

# Appendices

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## Appendix A

### Community Committee Participation

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	Washington County Attendee
Center for Community Health (CCH) Committee	The Center for Community Health (CCH) is a collaborative between public health agencies, non-profit health plans, and not-for-profit hospital/health systems in the seven-county metropolitan area in Minnesota. The mission is to advance community health, well-being, and equity through collective understanding of needs and innovative approaches to foster community strengths.	Monthly	Lowell Johnson David Brummel
Data Subject Matter Advisors	The Subject Matter Advisors were asked to review and provide input on one or more health data profiles, review and approve the proposed scoring methodology to prioritize health issues, review finalized health topic scores and discuss any needed adjustments and act as champions of the CHA process in the county, promoting opportunities for local input.	Summer 2018	See Appendix B
Minnesota Department of Health Mental Well-Being & Resilience Learning Community	The purpose is to expand understanding about a public health approach to mental health by profiling current community initiatives across a continuum of public health aligned strategies.	Monthly	Natalie Vasilj Cathy Mackiewicz
Forces of Change Affecting Community Health	The Center for Community Health hosted a dialogue for community leaders. This event aimed to increase collaboration and richness of conversation about health, broadly defined, across the Minneapolis Saint Paul Metro Region. Sixty participants contributed to insights and exchanged ideas.	10/25/2017	David Brummel

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	Washington County Attendee
East Metro CHNA/CHA Pilot Workgroup	Dakota County Public Health, Washington County Public Health, St. Paul Ramsey County Public Health along with HealthEast, Regions Hospital, and Lakeview Hospital are meeting to align respective community needs assessments which are all due in 2018.	Monthly	Stephanie Holt David Brummel Lowell Johnson
Community Advisory Committee (CAC)	Comprised of over 50 community partners, many from medically underserved areas, to lend their voice to help HealthEast better understand and respond to the health needs of the community. Members attended forums to identify and prioritize emerging health issues.	Twice	David Brummel Lowell Johnson
Community Health Action Team (CHAT)	CHAT meets monthly to discuss and address unmet community health needs in the area through action, networking and educational opportunities. Attendees are from Stillwater Area School District and Washington County partners.	Monthly	Natalie Vasilj
SHIP Community Leadership Team	The SHIP Community Leadership Team oversees the work being done in Washington County under the state SHIP grant.	Monthly	Natalie Vasilj Kim Ball Cathy Mackiewicz Lia Burg Beth Brisky Chloe Richter Caitlin Suginaka
Health and Wellbeing Advisory Committee (HWA)	The Health and Wellbeing Advisory Committee serves as the eyes and ears for Lakeview Hospital and provides resources and services to meet the health and wellbeing needs of the community.	Quarterly	Lowell Johnson

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	Washington County Attendee
Fairview Lakes Community Health Steering Committee	The Fairview Lakes Community Health Steering Committee comprised of local public health, community partners, and local officials work to understand the health needs of the local community through a CHNA process	Quarterly	Lia Burg
CONNECT	CONNECT is a Washington County coalition that strives to promote behavioral health through prevention, early recognition and intervention for children youth and their families.	Monthly	Natalie Vasilj Cathy Mackiewicz
Metro Public Health Analysts Network (MPHAN)	Metro Public Health Analysts Network provides regionally coordinated data, technical expertise, and leadership to guide effective decision making to improve community health.	Twice a month	Smita Rakshit
Forest Lake YMCA Community Health Living Index (CHLI)	The purpose of CHLI was to assess the current issues impacting the Forest Lake Area Community and develop a plan to respond to identified needs.	Monthly	Cathy Mackiewicz

## Appendix B

### Data Subject Matter Advisors

Name	Title	Organization	Topic
Andrew Dorwart	MD	Health Partners, Stillwater Medical	Health Care Capacity & Access
Annette Sallman	Director of Community Education	ISD 834 Stillwater Schools	Obesity, Nutrition, Physical Activity
Beth Brisky	Senior Community Health Specialist	Washington County	Injury & Violence
Beth Wiggins	Director of Caregiving & Aging	FamilyMeans	Multiple
Cathy Mackiewicz	Senior Community Health Specialist	Washington County	Alcohol & Substance Use
Chloe Richter	Senior Community Health Specialist	Washington County	Overall Health, Mortality, Chronic Conditions
Christa Troup	Grants Manger	TreeHouse	Mental Health, Wellbeing and Social Connectedness
Deb Nelson	Birth & Women's Center Manager	Lakeview Hospital	Maternal & Child Health
Dianne Polasik	MRS	Foundation Member	Infectious Disease
Dr. George Nolan	Directory of Personalized Learning	Stillwater Area Schools	Mental Health, Wellbeing and Social Connectedness
Hally Turner	Senior Planner	Washington County	Overall Health, Mortality, Chronic Conditions
Jacob Hunt	Community Health Coordinator	Lakeview Hospital/HealthPartners	Tobacco & E-Cigs, Obesity, Nutrition, Physical Activity
Jill Timm	Senior Program Manager	Washington County	Health Care Capacity & Access
Julie Winner	Public Health Nurse II	Washington County	Infectious Disease
Kelsey Ford	Community Health Coordinator	Lakeview Hospital	Mental Health, Wellbeing and Social Connectedness
Ken Quickel, MD	Chair, Lakeview & Wellbeing Advisory Committee	Lakeview Foundation	Multiple
Kim Ball	Senior Community Health Specialist	Washington County	Obesity, Nutrition, Physical Activity, Overall Health, Mortality, Chronic Conditions
Kim Barnhart	Manager, Case Management	Lakeview Hospital	Mental Health, Wellbeing and Social Connectedness

