2019 Annual Report

on the 2018-2023 Goodhue County Community Health Improvement Plan

GOODHUE COUNTY
COMMUNITY HEALTH ASSESSMENT
(CHA) COMMITTEE

September 2020

This report includes progress and revisions made through the end of 2019.

Introduction

A community health improvement plan is a long-term plan, describing how the local health department and a broad set of community partners are addressing needs identified in the last community health assessment. Goodhue County is fortunate to have many organizations working to address **The Impact of Poverty on Health**, **Reducing Barriers to Mental Health Care**, **Engaging Priority Populations,** and **Family and Parenting**. These areas can only be improved by the whole community working together. Completing and monitoring the plan, with community stakeholders and partners, is a responsibility of Goodhue County Health and Human Services under Minnesota Statutes §145A and is required by the Public Health Accreditation Board.

The 2018-2023 Community Health Improvement Plan and the most up-to-date action plans are available online at https://www.co.goodhue.mn.us/CHIP.

This 2019 Community Health Improvement Plan Annual Report covers the time period from the report's publication in **December 2018** through the end of **December 2019**.

The purpose of this annual report is twofold:

- communicate **progress**
- make **revisions**

Communicate Progress

This report communicates the **progress** that organizations working on the county's top health issues have made in implementing strategies in the 2018-2023 CHIP. Strategies are being implemented in collaboration with stakeholders, partners, and the community. The Progress Notes column reflects 2019 activity.

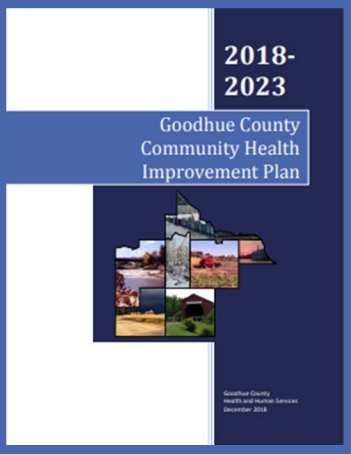
Make Revisions

The annual report also provides an opportunity to revise the 2018-2023 CHIP. Revisions can be based on the feasibility and effectiveness of the strategies and/or changing priorities, resources, or community assets. Under each data dashboard, the action plan objectives from the 2018-2023 CHIP are shown with action plans outlining activities. The 2019 Annual Report contains ~~struck~~ or underlined text to show new revisions.

A section at the end of each action plan describes the participation of partners in monitoring the CHIP and the process for reviewing each action plan. Goodhue County Health and Human Services extends its sincere appreciation to our partners and stakeholders who serve on the Community Health Assessment Committee or any team taking action on the 2018-2023 strategies.

ON THE WEB

To download the 2018-2023 community health improvement plan and the most up-to-date versions of the action plans, visit https://www.co.goodhue.mn.us/CHIP



THIS 2019 ANNUAL REPORT CONTAINS ~~STRUCK~~ OR UNDERLINED TEXT TO SHOW REVISIONS.

ABOUT THE OBJECTIVES

The annual report contains data dashboards in each action plan with **two types of objectives** from the 2018-2023 CHIP:

Action Plan Objectives

- Performance Measure
- Completion of the Action Plans:
  - Education
  - Programs
  - Policy Change
  - Systems Change
  - Environmental Change
- **Short Term**: < 3 years

Community Health Objectives

- Community Health Measure
- Change in Health Factors:
  - Knowledge
  - Attitudes
  - Behaviors
  - Access
- Change in Health Outcomes:
  - Disease
  - Injury
  - Disability
  - Death
- **Long Term:** > 3 years

Action Plan Objectives measure how much the community has done to address each strategic issue. These objectives are about whether we have completed the planned activities from the action plans: education, programs, policy change, systems change, environmental change, etc. These objectives measure our performance.

Community Health Objectives measure overall community health factors and community health outcomes. The work of the action plans is supposed to contribute to changes in health factors. While there are many influences on our county's health factors, action plan activities are designed to have an impact on factors such as behaviors, access to care, etc. By making an impact on health factors, eventually the work of the action plans may contribute to long-term changes in health outcomes: death, disease, injury, etc. These objectives measure the health of the community.

Type of Objective	Measure	Baseline	Trend	Target	Status
Community Health	average # of mentally unhealthy days in the past 30 days (Goodhue County Community Health Needs Assessment Survey)	2.5 2015	3.7 2018	Increase	↑

The dashboards contain the **Measures** and **Targets**. The **Baseline** column shows data included in the 2018-2023 CHIP and the **Trend** column shows any more recent values unless data were unavailable. The **Status** column arrows are green for indicators improving (moving in direction of target or meeting target) and red for indicators getting worse (moving in opposite direction of target). In some cases, baseline data was not available, data is not updated annually, or objectives are not measurable. In those cases, organizations involved in writing and/or implementing the action plans could gather data or continue to revise objectives for next year's annual report.

BUDGET FOR 2019 CHA AND CHIP

Goodhue County CHA Committee ("Special Projects CHA-CHIP") Budget 2019	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Actual YTD	Budget	Remaining	%
CHA/CHIP Process & 2018-2023 CHIP Contributions																
Contributions for CHA/CHIP Process											$ 7,000		$ 7,000	$ -	$ (7,000)	
Contributions to Make it OK	$ -	$ -	$-	$ 1,925	$ -	$ 500	$ -	$ 2,388	$ -	$ -	$ -	$ -	$ 4,813	$ -	$ (4,813)	
Contributions to Mental Health Coalition	$ -	$ -	$-	$ -	$ -	$ -	$ -	$ -	$ 250	$ 250	$ 233	$ -	$ 733	$ -	$ (733)	
Total CHA/CHIP Process & 2018-2023 CHIP Contributions	**$ -**	**$ -**	**$-**	**$ 1,925**	**$ -**	**$ 500**	**$ -**	**$ 2,388**	**$ 250**	**$ 250**	**$ 7,233**	**$ -**	**$12,546**	**$ -**	**$ (12,546)**	
CHA/CHIP Process Expenses																
Food for meetings					$ 10							$ 22	$ 32	$ 100	$ 68	32%
Printing (posters, final reports, etc.)	$ 578												$ 578	$ 400	$ (178)	145%
Contracts (focus groups, surveys, reports, facilitation, etc.)	$ 76								$ 6,300	$ 700			$ 7,076	$ -	$ (7,076)	N/A
2018-2023 Community Health Improvement Plan Expenses																
Strategy 1-1 Talk about the impact of poverty													$ -	$ 500	$ 500	0%
Strategy 2-1 Expand Make it OK	$ -	$ -	$ -	$ 500	$ 563	$ 45	$ 3,375	$ -	$ 22	$ -	$ -	$ 1,146	$ 5,651	$ 2,000	$ (3,651)	283%
Strategy 2-2 Mental Health Coalition	$ -	$ 27	$ -	$ 196	$ -	$ -	$ -	$ -	$ -	$ 984	$ -	$ -	$ 1,206	$ 500	$ (706)	241%
Strategy 3-1 Authentic engagement													$ -	$ 500	$ 500	0%
Strategy L-1 Home Visiting		$ 197				$ 60							$ 257	$ 500	$ 243	51%
Total CHA/CHIP Process & 2018-2023 CHIP Expenses	**$ 655**	**$ 224**	**$ -**	**$ 696**	**$ 573**	**$ 105**	**$ 3,375**	**$ -**	**$ 6,322**	**$ 1,684**	**$ -**	**$ 1,169**	$ 14,801	**$ 4,500**	**$ (10,301)**	**329%**
GRAND TOTAL (EXPENSES - CONTRIBUTIONS)	**$655**	**$224**	**$-**	**$(1,229)**	**$573**	**$(395)**	**$3,375**	**$(2,388)**	**$6,072**	**$1,434**	**$(7,233)**	**$1,169**	**$ 2,255**	**$4,500**	**$ 2,245**	**50%**

