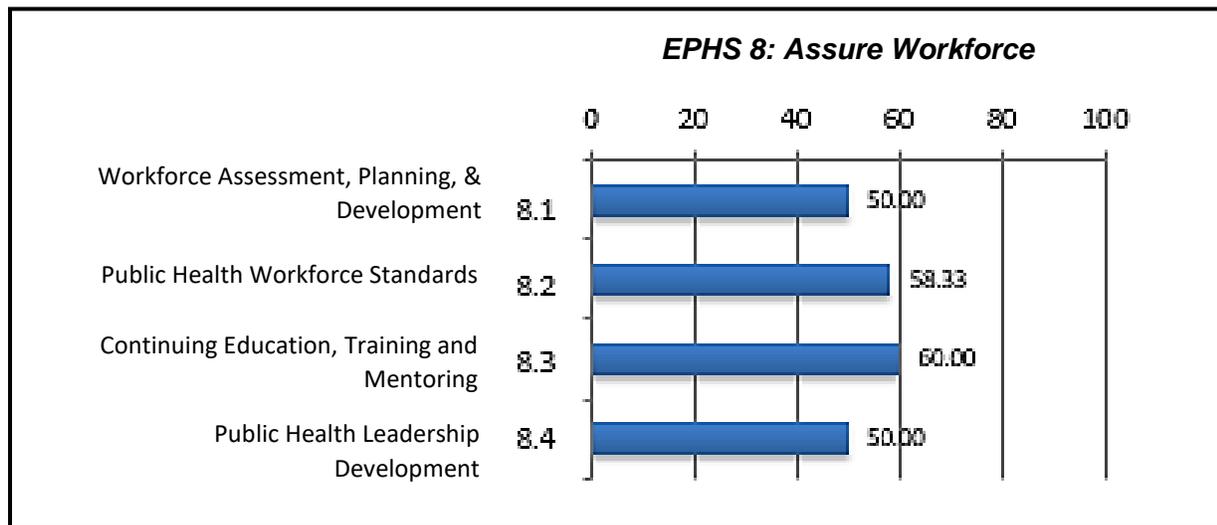


Findings

- This essential service was rated in the top three highest scoring sections of the assessment. Significant progress has been made.
- The team indicated a high level of activity around the community health assessment and identifying forgone care and demographic profiles of our at-risk population in the county.
- There are gaps in that we are limited in capacity with the amount of residents we can serve or refer elsewhere.
- It was noted that funding is being cut and makes it challenging to serve the community at full capacity. Many of our programs are losing funding.
- An opportunity for public health is to define those who we serve versus those who qualify but do not partake in services offered.
- The team indicated writing a program or having an automated screening tool that would match families/people with needed services.

Assure a Competent Public and Personal Health Care Workforce

Key Questions: Is an assessment of workers within the local public health system conducted, are gaps addressed, and are assessment results distributed? Does the local public health system develop and maintain standards for its workforce? Do life-long continuing education opportunities exist for the public health workforce? Are there leadership development opportunities in the local public health system?