Kimberly Adams	Special Services Supervisor	South Washington County Schools	Mental Health, Wellbeing and Social Connectedness
Kirk Erickson	Director of Healthy Living	YMCA	Obesity, Nutrition, Physical Activity
Kris Keller	Epidemiologist	Washington County	Overall Health, Mortality, Chronic Conditions
Kristen Wanta	Community Health Coordinator	Lakeview Hospital	Maternal & Child Health
Kristine Orton	Manager Diabetes & Nutrition	Lakeview Hospital	Obesity, Nutrition, Physical Activity, Overall Health, Mortality, Chronic Conditions
Lia Burg	Senior Community Health Specialist	Washington County	Tobacco & E-Cigs, Infectious Disease
Martha Sanford	MD	Lakeview Hospital	Overall Health, Mortality, Chronic Conditions
Natalie Vasilj	Senior Community Health Specialist	Washington County	Mental Health, Wellbeing and Social Connectedness
Patty Rodoc	Rehab Manager	Courage Kenny Rehab Institute	Obesity, Nutrition, Physical Activity, Health Care Capacity & Access
Robert Dybvig	MD, Family Medicine	Health Partners, Stillwater Medical	Tobacco & E-Cigs
Stephanie Kovarik	PowerUp Health & Wellness Youth Initiative Coordinator	Lakeview Foundation	Overall Health, Mortality, Chronic Conditions, Obesity, Nutrition, Physical Activity
Steve Scallon	Physician	Stillwater Medical Group	Obesity, Nutrition, Physical Activity
Thomas Kottke	MD, Well-being	Health Partners, Stillwater Medical	Injury & Violence

## Data Subject Matter Advisors

### 2018 Community Health Assessment Data Review Instructions

#### What is the Community Health Assessment/Community Health Needs Assessment?

In 2018, Washington County and Lakeview Hospital have partnered to complete a Community Health Assessment, as required for both organizations. The Community Health Assessments (CHA/CHNA) examines indicators of health status and outcomes as well as the conditions and causes affecting these outcomes. The CHA represents a snapshot in time of the health of people and environments in Washington County in order to identify needs and set priorities for action.

#### What does it mean to set Priorities?

The Local Public Health Act of 2003 (MN Statutes 145A.10, Subd. 5a) requires Washington County to set public health priorities based on a community health assessment conducted every five years. Lakeview, a non-profit hospital, completes a Community Needs Health Assessment every three years, as a requirement of the Affordable Care Act. Working together, Washington County and Lakeview Hospital will set priorities on health issue(s) for shared community action. During action planning (early 2019), multiple community agencies will partner to address these issues (such as reducing social stigma about mental illness, or reducing obesity).

**Your expert input is an important part of the process, and our request to you as a subject matter advisor is:**

1. (Optional) Consider county context in terms of [demographics](#) and [economic opportunity](#).
2. Locate your health data profile at <http://www.co.washington.mn.us/1211/Health-Data>
3. Review health data and narrative content. Estimated review time will vary (15 minutes to skim, 1.5-2 hours for close reading and proposing edits).
4. Let us know you completed your review by [entering your contact information and insights on this form](#).  
**Please [complete the contact form](#) even if you have no additional comments.**
5. Repeat this process as needed if you are reviewing multiple health topics. Here are the questions you will be asked:
  - a. Which topic are you reviewing?
  - b. What surprised you?
  - c. What information is incorrect or missing?
  - d. If you would make any changes to the priority score(s) for this topic, please describe them here (including your rationale)
  - e. What insights emerge from this section? Please summarize in 1-2 sentences
6. **Deadline: 12:00 pm Monday, July 23, 2018.**

#### **Save the Date: *Community Conversation – the State of Health in Washington County***

Tuesday, August 21<sup>st</sup>, 2018, 4:00-6:00 pm

Lakeview Hospital – *Hulings Conference Room*

Join your fellow community advisors to put it all together. Review the results from the data review and prioritization scoring, and set health priorities for community action.