TALK ABOUT THE IMPACT OF POVERTY ON HEALTH

Type of Objective	Measure	Baseline	Trend	Target	Status
Community Health	% of 11th graders facing severe economic hardship who report no alcohol, marijuana, or other drug use (MN Student Survey)	37%, 2016	**54%, 2019**	None set	
Community Health	% of GCHHS, food shelf, and C.A.R.E. clinic customers surveyed who are current smokers (Goodhue County Community Health Needs Assessment Survey, 2015)	45%, 2015	**48%, 2018**	None set	
Community Health	% of 9th graders who receive free or reduced lunch who are overweight or obese (MN Student Survey)	43% 2016	**64%, 2019**	None set	
Community Health	% of obese adults who often or sometimes worried about food running out before having money to buy food (Goodhue County Community Health Needs Assessment Survey, 2015)	68%, 2015	**62&, 2018**	None set	
Community Health	% of 11th graders facing economic hardship with long-term mental health, behavioral, or emotional problems that have lasted six months or more. (MN Student Survey)	50%	**46%, 2019**	None set	
Community Health	% of adults with household income less than $25,000 with a history of anxiety, depression, or other mental illness (Goodhue County Community Health Needs Assessment Survey, 2015)	39%, 2015	**37%, 2018**	None set	
Action Plan 1.1a	% of CHA Committee members who participate in health disparity and poverty-related communications	TBD	**TBD**	50%	
Action Plan 1.1b	Forge relationships and provide assistance to Blandin Leaders Partnering to End Poverty (LPEP), now known as Hands for Hope	N/A	**N/A**	Target needed	

Mayo Clinic Health System created infographics about health disparities

June 2019

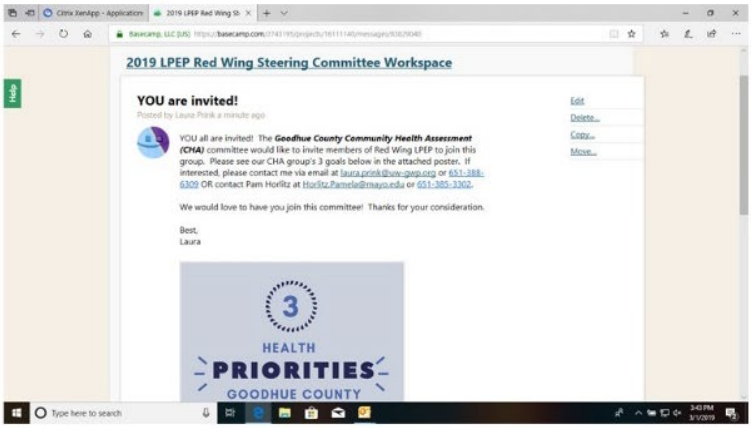
Strategy 1-1 Communicate the impact of poverty on health

The Minnesota Department of Health's guide to Health Equity Data Analysis contains a section on **best practices** for communication such as understanding your audience, matching message with messenger, crafting messages, using numbers, and selecting language (Minnesota Department of Health, 2018). According to the HEDA Guide, communication can educate potential partners, serve as a call to action, and ultimately advance health equity. The focus of this strategy in Goodhue County is twofold: first, expanding the understanding that health is not determined by individual behaviors and genetics alone, and, second, communicating differences in health outcomes or health behaviors experienced by populations living in poverty.

ACTION PLAN OBJECTIVE 1.1a: By December 31, 2023, 50% of Goodhue County CHA Committee members will have participated in activities to communicate about what creates health or about poverty-related health disparities.				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
Create visuals ~~PowerPoint slide~~/talking points.	2/28/2019	Healthy Communities Supervisor, GCHHS	Community Engagement Specialist, Mayo Clinic Health System	2019: Created visuals for obesity & smoking. CHA committee provided feedback at March 2019 meeting and requested more visuals.
Create Facebook posts with sound bites, stories, and/or visuals	12/31/2023	Community Health Assessment Committee	Community Engagement Specialist, Mayo Clinic Health System	2019: 1 post on GCHHS Facebook 6/27/2019 using smoking visual
~~**Create and maintain a blog**~~	~~12/31/2023~~	~~Community Health Assessment Committee~~	~~Community Engagement Specialist, Mayo Clinic Health System~~	2019: Deleted this activity due to lack of capacity
Host a Poverty Simulation with a health-focused debriefing and/or integrate the relationship between poverty and health throughout.	12/31/2023	Community Health Assessment Committee	Community Impact Manager, United Way of Goodhue, Wabasha, and Pierce Counties	2019: United Way was considering which potential audience(s) to target for health related poverty simulation. They were beginning to gather potential conversation points/ highlighted items/data/etc. to include both within phase #2 debriefing session (critical thinking phase/deeper dive) and to be used within phase #1 (initial processing phase). Need to get feedback from CHA committee to further refine specific deliverables of poverty simulation and opinions about target audience.

Laura Prink invited Hands for Hope to join CHA Committee

March 2019



ACTION PLAN OBJECTIVE 1.1b: By December 31, 2019, forge relationships and provide technical assistance to Blandin Leaders Partnering to End Poverty (LPEP) participants now Hands for Hope as they organize a community effort to impact poverty.

Activity	Target Date	Partners	Lead Person/ Organization Responsible	Progress Notes
~~**Provide a summary of what creates health with examples of poverty-related health disparities from the Community Health Assessment.**~~	~~2/28/2019~~	~~Blandin LPEP Trainers, LPEP participants who are CHA Committee members~~	~~Healthy Communities Supervisor, GCHHS~~	2019: This was not provided due to lack of capacity
Provide a summary of the Community Health Improvement Plan, especially activities related to poverty, with information about how to get involved if interested.	2/28/2019	Blandin LPEP Trainers, ~~LPEP~~ Hands for Hope participants who are CHA Committee members	Healthy Communities Supervisor, GCHHS	2019: When Laura invited Blandin participants to attend our March meeting, she posted our 3 priorities infographic on Basecamp and said people could contact her for more info.
Provide PowerPoint slide/talking points from objective 1-1a.	12/31/2019	Blandin LPEP Trainers, ~~LPEP~~ Hands for Hope participants who are CHA Committee members	Community Engagement Specialist, Mayo Clinic Health System	2019: Provided Slides to Blandin LPEP now known as Hands for Hope for the Community Conversation at Colvill Park
Invite Blandin LPEP participants to select liaisons to attend 2019 quarterly CHA Committee meetings.	12/31/2019	Blandin LPEP Trainers, ~~LPEP~~ Hands for Hope participants who are CHA Committee members	Healthy Communities Supervisor, GCHHS	2019: Laura invited Blandin participants to attend our March meeting; Emma Onawa attended our March meeting.
Review/revise this objective.	12/31/2019	~~LPEP~~ Hands for Hope participants	Healthy Communities Supervisor, GCHHS	2019: Blandin participants could be invited again to attend work we are doing- although their focus is on Housing, Mentoring, Financial planning, and opportunity gap in education.

Plans for Sustaining Action & Monitoring Implementation	Progress Notes
Resources for Implementation • Mayo Clinic Health System, United Way of Goodhue, Wabasha, and Pierce Counties, and Goodhue County Health and Human Services will provide staff and resources. • United Way of Goodhue, Wabasha, and Pierce Counties applied to and was accepted to bring the Blandin Foundation's LPEP training to Red Wing. • Goodhue County Health and Human Services will contribute up to $500 in 2019 to support implementation. This funding comes from Minnesota's Local Public Health Act.	**2019:** Did not spend $500 GCHHS funding.
Participation of Stakeholders & Partners in Monitoring Implementation • The Community Health Assessment core group will monitor the action plan quarterly. • The Community Health Assessment committee will receive an update at least annually.	**2019:** The lead partners will present an update to the Community Health Assessment committee in December.
Process for Revising the Action Plan • The Healthy Communities Supervisor will contact partners as needed for progress notes. • CHA Core group will discuss the progress notes and make revisions to objective 1-1a. • The Blandin LPEP participants will decide whether any of their community efforts will be related to the impact of poverty on health and determine the future of objective 1-1b.	**2019:** Starting in September, Healthy Communities Supervisor asked partners to review and revise the action plan quarterly via email.