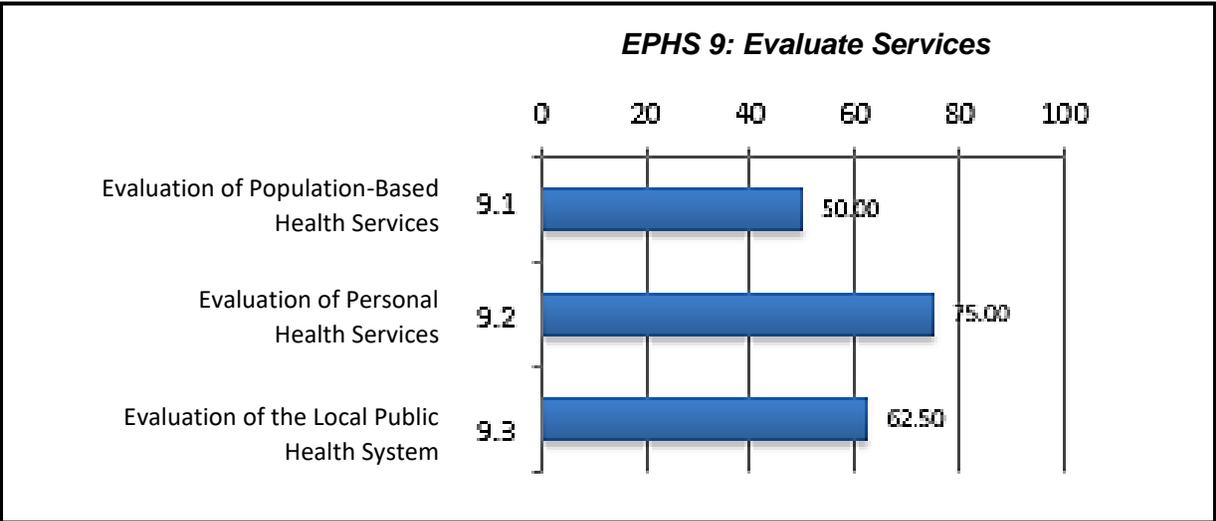


FINDINGS

- This essential service was ranked as the second lowest performer of the ten assessment areas.
- The team indicated low activity for two areas within this section, they noted that although a workforce assessment was in the works, it was never conducted and therefore the results of a workforce assessment have not been disseminated.
- A formal process is needed that ties in the workforce assessment, updating certain job descriptions and performances delivery goals.
- It was noted that there are few promotional or upwardly mobile career path opportunities in public services and a lack of funding, which makes it difficult to keep the same staff for an extended period of time.

Evaluate Effectiveness, Accessibility and Quality of Personal and Population-based Health Services

Key Questions: Have population-based health services been evaluated in our community? Have personal health services been evaluated in our community? Has the performance of the overall local public health system been evaluated?

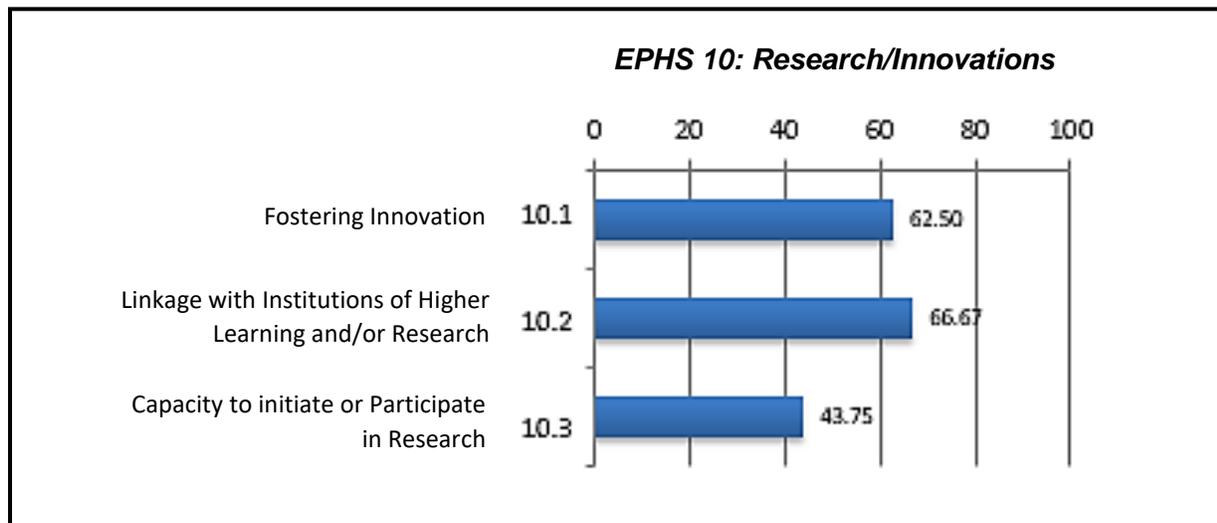


Findings

- The team indicated strengths among our breastfeeding rates and child immunization rates for Chisago County. We exceeded the Healthy people 2020 goals.
- Another strength is the outreach that many of the public health programs have to better serve their clients. Provider partners do this very well by sending reminders for appointments.
- The county health department does have technology limits making it difficult to fully meet the needs of our residents. It would be beneficial to conduct customer satisfaction surveys with county clients to indicate areas of improvement when it comes to outreach.
- It was noted that only a few public health staff are familiar with community health data, and there is a need to expand that knowledge and information to all staff and partners.

Research for New Insights and Innovative Solutions to Health Problems

Key Questions: Do organizations within the local public health system foster innovation to strengthen public health practice? Are there linkages with institutions of higher learning and research within the public health system? Is there capacity in our community to initiate or participate in public health research?



FINDINGS

- Although this essential service was scored as having some significant level of activity, discussion indicated potential gaps between community needs and the lack of staff capacity within our local public health system to deliver more effective programming.
- Grants will play a major role in the future of our public health system to foster more innovative programming.
- A strength that was indicated is the link public health has to our institutions of higher learning. We are able to work closely with nursing students and U of M extension.
- The team perceived a minimal activity to moderate activity level around evaluation of research activity in our local public health system, but this could be due to lack of software/hardware for database research.

2017-2018 SUMMARY

LOCAL PUBLIC HEALTH STATUS ASSESSMENT

CHISAGO COUNTY, MINNESOTA

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