**Thank you for your partnership and expertise!** Please contact [David.Brummel@co.washington.mn.us](mailto:David.Brummel@co.washington.mn.us) or [Marna.M.Canterbury@Lakeview.org](mailto:Marna.M.Canterbury@Lakeview.org) with any questions.

## Appendix C

### Collaboration

Washington County Department of Public Health and Environment recognizes that in order to impact health, collaboration is one of the strongest strategies that can be used. This section describes many of the collaborations Washington County was a part of during the Community Health Assessment Process.

One of the primary collaborations Washington County was being a member of the Center for Community Health. The Center for Community Health (CCH) East Metro Health Assessment work group included members from Hospitals, Health Systems, and Local Public Health Agencies in the Minneapolis-Saint Paul metro region: Dakota County, Saint Paul-Ramsey County, Washington County; Allina, Fairview, HealthEast, HealthPartners, Children's Minnesota, Park Nicollet. The work group's mission was to advance community health, well-being, and equity through collective understanding of need and innovative approaches to foster community strengths. The number 1 strategy was to innovate, partner, align, and use data to understand true community needs and strengths. Initiative impact strategies included shared regional assessment framework, processes, and implementation that support individual members and avoid duplication. The group met monthly throughout 2018 to discuss what this collaborative group can and will accomplish together during 2018. Actions included community conversations/engagement, summary sharing or collaborative events, prioritization methods, timing, and decision making, and other assessment activities. The group shared CCH indicator data to be included in the 2018 assessment then discussed and connected agency-level CHA/CHNA health priorities at a regional level.

Additional collaborations included strong partnerships with the different health systems in Washington County. Washington County supported the Fairview Lakes 2018 Community Health Needs Assessment. The Fairview Lakes Community Health Steering Committee, in collaboration with the Fairview community benefit team, used the following weighted criteria to prioritize the significant health needs identified: 2015 CHNA priority needs, community priority, Fairview Lakes expertise/resources/feasibility, evidence of disparities, magnitude/scale of need, and need present in all 11 Fairview communities. Through a voting process, the steering committee recommended the following as Fairview Lakes' 2018 CHNA priority needs: Mental health and well-being, Healthy lifestyles, and Access to care and services. Washington County also supported HealthEast-Woodwinds with their CHNA. This advisory committee met four times to discuss health priorities and the CHNA process. HealthEast created an intersection of health priorities and health issues identified by the advisory committee. These include: access to health services, mental health, and obesity. Factors underlying all of these priorities were social determinants of health such as: poverty, homelessness, neighborhood safety, living wages, etc.

Due to the timing of both Washington County's CHA and HealthPartners Lakeview Hospital's CHNA timeline, we worked in tandem on the entire assessment process including an important prioritization process on August 21<sup>st</sup>, 2018 (outlined in more detail in Appendix F). It was very important for both of our systems to not only examine local health data, but hear the voices of our community on important health topics.

# COMMUNITY HEALTH SURVEY REPORT

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WASHINGTON COUNTY PUBLIC HEALTH & ENVIRONMENT

**Prepared for:**

Washington County  
Department of Public Health & Environment  
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## PROJECT OVERVIEW

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In the summer of 2018, Washington County administered a community health survey in partnership with Lakeview Hospital. The goal of the survey was to better understand what impacts the health of residents, their families, and their community. The questions were developed and administered previously by Ramsey County for their own community health survey. The primary method of collection was an online survey shared through several channels, such as Staying in Touch (the county newsletter), the county website, and email. In addition, Lakeview Hospital shared the link with their internal employees. Finally, a small number of surveys were completed by hand at community locations and entered into the database.

The six survey questions included the following:

1. *What helps you stay healthy?*
2. *What keeps you from being healthy?*
3. *What helps your family stay healthy?*
4. *What keeps your family from being healthy?*
5. *What helps your community stay healthy?*
6. *What keeps your community from being healthy?*

The responses were compiled and shared with ACET, Inc., a contracted evaluation firm, for analysis. The data was reviewed by the ACET team for common ideas and themes and then coded using key word and phrase searches. Following the initial analysis, the data was then analyzed to identify key themes by question and demographic. Selected respondent characteristics can be found below. The majority of the 318 respondents were white (80%), female (67%), and had household incomes more than \$100,000 (32%).