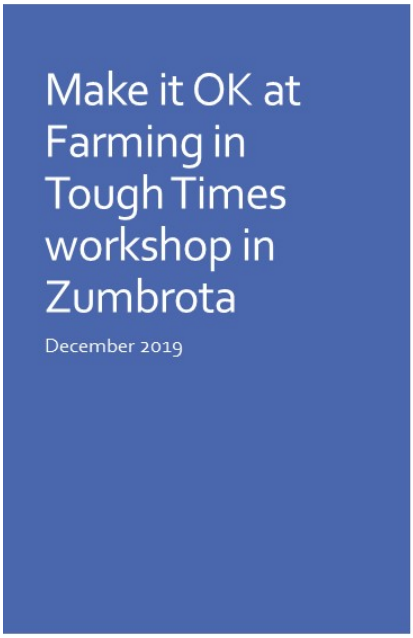
REDUCE BARRIERS TO MENTAL HEALTH CARE

Type of Objective	Measure	Baseline	Trend	Target	Status
Community Health	average # of mentally unhealthy days in the past 30 days (Goodhue County Community Health Needs Assessment Survey)	2.5 2015	**3.7** **2018**	Increase	
Community Health	% of 11th grade males who attempted suicide in the last year (MN Student Survey)	5% 2016	**0%** **2019**	Decrease	
Community Health	% of 11th grade females who attempted suicide in the last year (MN Student Survey)	6% 2016	**4%** **2019**	Decrease	
Community Health	annual # of suicides (MDH Center for Health Statistics)	6 2016	**9, 2017** **5, 2018**	Decrease	
Community Health	ratio of population to mental health providers (County Health Rankings)	1,040:1 2017	**1030:1** **2018**	Decrease	
Community Health	% of adults with a history of mental illness who agree people are generally caring and sympathetic to people with mental illness (Goodhue County Community Health Needs Assessment Survey)	56% 2015	**42%** **2018**	Increase	
Community Health	% of adults who delayed seeking mental health care in the past 12 months. (Goodhue County Community Health Needs Assessment Survey)	7% 2015	**9%** **2018**	Decrease	
Action Plan 2.1a	# of people presented to about Make it OK	N/A	**675, 2019**	3,000 total	
Action Plan 2.1b	# of community events attended	5, 2018	**5, 2019**	5	
Action Plan 2.1c	# of new ambassadors	12, 2018	**0, 2019**	Increase	
Action Plan 2.2a	Survey, analyze and improve the array of services available.	N/A	**N/A**	Target needed	
Action Plan 2.2b	Educate the community about mental health and ways to improve mental wellness for all of us -in the Community	N/A	**N/A**	Target needed	
Action Plan 2.2c	Educate about mental health and ways to improve mental wellness in children and families by training 1000 people about ACEs and trauma.	N/A	**300, 2019**	1,000 total	
Action Plan 2.2d	Create Mental Health Resource Guides	N/A	**N/A**	Target needed	
Action Plan 2.2e	Develop leadership skills and capacity in the Mental Health Coalition	N/A	**N/A**	Target needed	

Strategy 2-1 Expand Make it OK Anti-Stigma Campaign

Make it OK is a mental illness anti stigma campaign to stop stigma and start talking about mental illnesses. Contact-based education programs and media campaigns (both part of Make it OK) are **evidence-based interventions** that research shows are effective for changing attitudes and reducing social distance (National Academies of Sciences, Engineering, and Medicine, 2016). Make it OK is both a statewide and local campaign that spreads our message through outreach and promotion. Make it OK was first established in Red Wing in 2013. In 2015, Make it OK's efforts were expanded from Red Wing to the rest of Goodhue County. With Red Wing being the largest community in the county, much of the work started in Red Wing. Our action plan now is to maintain current relationships and to be strategic to expand into our other communities in Goodhue County.

ACTION PLAN OBJECTIVE 2-1a: Between January 1, 2019, and December 31, 2023, give presentations to 3,000 people.				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
Presentations within schools for both staff and students	12/31/23	Make It OK Ambassadors	Make it OK Volunteer Coordinator, GCHHS	2019: Presentations to 3 school sites over 9 days reaching over 475 students in 2019. MIO Presentation provided to countywide principals.
Presentations within worksites	12/31/2023	Make It OK Ambassadors	Make it OK Volunteer Coordinator, GCHHS	2019: 1 presentation to a worksite this year
Presentations to beards and community groups.	12/31/2023	Make It OK Ambassadors	Make it OK Volunteer Coordinator, GCHHS	2019: 7 presentations within our community to groups and churches, approximately 200 in attendance
Presentations to marginalized populations.	12/31/2023	Make It OK Ambassadors	Make it OK Volunteer Coordinator, GCHHS	2019: Seniors have been the only one of these populations that we have done extensive work to present to so far. MIO has presented to Jordan Towers twice, Golden Kiwanis, and Deer Crest.



ACTION PLAN OBJECTIVE 2-1b: By December 31, 2023, participate in 5 community events per year.				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization Responsible**	**Progress Notes**
Participate in 5 community events per year throughout the county such as Goodhue County Fairs, Prairie Island Health Fair, Rose Fest, and Dennison Days. At least 2-3 a year need to be outside of Red Wing.	12/31/2023	Make It OK Ambassadors, Make it OK Volunteer Coordinator	Community Health Specialist. GCHHS	2019: MIO has participated in Goodhue County Fair-Zumbrota, Prairie Island Health Fair, ANGST Screening in Lake City and Zumbrota and Farming in Tough Times.
Participate in statewide events such as NAMI WALK, State Make it OK volunteer recognition events, etc.	12/31/2023	Make It OK Ambassadors, Make it OK Volunteer Coordinator	Community Health Specialist, GCHHS	2019: This year we decided to take a local focus and instead of walking in the statewide NAMI WALK, we walked in our local Red Wing Out of the Darkness Suicide Prevention Walk at Colville Park.
Annual October and May Media Campaigns including media such as newspaper ads, television, etc.	12/31/2023	Make It OK Ambassadors, Make it OK Advisory Committee	Community Health Specialist, GCHHS	2019: Facebook posts, newspaper articles, newsletter were sent out and published in April, May, and October.
Public screenings of mental health related shows/movies/documentaries throughout the county.	12/31/2023	Partner Locations	Community Health Specialist, GCHHS	2019: For 2019, we partnered with other organizations to have free screenings of the documentary ANGST throughout the county. Locations were Lake City, Zumbrota, Cannon Falls, Red Wing- GCED and TBMS, Kenyon Wannamingo, and Goodhue At two of these screenings we had a panel or mental health professionals for a G and A. Before those two screenings we also had resource tables available to the public
Host community conversations with meal, speaker, panel discussion, and table exhibitors throughout the county.	12/31/2023	Speaker, Panelists, Table Exhibitors, Make It OK Ambassadors, Make it OK Volunteer Coordinator	Community Health Specialist, GCHHS	2019: For our Annual May Mental Health Month event this year, we hosted a screening of ANGST at Red Wing HS and offered a free meal. Over 180 attended. Before the screening, we had over 15 resource tables available to the public. After the screening, we had a panel discussion.
Maintain current relationships with faith communities.	12/31/2023	Make It OK Ambassadors	Community Health Specialist and Make it OK Volunteer Coordinator, GCHHS	2019: We have continued to maintain our relationships with the faith communities through our ANGST screenings, presentations, and the recent Farming in Tough Times event.
Build relationships with faith communities outside of Red Wing. (Movie screenings,	12/31/2023	Make It OK Ambassadors	Community Health Specialist, GCHHS	2019: We have continued to maintain our relationships with the faith communities through our ANGST screenings (countywide),

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Progress Notes
Make it OK Sundays, presentations.)				presentations, and the recent Farming in Tough Times event (Zumbrota).
Support/promote a new or existing NAMI support group in Goodhue County	12/31/2023	NAMI Minnesota	Community Health Specialist, GCHHS	2019: Monthly we provide information in our newsletter on local support groups throughout Goodhue County.

ACTION PLAN OBJECTIVE 2-1c: By December 31, 2023, maintain active advisory committee and recruit 10-15 new ambassadors.				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
Training for new MIO Ambassadors will be held annually.	12/31/2023	New Make It OK Ambassadors	Make it OK Volunteer Coordinator	2019: We have not held a training for new Ambassadors in 2019. However, we have done one on one trainings for those who have wanted to volunteer with us.
Engage 30% of ambassadors annually.	12/31/2023	Make It OK Ambassadors	Make it OK Volunteer Coordinator	2019: We have engaged with 30% of our ambassadors in 2019. This entails going through our list and weeding out the difference between people taking our training to learn more about MIO and people wanting to volunteer. After doing that we engage with 30%.