### Race of Respondents (County %)<sup>1</sup>

- 80% White (86%)
- 2% Asian (6%)
- 2% Hispanic, Latina, or Latino (4.2%)
- 1% African American or Black (5%)
- <1% American Indian, Alaska Native (0.5%)
- <1% Native Hawaiian or Pacific Islander (0.1%)
- 17% Left item blank

### Age of Respondents (County %)<sup>4</sup>

- 10%, 34 or younger (45%)
- 17%, 35-44 (13%)
- 16%, 45-55 (16%)
- 23% 55-64 (13%)
- 17% 65 and older (13%)
- 17% Left item blank

### Income of Respondents (County %)<sup>2</sup>

- 9% \$49,999 or less (23.4%)
- 11%, \$50,000-\$74,999 (17.5%)
- 15% \$75,000-\$99,999 (14.9%)
- 32% \$100,000 or more (44.2%)
- 33% Left item blank

### Gender of Respondents (County %)<sup>3</sup>

- 67% Female (51%)
- 13% Male (49%)
- 20% Left item blank

### Referral Source of Respondents

- 60% Staying in Touch
- 30% Lakeview/Health Partners Internal
- 7% Lakeview/Health Partners
- 3% Valley Outreach

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<sup>1</sup> U.S. Census Bureau, Population Estimates Program (PEP). Updated annually.

<sup>2</sup> ACS 1-Year estimate. <https://datausa.io/profile/geo/washington-county-mn/>

<sup>3</sup> U.S. Census Bureau, Population Estimates Program (PEP). Updated annually.

<sup>4</sup> U.S. Census Bureau: *A Compass for Understanding and Using American Community Survey Data (2008)*.

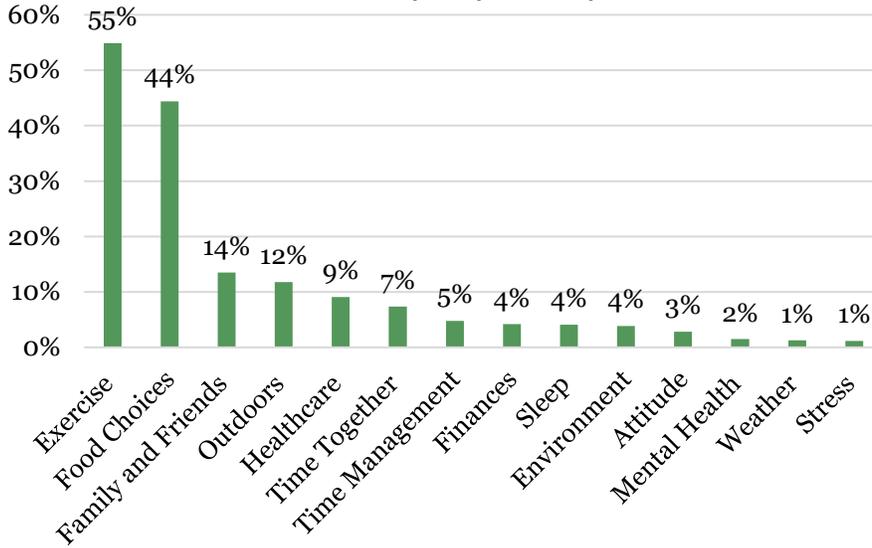
## RESULTS

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The survey responses were coded into 14 unique categories with many responses following multiple themes. The 14 categories are provided with a brief explanation below. The categories are the same for maintaining and limiting health. For example, “food choices” refer to getting enough healthy foods but also can refer to not eating a balanced diet, depending on the question being asked for context. Charts for each question appear on pages 4 to 7, with select quotes are provided below.

1. **Food Choices.** Individuals shared how healthy or unhealthy food impacts their health. They also talked about the options available at stores and restaurants, good and bad habits around food choices, and eating enough fruits and vegetables.
2. **Exercise.** Respondents mentioned exercise, going to the gym, running and working out. Answers also related to activities built into one’s day (walking, gardening, etc.) and were coded as active lifestyle. Others talked about a general state of physical activity built into their habits and routines. Key terms included physical activity, being active, hiking, and being sedentary.
3. **Time Management.** Through the survey, individuals discussed being too busy, overscheduling, or not having enough time. They also referenced taking time to relax, having down time, and staying busy.
4. **Friends and Family.** The themes of friends and family came up repeatedly, with responses including the positive influences of those around them, the barriers of having to care for others, and positive and negative relationships with others.
5. **Being Outside.** Opportunities to be outside, in nature, or outdoors was shared by many. Limiting factors included inside desk jobs and a lack of outdoor activities.
6. **Finances.** Finance comments discussed the cost of a product or program. Common examples include cost of organic and healthy food, free or low-cost activities, expensive gym memberships, budget constraints, poverty, and general expenses. Often, “*money*” was shared as a stand-alone statement.
7. **Healthcare.** Doctors, medicine, and preventative medicine were all shared by respondents, both helping them stay healthy and keeping them from being healthy.
8. **Stress.** Themes around stress were limited to several key terms, including stress and worry.
9. **Environment.** Clean air and water were shared in contrast to pollution, contaminated water, and toxins.
10. **Time Together.** Respondents noted the ability to be together, spend time together, have fun together, or be connected as opportunities to be healthy. In contrast, isolation and disconnection were shared as limiting factors.
11. **Weather and Seasons.** Comments include the cold, the heat, humidity, and winter seasons present in Minnesota, largely as limiting factors.
12. **Attitude.** Willingness and desire were shared alongside motivation and attitude to be healthy. Negative attitudes and being lazy were shared as limitations.
13. **Sleep and Rest.** Responses for this category included only key terms of sleep and rest.
14. **Mental Health.** Mental health was shared in a variety of ways, including depression and anxiety, in addition to mental health generally.

### What helps you, your family, and your community stay healthy?



*“Running, eating healthy food, spending time outside”*

*“Access to healthy food, opportunities to move my body, access to health care”*

*“Walking the dog, doing yoga, eating foods that are better for me, and staying connected to family and friends”*

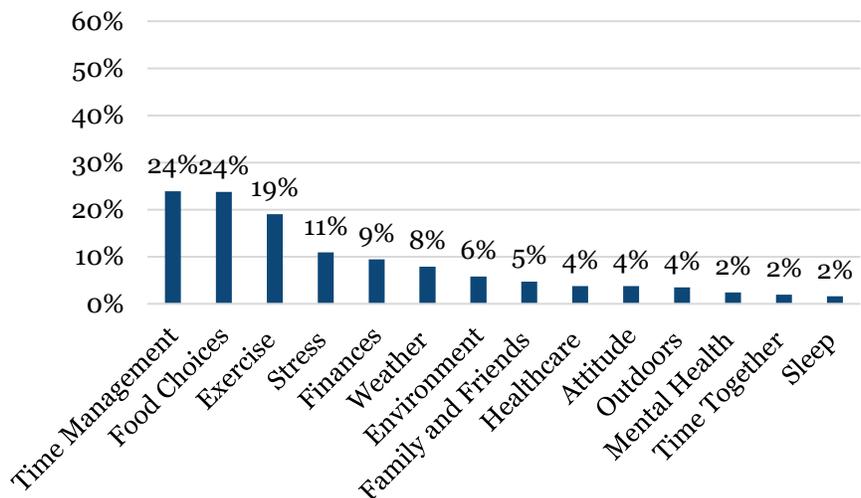
When reviewing the 858 combined responses to the three questions asking about positive influences on health, two themes tower above the others. Exercise and Food choices were the two most common responses, more than three times higher than the next highest category. Responses centered on activities like running and working out as well as walking the dog or gardening. Food choices responses talked about eating healthy foods, fresh produce, and avoiding unhealthy foods.

### What keeps you, your family, and your community from being healthy?

*“Being too busy and not having good food choices”*

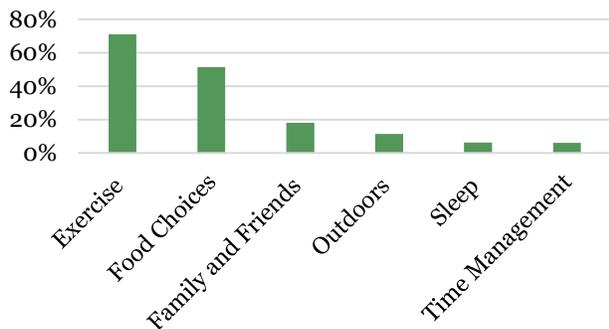
*“Sedentary activities (screen time), junk food, too much time indoors”*

*“Over-scheduling myself so I can’t focus on me. Lots of unhealthy, quick food options when I’m busy and hungry. Inability to get to a class or program on a consistent basis due to scheduling conflicts or distance”*



The 825 responses to factors limiting opportunities to be healthy were spread more evenly among the 14 categories. Top responses were similar with the notable addition of time management. Time management responses included being too busy, overscheduling, and not making time to exercise. Stress was also cited as a barrier, noting work stressors and too many responsibilities to manage.

### 1. What helps you stay healthy?



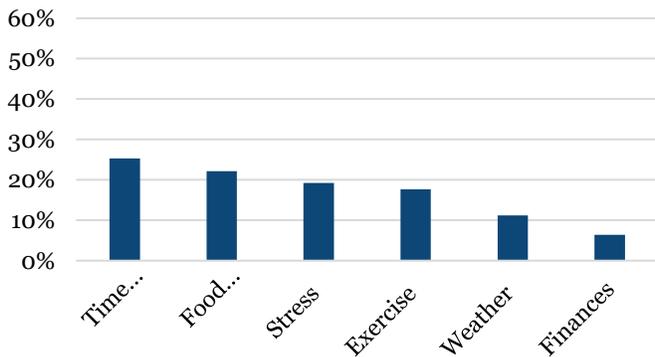
Responses were overwhelming centered on two topics, exercise and food choices. Many responses discussed building habits around these two items. Other common themes include having support of family and friends, being outdoors, and getting enough sleep and rest.