Activity	Target Date	Partners	Lead Person/ Organization Responsible	Progress Notes
Monthly Make It Okay Newsletter	12/31/2023		GCHHS Community Health Specialist and Make It OK Volunteer Coordinator	2019: We have had helpful feedback from our volunteers and advisory on our newsletter. Their thoughts have been consistent and concise. We have taken their feedback and have continued our monthly newsletter with continued positive feedback.
Ask Advisory Committee, and past/newly trained ambassadors to complete annual Commitment Cards.	12/31/2023	Make It OK Advisory Committee, Make It OK Ambassadors	Make It OK Volunteer Coordinator	2019: Completed in January 2019.
Maintain Make It OK Materials Database	12/31/2023		Make It OK Volunteer Coordinator, GCHHS	2019: Not done in 2019.
Hold 6-12 advisory meeting each year.	12/31/2023	Make It OK Advisory Committee	Community Health Specialist, GCHHS	2019: We made the decision as a group to move to quarterly meetings moving forward.
Hold 6-12 Make It OK ambassador volunteer meetings each year	12/31/2023	Make It OK Ambassadors	Make It OK Volunteer Coordinator, GCHHS	2019: Volunteer meetings are held at least 6 times a year. Time is taken off during the summer to provide a much-needed break. Meetings are canceled due to low attendance or weather.
Advisory Committee meetings will have a standing agenda item where members can mention work that they have done in the community around Make It OK. (i.e. putting Make It Ok articles/information in their organizations newletters/websites, worksite activities, organizations sponsoring)	12/31/2023	Make It OK Advisory Committee	Community Health Specialist, GCHHS	2019: We have turned this more into a round robin part of the meeting where people can mention items/events that their organizations are participating in. We will be taking the original activity off. We no longer see the need for this.

Strategy 2-2 Form a Mental Health Coalition to create a unified framework for improved mental health.

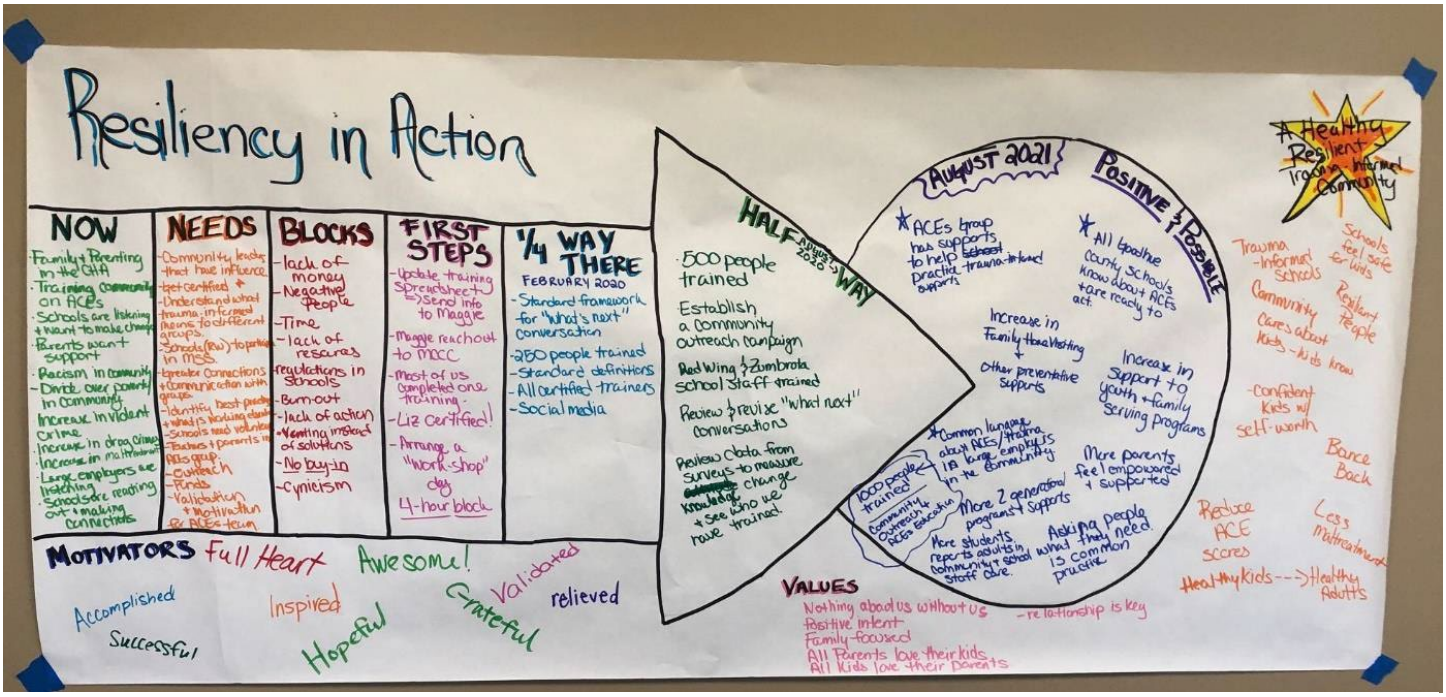
"Mobilize community partnerships to identify and solve health problems" is **essential public health service** #4. The mental health conveners—a group of individuals working on mental health or assessments—came together in 2018 and organized what they had heard from the community into a practical vision with three buckets: 1. Survey/Analyze and Improve Service Array, 2. Educate and Improve Mental Wellness, and 3. Create/Enhance Resource Directory. The conveners combined their email lists from various initiatives and committees and invited a larger group to dialogue about these mental health needs in our county. At this first mental health coalition meeting in November 2018, 62 people discussed what is already happening, the vision, and next steps. Meetings were held again in April and October 2019 and a fourth meeting was planned for April 2020.

ACTION PLAN VISION 2-2a: Survey, analyze, and improve the array of services available to residents.				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
Put together a linear map that groups types of services already available in order to identify gaps	1/22/2019	Service Array Group	Alyssa Meyer, MPH Capstone Student, Des Moines University	2019: Dave created a linear map. Alyssa surveyed mental health providers and wrote a capstone paper on types of services available in Goodhue County and made 3 recommendations: 1. Recruit providers, use telemedicine 2. School-linked mental health, mental health promotion in school settings 3. Reduce financial barriers to care (grants/sliding fee)

Activity	Target Date	Partners	Lead Person/ Organization Responsible	Progress Notes
Identify potential strategies to increase services based on gaps	4/4/2019	Service Array Group	Administrative Director, Fernbrook Family Services	2019: At 5/13 Service Array meeting, identified recruiting providers, with increased pay, as a strategy to decrease waitlists. On 8/26, added telemedicine as part of recruitment strategy.
Identify measurable group objective(s) to work towards ensuring that all services will be in Goodhue County	4/26/2019	Service Array Group	Service Array Group	2019: On 5/13, identified decreasing waitlists for therapy, skills, and diagnostic assessments as a measurable objective.

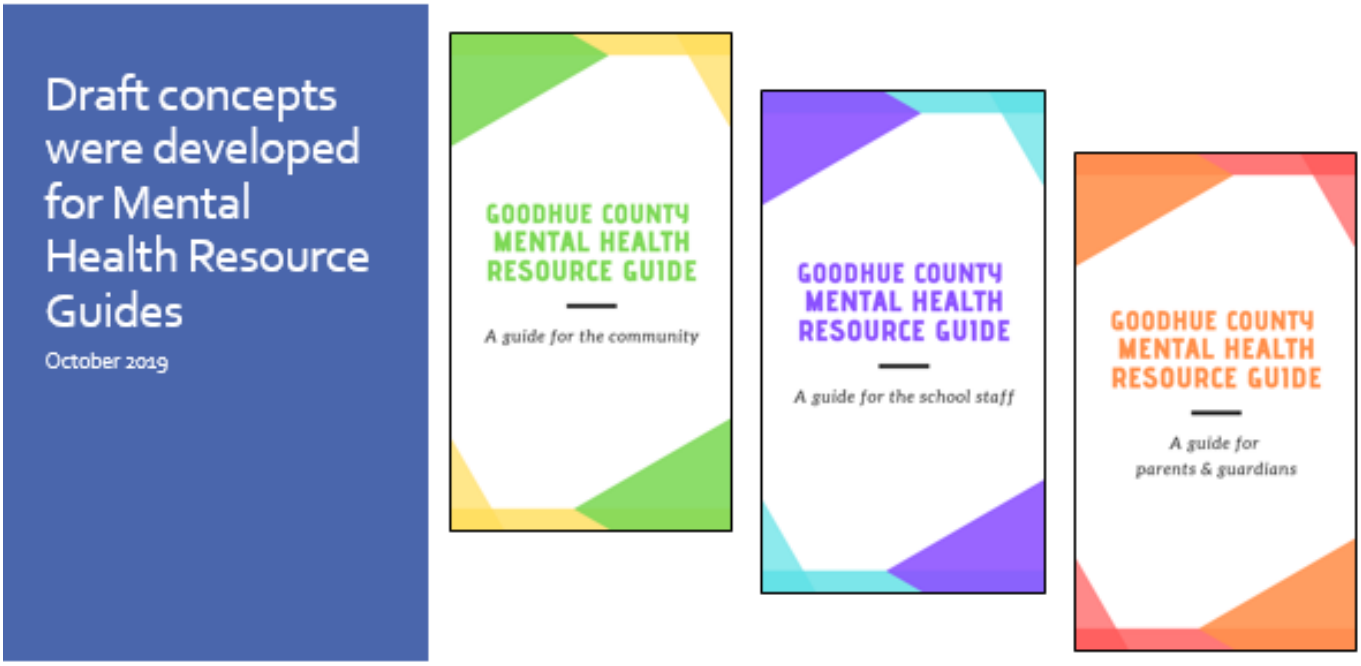
ACTION PLAN VISION 2-2b: Educate the community about mental health and ways to improve mental wellness.				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
Look into the use of Social Emotional Curriculum in all areas of the schools consistently	4/4/2019	Red Wing HRA	Burnside Social Worker, Red Wing Public Schools	2019: The Child and Family Collaborative looked for opportunities to partner with schools on Social Emotional curriculum.
Look into the use of the Duluth Civility Project model to spread a message of	4/4/2019	United Way of GWP	Community Engagement	2019: Interviewed the Duluth Civility project

civility throughout the community – prenatal to seniors (For more information about the Duluth Superior Area Community Foundation project, see http://www.dsaspeakyourpeace.org/)			Specialist, Mayo Clinic Health System	coordinator and continue to meet and evaluate a program that would be most fitting for our community. Plans include book read, community engagement, community meeting/forum, and longest table event. The Civility Group is making plans toward inviting a speaker. Current committee meets monthly.
Identify measurable group objective(s) to develop civility in our community and establish the social norms and support	4/26/2019	~~Improve Wellness~~ Civility Group	~~Improve Wellness~~ Civility Group	2019: The Civility group's mission statement is, "We promote civility in order to support healthy relationships and social connections, which are critical factors in mental well-being." They will measure outcomes along the way.
Formation of additional bucket area (added below as 2-2c)	7/10/2019	ACEs Group	ACEs Group	2019: At the 4/5 Mental Health Coalition meeting, the "Educate/Improve" bucket split into two groups, "in the Community" and "in Schools/Youth." On 7/10 the Child and Family Collaborative's ACEs group agreed to be the "Educate/Improve Mental Wellness in Schools/Youth" group (added below as 2-2c).



ACTION PLAN VISION 2-2c: Educate about mental health and ways to improve mental wellness in children and families by training 1000 people about ACEs and trauma.				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
PATH strategic planning session	August 2019	ACEs Group	Child and Family Collaborative Coordinator	2019: The Child and Family Collaborative's ACEs group became part of the Mental Health Coalition and brainstormed the activities listed below.

Develop a standard framework for the "what's next" conversation	February 2020	ACEs Group	Child and Family Collaborative Coordinator	
Train 250 people	February 2020	ACEs Group	Child and Family Collaborative Coordinator	
Have standard definitions of trauma-informed	February 2020	ACEs Group	Child and Family Collaborative Coordinator	
Everyone will be certified by MCCC to present the ACEs presentation	February 2020	ACEs Group	Child and Family Collaborative Coordinator	
Have a social media presence through the Child and Family Collaborative	February 2020	ACEs Group	Child and Family Collaborative Coordinator	
Train 500 people	August 2020	ACEs Group	Child and Family Collaborative Coordinator	
Establish a community outreach campaign	August 2020	ACEs Group	Child and Family Collaborative Coordinator	
Red Wing and Zumbrota school staff are all trained	August 2020	ACEs Group	Child and Family Collaborative Coordinator	
Review and revise the "what's next" conversations	August 2020	ACEs Group	Child and Family Collaborative Coordinator	
Review data from surveys to measure knowledge change & see who we have trained	August 2020	ACEs Group	Child and Family Collaborative Coordinator	
Our ACEs group has everything they need to help the community implement trauma-informed practices & supports	August 2021	ACEs Group	Child and Family Collaborative Coordinator	
All Goodhue county schools know about ACEs and are ready to act	August 2021	ACEs Group	Child and Family Collaborative Coordinator	
There is common language and understanding about ACEs and trauma in the community • **1000 people trained** • **Community Outreach & ACEs Education**	August 2021	ACEs Group	Child and Family Collaborative Coordinator	



ACTION PLAN ~~VISION~~ OBJECTIVE 2-2~~c~~d: Create ~~a comprehensive Resource Directory (or enhance current ones) for services~~ Mental Health Resource Guides				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
The group will continue the discussion via email to gather a list of information they'd like to know if 2-1-1 can incorporate into their system	12/31/2018	Resource Directory Group	Community Health Specialist, Goodhue County Health and Human Services	2018-2019: This was completed
Take the list of requests to Greater Twin Cities United Way, which manages the regional 2-1-1 call center.	1/31/2019	Resource Directory Group	Community Impact Manager, United Way of Goodhue, Wabasha, and Pierce Counties	2019: This was completed
Confirm that 2-1-1 includes resources for coping with farm & rural stress, or find out process to add.	1/31/2019	Minnesota Department of Agriculture website, www.minnesotafarmstress.com.	Community Impact Manager, United Way of Goodhue, Wabasha, and Pierce Counties	2019: This was completed
Identify measurable objective(s) for expanding 2-1-1 or replicating other models (what other communities are doing)	4/26/2019	Resource Directory Group	Resource Directory Group	2019: The Resource Directory Group revised the objective—based on a concept survey completed by 28 key informants there is a need to create resource guides.