*“Fresh fruit and veggies”*

*“Playing pickle ball”*

*“Exercise, eating a balanced diet”*

### 2. What keeps you from being healthy?



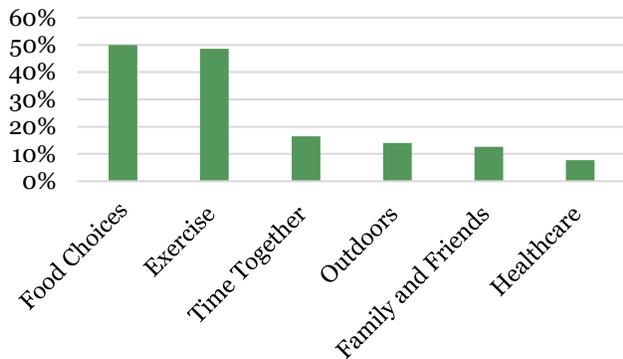
The responses shared were more evenly spread for factors limiting health. Key themes include being too busy due to work and other responsibilities. In addition, unhealthy food choices and stress created barriers for many to be healthy.

*“Demanding work schedule”*

*“Over-scheduling myself so I can’t focus on me”*

*“Busyness, not enough time, not exercising”*

### 3. What helps your family stay healthy?



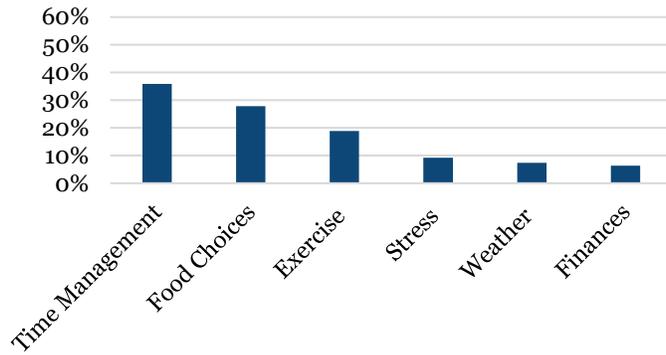
Key comments consisted largely of similar themes to individual health, namely healthy food and exercise. The next four themes, however, illustrate the value of being together and building a more holistic life, with more time together, time outside and positive relationships with others.

*“Doing activities together and having meals together that are prepared at home”*

*“Walking in parks and trails as a family”*

*“Time to be together; family meals (nutrition and connectedness)”*

4. What keeps your family from being healthy?



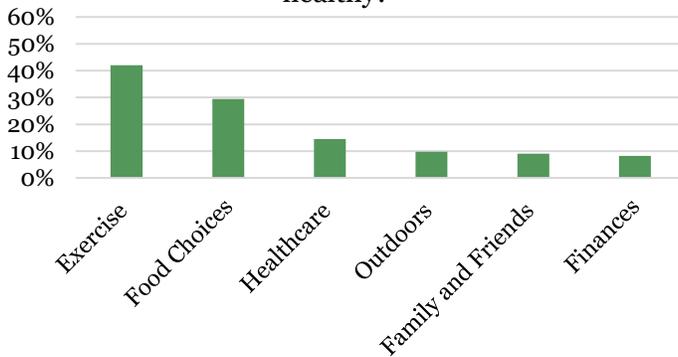
Barriers for families to be healthy were busy schedules and unhealthy food choices. Other common answers included a lack of exercise, stress and worry, and cold winters and hot summers.

*“Time, most of the time by the time I get home and have dinner it is already late and too late to go outside or I have other things to attend to”*

*“When we feel too busy to cook healthy and get exercise”*

*“Busy lives lead to quick dinners and stress”*

5. What helps your community stay healthy?



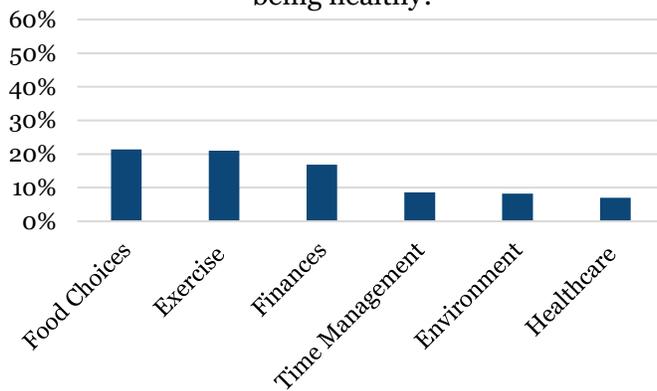
Living an active lifestyle, using parks and trails were cited as common examples of building the community’s health. Healthy food choices and access to farmer’s markets or fresh produce were shared as influences on the community’s health.