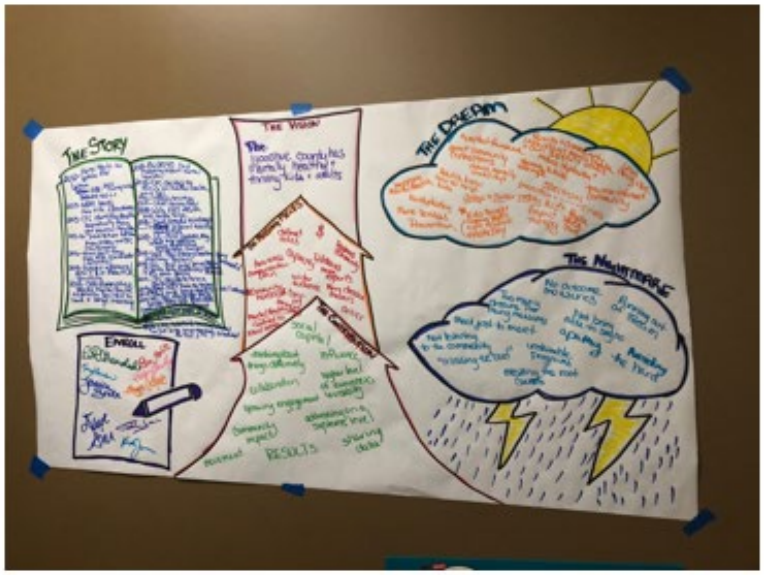
Activity	Target Date	Partners	Lead Person/ Organization Responsible	Progress Notes
Compare the United Way 211 and Fast Tracker lists with the current list of providers from the mental health coalition. Determine who is missing or is incomplete on 2-1-1 and Fast Tracker.	August 2019		Child & Family Collaborative Coordinator	2019: This was completed
Research providers in Goodhue County proper or that serves Goodhue County to make sure no one is missing from the lists. (Possibly with help from Service Array group)	August 2019	Service Array Group	Child & Family Collaborative Coordinator	2019: This was completed
Reach out to providers who have missing and/or incomplete information on Fast Tracker and 2-1-1 to encourage them to update these resources (provide detailed instructions on how to do so)	August 2019		Child & Family Collaborative Coordinator	2019: This was completed
Follow-up with providers who still have not entered and/or updated their information into 2-1-1 and Fast Tracker (offer to come help them complete it?)	September 2019		Child & Family Collaborative Coordinator	2019: This was completed
Research and identify the glossary terms, strategies, insurance, and transportation information that needs to be included in the 3 different pamphlets.	December 2019	Community Health Specialist, GCHHS	Child & Family Collaborative Coordinator	2019: This was completed
Solicit feedback from resource directory sub-group (identified from the survey) regarding content.	January 2020	Community Health Specialist, GCHHS; Resource Directory Group	Child & Family Collaborative Coordinator	
Revise content as needed	February 2020		Child & Family Collaborative Coordinator	
Design a draft of the 3 pamphlets (Community, School/Staff, School/Parents)	February 2020		Child & Family Collaborative Coordinator	
Solicit feedback from resource directory sub-group and possibly superintendents, principals, and mental health coalition on the draft product.	March 2020	Community Health Specialist, GCHHS; Resource Directory Group	Child & Family Collaborative Coordinator	
Revise draft and solicit more feedback as needed	April 2020		Child & Family Collaborative Coordinator	
Determine number of each pamphlet version to get printed and send to production.	April 2020	Community Health Specialist, GCHHS	Child & Family Collaborative Coordinator	
Provide education/training to schools, organizations, and community members on how to use 2-1-1 and Fast Tracker	April 2020		Child & Family Collaborative Coordinator	
Strategically distribute pamphlets throughout the community and schools.	July 2020	Community Health Specialist, GCHHS	Child & Family Collaborative Coordinator	

Activity	Target Date	Partners	Lead Person/ Organization Responsible	Progress Notes
Promote 2-1-1, Fast tracker, and the resource pamphlets through a variety of methods (online ads, direct mailings, billboards, presentations, newspaper articles.	July 2020	Community Health Specialist, GCHHS	Child & Family Collaborative Coordinator	
Solicit feedback from key stakeholders on the success of the project. Develop further work plans as needed.	July 2020	Community Health Specialist, GCHHS	Child & Family Collaborative Coordinator	

ACTION PLAN VISION 2-2~~de~~: Develop leadership skills and capacity in the Mental Health Coalition.				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
Have discussion of future of current convener's group	1/31/2019	Mental Health Conveners	Community Engagement Specialist, Mayo Clinic Health System	2019: Agreed to host two more Mental Health Coalition meetings— 4/5/2019 & 10/2/2019. Visited Rice Co. Chemical and Mental Health Coalition meeting in Faribault 7/17/2019. Used MAPS process to identify vision 8/20/2019.
Possibly schedule conveners follow up meetings	4/26/2019	Mental Health Conveners	Mental Health Conveners	2019: Met 1/23, 2/27, 3/13, 6/4, 8/9, 8/20, 9/10, 10/30, and 12/3.

Mental Health Conveners used MAP process to identify vision

August 2019



PLANS FOR SUSTAINING ACTION

2019

- Goodhue County Health and Human Services provides staff leadership for Make it OK Advisory Committee and Make it OK Ambassadors (Volunteers), as well as staff participation in the Mental Health Coalition and Mental Health Conveners.
- In 2019, Goodhue County Health and Human Services will contribute up to $2000 for implementation of Strategy 2-1, and up to $500 for implementation of Strategy 2-2. This funding comes from Minnesota's Local Public Health Act.
- Mayo Clinic Health System has contributed staff time and resources for the work of the mental health coalition and the conveners, and will contribute $6,000 in 2019.
- Live Healthy Red Wing contributed staff time and funding for the mental health coalition and the conveners in 2018 as part of the Red Wing 2040 Comprehensive Plan process.
- The Make it OK Advisory Committee and Make it OK Ambassadors contribute staff time and volunteer time, as well as donations.

PARTICIPATION OF PARTNERS IN MONITORING CHIP & PROCESS FOR REVIEWING ACTION PLAN

2019

- The Make it OK Advisory Committee will discuss the action plan at a meeting annually.
- The mental health coalition will review progress at an April 2019 meeting.
- The Community Health Assessment committee will receive updates at least annually.

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2019

- GCHHS staff drafted the Strategy 2-1 Make it OK action plan, and the Make it OK Advisory Committee reviewed. They will record revisions in minutes annually.
- The Strategy 2-2 Mental Health Coalition Action Plan was written at the November 2018 meeting. The Mental Health Conveners and the Mental Health Coalition groups (Service Array, Improve Wellness, and Resource Directory) will continue planning in 2019.
- Make it OK advisory committee members and ambassadors can send pictures to the Community Health Specialist and Make it OK Volunteer Coordinator. The GCHHS Healthy Communities Supervisor will contact partners for Mental Health Coalition progress notes and pictures.

ENGAGE PRIORITY POPULATIONS

Type of Objective	Measure	Baseline	Trend	Target	Status
Community Health	% of adults who ate 5 or more servings of fruits and vegetables a day (Source: Goodhue Community Health Needs Assessment Survey)	38%, 2015	**35%, 2018**	Increase	↓
Community Health	% of 5th grade males who did NOT eat any green salad, potatoes, carrots, or other vegetables in the last week. (MN Student Survey)	17%, 2016	**14%, 2019**	Decrease	↓
Community Health	% of 5th grade females who did NOT eat any green salad, potatoes, carrots, or other vegetables in the last week. (MN Student Survey)	16%, 2016	**9%, 2019**	Decrease	↓
Community Health	% of 9th graders on free or reduced price lunch who are overweight or obese.	43%, 2016	**64%, 2019**	Decrease	↑
Community Health	Diabetes rate for adults with annual household incomes less than $25,000. (Goodhue County Community Health Needs Assessment Survey)	16%, 2015	**17%, 2018**	Decrease	↑
Community Health	Diabetes rate for adults of color	14%, 2015	**Unable to Monitor**	Decrease	
Action Plan 3.1a	$ spent on supporting participation of low-income community members	TBD	**$0**	$1,000	→
Action Plan 3.1b	# of meeting held to engage food shelf clients	2, 2018	**0, 2019**	3	↓
Action Plan 3.1c	# of changes in program planning for I CAN Prevent Diabetes classes in Zumbrota, MN	TBD	**0, 2019**	None set	

Strategy 3-1 Authentically engage low-income audiences in selecting, planning, and implementing Live Well Goodhue County strategies

Engaging communities affected by health issues is a **practice-based and science-based** strategy (CDC, 2011). Authentically engaging with the community is included as one of six practices in the Minnesota Department of Health online Resource Library for Advancing Health Equity (Minnesota Department of Health, 2018). The Resource Library states, "Community history, wisdom, and knowledge is a critical source of information and experience that should be considered together with public health practice and evidence." The Resource Library also refers to national public health standards 1.1, 1.2, 3.1, 4.1, 4.2, 5.1, 5.2, 6.1, and 7.1 (Public Health Accreditation Board, 2016).

ACTION PLAN OBJECTIVE 3.1a: In 2019, spend $1,000 on supporting participation of low-income community members (e.g. childcare, transportation, meals, and payment for time) in developing/revising CHIP strategies.				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
Offer childcare, meals, and gift card incentives for attendance at Red Wing Area Food Shelf Increasing Healthy, Nutritious Food Meetings	January, March, and June 2019	Red Wing Food Shelf, First United Methodist Church	Live Well Goodhue County Coordinator, GCHHS	2019: February 20, 2019: For the Food Shelf project meetings: purchased $10 gift cards to give to people who came to the meeting. Methodist Church offered activities for the kids to do during the meeting. No one came to the meeting. We are now using the gift

Activity	Target Date	Partners	Lead Person/ Organization Responsible	Progress Notes
				cards to purchase produce for the food shelf. In August 2019, LWGC went to the food shelf to have 1:1 conversations with clients about pilot project.
Provide healthy food and beverages to encourage attendance at "Stop Diabetes" Informational Meetings and "Are YOU at Risk" Screenings. Hold meetings and screenings where clients are and when they are there.	February & March 2019	University of Minnesota Extension, Mayo Clinic Health System, Zumbrota Towers, Zumbrota Food Shelf, Pine Island Home Services/Senior Center, Pine Island Sharing Shelves, All Seasons Community Services	Live Well Goodhue County Coordinator, GCHHS	2019: To determine how to best promote the diabetes classes, LWGC hosted a meeting at the Zumbrota Towers and provided the attendees with low sugar cake and coffee. We have 10-15 people come to the meeting. Held a second meeting at the Zumbrota Public Library, provided them with a dinner, and invited food shelf clients to that meeting. Lined up high school kids to babysit the children at the library. No one came to the meeting. Held screenings at Zumbrota Towers, City Hall in Zumbrota, Senior Center in Pine Island, Community Center in Wannamingo, Senior Center in Kenyon, and the Third Place in Goodhue.
Offer childcare, healthy food, beverages, and gift cards to encourage attendance at Healthy Community Forums in each of our communities. The forums will include engaging residents about future strategies that fit their town.	October 2019	Cities of Cannon Falls, Goodhue, Kenyon, Pine Island, Red Wing, Wanamingo, Zumbrota; Cannon Falls, Goodhue, Pine Island, Kenton-Wanamingo, Zumbrota-Mazeppa School Districts; Mayo Clinic Health System; All Seasons Community Services, Cannon Falls Food Shelf, Pine Island Sharing Shelf, Red Wing Food Shelf, and Zumbrota Food Shelf	Live well Goodhue County Coordinator, GCHHS	2019: October is unrealistic to host these in our communities. We will need to revisit this. Over the past 6 years we have been focused on going to where our priority population is instead of having them come to us, so is this the right thing to do?

ACTION PLAN OBJECTIVE 3.1b: In 2019, hold 3 meetings to engage food shelf clients in prioritizing, planning, and piloting ways of increasing healthy, nutritious food at the Red Wing Area Food Shelf.				
Activity	**Target Date**	**Partners**	**Lead Person/Organization Responsible**	**Progress Notes**
Increasing healthy, nutritious food pilot meeting – selection of pilot strategy to implement.	January 2019	Red Wing Area Food Shelf clients, board, and volunteers,	Live Well Goodhue County Coordinator, GCHHS	2019: Attempted to hold a meeting in February and no one attended, we reorganized and moved the engagement

		First UMC, U of M Extension		to the food shelf. We had our engagement in July-August.
Increasing healthy nutritious food pilot meeting with Food Shelf Board- Approval of select pilot	February 2019	Red Wing Area Food Shelf Board	LWGC Coordinator, GCHHS	2019: See Above
Increasing healthy, nutritious food pilot meeting- review action plan for pilot strategy implementation	March 2019	Red Wing Area Food Shelf clients, board, and volunteers, First UMC, U of M Extension	LWGC Coordinator, GCHHS	2019: See Above
Increase healthy, nutritious food pilot meeting- review results from pilot implementation and discuss additional options	June 2019	Red Wing Area Food Shelf clients, board, and volunteers, First UMC, U of M Extension	LWGC Coordinator, GCHHS	2019: We are piloting our first strategy at United Lutheran (9/8-10/6) for a produce drive for the Food Shelf.
Increasing healthy, nutritious food meeting with Food Shelf Board- Review results, approve strategy implementation or new pilot strategy	June 2019	Red Wing Area Food Shelf Board	LWGC Coordinator, GCHHS	2019: See Above

United Lutheran Church hosted a pilot produce drive for the food shelf

August 2019

ACTION PLAN OBJECTIVE 3.1c: In 2019, engage Zumbrota area residents in planning and promoting I CAN Prevent Diabetes classes, and track number of changes in program planning (e.g. day, time, and location of class, identifying and addressing barriers to participation) influenced by community members.				
Activity	**Target Date**	**Partners**	**Lead Person/Organization Responsible**	**Progress Notes**
Stop Diabetes Presentation at Zumbrota Towers- Recruit residents to participate in stop diabetes awareness campaign planning	January 2019	University of Minnesota Extension, Zumbrota Towers	Live Well Goodhue County Coordinator, GCHHS	2019: Held stop Diabetes Planning Session on 1/15/19 at Zumbrota Towers
Stop Diabetes Awareness Campaign Meeting- Identify local opportunities to host "Stop Diabetes" Informational Sessions and "Are YOU at Risk" engagement meetings	February 2019	Will seek to meet with Zumbrota area residents who have low income or are at high risk for diabetes	LWGC, GCHHS	2019: Hosted Stop Diabetes Planning Session 1/24/19 at Zumbrota Public Library. Invited Food Shelf clients.
Host "Stop Diabetes" Informational Sessions- Educate Residents	February 2019	Zumbrota Food Shelf, Pine Island Home Services/Senior Center, Pine Island Sharing Shelves, All Seasons Community Services	LWGC, GCHHS	2019: Hosted Screenings: Wannamingo: 4/2 – 8 participants. - Kenyon: 4/2 – 0 participants - Pine Island: 4/3 – 10 participants - Goodhue: 4/4 – 4 participants - Zumbrota (Towers): 4/5- 8 participants - Zumbrota (City Hall): 4/5 – 0 Participants
~~**Host "Are YOU at Risk" Engagement Meetings**~~ **Recruit 4-8 low-income individuals for I CAN Prevent Diabetes class**	March 2019	University of Minnesota Extension, Zumbrota Towers, Zumbrota Food Shelf, Pine Island Home Services/Senior Center, Pine Island Sharing Shelves, All Seasons Community Services, Mayo Clinic Health System	LWGC, GCHHS	2019: Mayo Clinic Health System continues to work with Live Well Goodhue County to support I can Prevent Diabetes Classes- MCHS assisted in promotion, class participation recruitment and paid the class fee again in 2019

PLANS FOR SUSTAINING ACTION
2019 • To support implementation of 3-1a in 2019, Goodhue County Health and Human Services will contribute up to $500 in funding from Minnesota's Local Public Health Act and $500 in funding from the Statewide Health Improvement Partnership (SHIP). • Live Well Goodhue County (GCHHS), Red Wing Area Food Shelf, and First United Methodist Church provide staff/volunteer time, space, and funds for objective 3-1b. • University of Minnesota Extension, Mayo Clinic Health System, and Live Well Goodhue County (GCHHS) provide staff and funding for 3-1c., I CAN Prevent Diabetes. • Live Well Goodhue County is supported by the Statewide Health Improvement Partnership (SHIP) of Minnesota Department of Health (MDH).

PARTICIPATION OF PARTNERS IN MONITORING CHIP & PROCESS FOR REVIEWING ACTION PLAN
2019 • Live Well Goodhue County Community Leadership Team will review action plan annually. • The Community Health Assessment committee will receive an update at least annually.
2019 • Live Well Goodhue County Community Leadership Team will discuss and record revisions in meeting minutes annually. • The Healthy Communities Supervisor and Live Well Goodhue County Coordinator will contact partners as needed for progress notes and pictures and draft revisions.