*“Farmer’s markets, community education events, nice parks and playgrounds”*

*“Affordable access to healthcare, walking and biking trails, community health offerings, healthy food options”*

*“Access for all to available resources like parks, trails, healthy food”*

6. What keeps your community from being healthy?



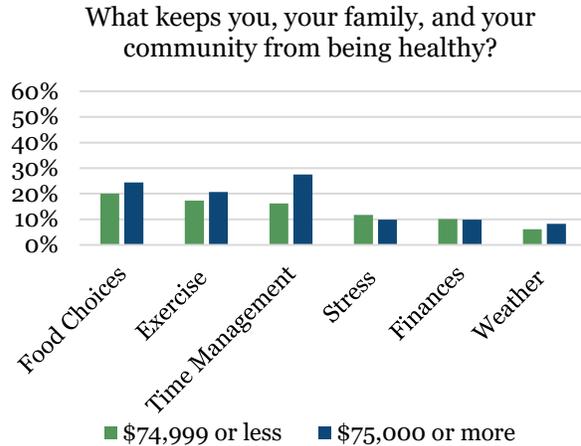
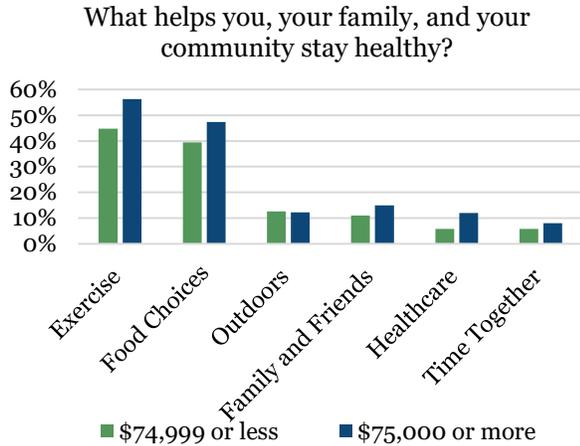
A range of influences were shared hindering the community’s health, including unhealthy food options, lack of physical activity and exercise, and financial limitations. The themes were spread out evenly, with top responses grouped closer together.

*“Healthy food and gyms are expensive”*

*“Low income, amount of fast and processed food”*

*“Not enough walking trails within city of Oakdale, cost of activities and health club memberships”*

## The Impact of Income on Health



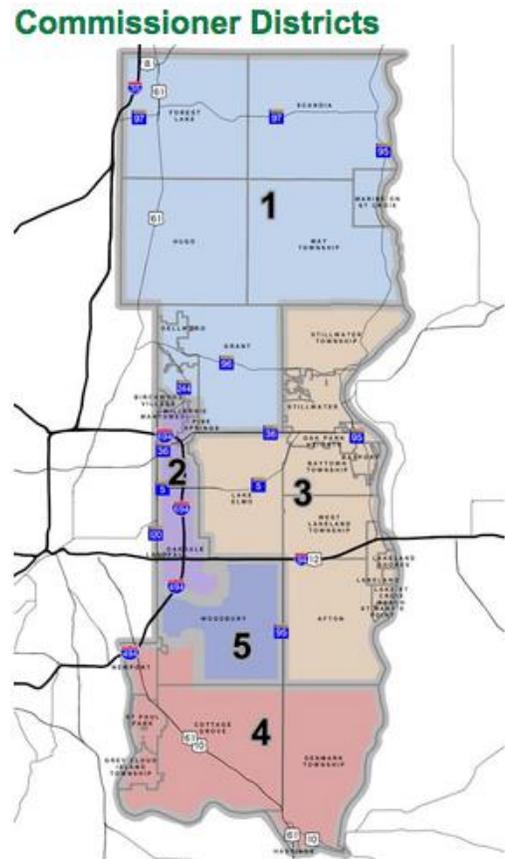
Responses from individuals with incomes less than and more than \$75,000 annually differed significantly on a few items. Exercise and food were seen as a larger facilitator of health for those with larger incomes, 11% and 8% respectively.

Differences can be seen for those with different incomes when asking about barriers, with time management standing out, with about a 10% difference.