FAMILY AND PARENTING

Type of Objective	Measure	Baseline	Trend	Target	Status
Community Health	% of low birthweight babies MDH (updated hyperlink)	4.9%, 2016	**5.2% 2017**	Decrease	↑
Community Health	% of very low birthweight babies MDH (updated hyperlink)	1.1%, 2016	**0.8%, 2017**	Decrease	↓
Community Health	Teen pregnancy rate for 15-19 year olds. MDH (updated hyperlink)	19.8%, 2016	**16.7%, 2017**	Decrease	↓
Community Health	# of child protection assessments and investigations Source: GCHHS	250, 2016 272, 2017	**251, 2018**	Decrease	→
Community Health	% of children assessed as developmentally ready for Kindergarten in Red Wing School District Source: Red Wing KSEP	83%, 2016-2017 84%, 2017-2018	**78%, 2018-2019**	Increase	→
Community Health	% of mothers who smoked during pregnancy MDH (updated hyperlink)	17% , 2016	**12.3%, 2017**	Decrease	↓
Action Plan	Percentage of children ages 0-3 eligible for early intervention services	TBD	**TBD**	Increase	
Action Plan	# of families served	10, 2017	**39, 2019**	Increase	↑
Action Plan	# of meetings	0, 2017	**2, 2018** **1, 2019**	1 per year	

Strategy L-1 Home visiting

According to What Works for Health, early childhood home visiting programs are **scientifically supported** to reduce child maltreatment, reduce child injury, improve cognitive skills, improve social-emotional skills, improve parenting, improve birth outcomes, and improve economic security (County Health Rankings, 2018). **"**Home visiting programs" include regular visits with a nurse, social worker, parent educator, paraprofessional, teacher, or other trained personnel to provide information, support, and/or training regarding child health, development, and care for at-risk expectant parents and families with young children based on families' needs.

ACTION PLAN OBJECTIVE L-1a: By December 31, 2023, school districts will increase the percentage of children 0-3 eligible for early intervention services identified (referred for services) before early childhood screening.				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
Maintain Follow Along Program (FAP) return rate, and ensure enrolled families get referrals to early intervention services if needed.	12/31/2019	GCHHS, Every Hand Joined (EHJ), ~~SMIF~~ Child and Family Collaborative (CFC)	Follow Along Nurse, GCHHS	2019: FAP nurse increased hours per week with funding from EHJ and CFC 2018-2019. Return rate increased from 25% to 63% in 2018 and maintained 63% in 2019. The number of children meeting referral criteria increased from 4 in 2017 to 18 in 2019. FAP found more children with needs because of the increased return rate of screeners.

Activity	Target Date	Partners	Lead Person/ Organization Responsible	Progress Notes
				In 2019, to assure children were referred, FAP nurse followed up with ECSE or parent approx. 2weeks after making referral. This improved response from school district regarding qualification for services, etc. Of 18 children on the referral list, 50% had referrals made and utilized birth to 3 services, 27% refused offer of referral, 11% were unable to be reached for follow up, 5% did not qualify for services, and 5% refused services after initially agreeing to referral.
Formal and Informal promotion for Minnesota Help Me Grow (information regarding child development and how to make a referral)	12/31/2023	Red Wing Public School and GCED staff, GCHHS, Region 10 IEIC	Early Childhood Services Coordinator, Red Wing Public Schools	2019: Red Wing Public School staff met with pediatricians at Mayo Clinic Red Wing in December 2019. Information was sent to daycare providers and daycare centers. Materials also provided to families and other community stakeholder

ACTION PLAN OBJECTIVE L-1b: By December 31, 2023, expand the number of families served by evidence-based home visiting programs such as Early Head Start and healthy Families of Southeast Minnesota				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
Apply for grant to add another 30 EHS spots	5/1/2019	Three Rivers Community Action	Head Start Director, Three Rivers	2019: EHS is serving 24 families in Goodhue as of Dec. 2019. EHS is at capacity for the grant as to the number of

Activity	Target Date	Partners	Lead Person/ Organization Responsible	Progress Notes
between Goodhue & Wabasha counties			Community Action	families we can serve. 21 of these are new families added since September 2019, having weekly visits.
Public health will receive ~~16~~20-week prenatal referrals of Goodhue County residents from Mayo Clinic Health System clinics	12/31/2023	Mayo Clinic Health System, GCHHS	Family Healthy Supervisor, GCHHS	2019: GCHHS started receiving prenatal referral July of 2018. GCHHS received 122 prenatal referrals from Mayo in 2019. However, GCHHS did not track specifically how many of those are 20 week referrals and how many were for high risk moms. Tracking these referrals is a QI project in 2019. GCHHS staff are working on tracking this separately on a spreadsheet. Since starting the QI project October 1st, 25 of those referrals were 20-week referrals.
Complete quality improvement project about whether referrals are increasing home visiting enrollment and provision of resources	12/31/2020	GCHHS, MCHS	Family Health Supervisor, GCHHS	
Enroll 15 Goodhue County families in Healthy Families of SE Minnesota in 2019 (HFA model) and grow to serve ~~25~~ 18 families in 2020	12/31/2020	GCHHS	Family Home Visiting Coordinator (Healthy Families of America Program Manager), GCHHS	2019: Goodhue County HFA had 2 families enrolled at the end of 2018. At the end of 2019, the one full-time nurse home visitor served 14 families and the program manager served one, for a total of 15 families.
Support participation of 2 families in the Healthy Families of SE Minnesota board through childcare, transportation, meals, payment for time, etc.)	12/31/2023	GCHHS	Family Home Visiting Coordinator (Healthy Families of America Program Manager), GCHHS	2019: HFA of SE Minnesota has one Rice County couple (mom and dad) who graduated from home visiting who are active members of our board that oversees the 9 county site. They are invited to bring their child. They were given a $10 gas card and a $10 Target gift card for each meeting. In 2020, HFA will provide higher compensation for attending meetings.

Continued to educate child care providers and clinics how and when to refer to Birth to Three

2019

Three Rivers expanded Early Head Start

2019

ACTION PLAN OBJECTIVE L-14c: By December 31, 2023, representatives from each home visiting program will meet 1 time per year so home visiting personnel know the criteria for other home visiting programs in order to make referrals.				
Activity	**Target Date**	**Partners**	**Lead Person/ Organization Responsible**	**Progress Notes**
Annual ~~90 minute~~ meeting among	12/31/2023	GCHHS, Three	Healthy Communities	2019: The group met on 12/13/2019

Activity	Target Date	Partners	Lead Person/ Organization Responsible	Progress Notes
agencies that provide home visiting to learn about each other's criteria and discuss how to achieve other objectives.		Rivers, Red Wing Public Schools, and GCED	Supervisor, GCHHS	
Explore ways to connect the work of this meeting with the existing Every Hand Joined Early Childhood Network.	12/31/2023	Every Hand Joined	Healthy Communities Supervisor, GCHHS	2019: In Jan 2020 Every Hand Joined plans to expand the early childhood network to include prenatal and combine it with the literacy network. EHJ will be utilizing Results Based Accountability (RBA) for the network framework. The organizations in this action plan will be represented.

PLANS FOR SUSTAINING ACTION

2019

- Goodhue County Education District, Red Wing Public School District, Three Rivers Community Action, and Goodhue County Health and Human Services all have separate sources of ongoing funding for their home visiting programs.
- Minnesota Department of Health awarded a 3-year grant in 2018 to implement Healthy Families of Southeast MN home visiting program in 7 counties.
- GCHHS is applying to Southern Minnesota Initiative Foundation for additional funds to increase Follow Along Referrals.
- Three Rivers Community Action is applying for a Minnesota Department of Health evidence-based home visiting grant.
- Goodhue County Health and Human Services will contribute up to $500 in 2019 to support implementation. This funding comes from Minnesota's Local Public Health Act.
- **Progress Notes:** Ongoing funding was stable this year. HFA received additional funds to expand to 9 county site. GCHHS did not receive SMIF funds. GCHHS did receive $10,000 Child and Family Collaborative funds for FAP. Three Rivers received the MDH grant. GCHHS contributed $256.89 from the LPHA funds in 2019: $196.89 HFA supplies, $30 Kwik Trip gas cards, and $30 Target gift cards.

PARTICIPATION OF PARTNERS IN MONITORING CHIP & PROCESS FOR REVIEWING ACTION PLAN

2019

- Home visiting meetings will include agency representatives from each home visiting program and Every Hand Joined. The Healthy Communities Supervisor (GCHHS) will facilitate the group, and the group will explore how they can be self-sustainable.
- The Community Health Assessment committee will receive an update at least annually.
- **Progress Notes:** Met to discuss 12/13/19

2019

- The Healthy Communities Supervisor will contact each home visiting agency as needed for data, progress notes, and pictures.
- During the annual home visiting meeting, the group will discuss the progress notes and make revisions to the action plan.
- **Progress Notes:** Will be contacted on a quarterly basis.