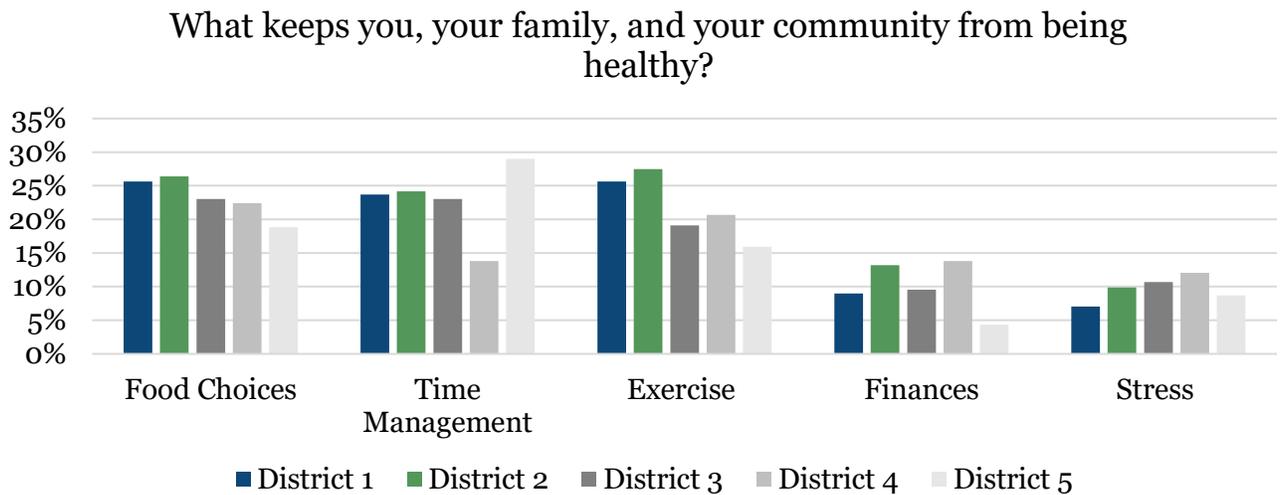
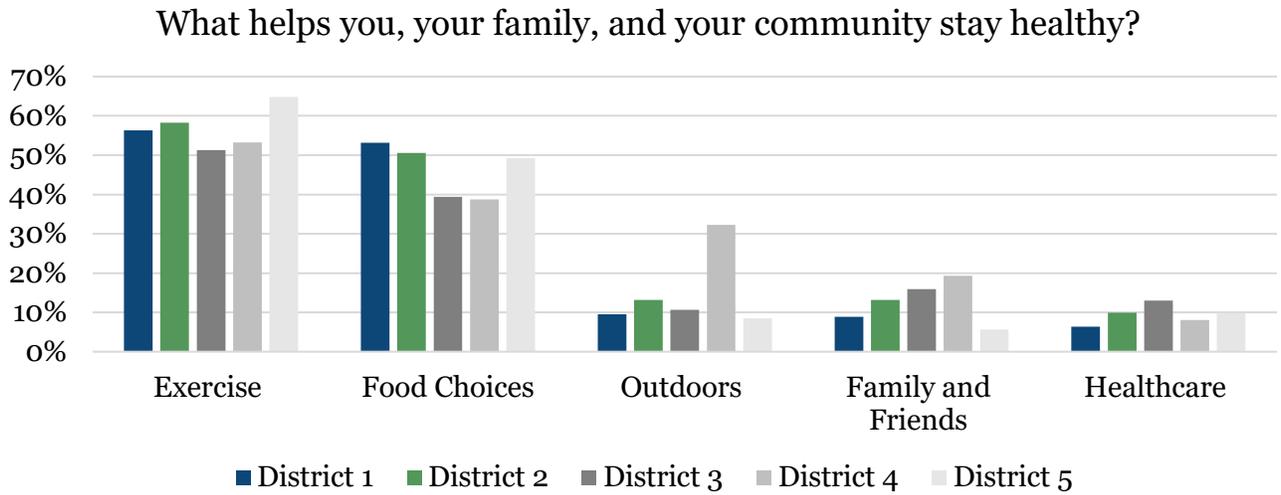
## The Impact of Geography on Health

To assess the differences in responses by geography, the data was analyzed by the Washington County Commissioner Districts, 1-5. The two graphs on the following page show the top responses by District for what helps and hinders health. The themes by district are relatively consist with small differences noted for Districts 4 and 5 in several categories. These Districts had less responses than others. The number of responses by each District were:<sup>5</sup>

- District 1: 54
- District 2: 31
- District 3: 127
- District 4: 22
- District 5: 24
- Outside of Washington County: 24



<sup>5</sup> Total does not equal 318. Zip codes were coded into Districts, with some zip codes falling into two districts. Zip codes not in Washington County were not included in this analysis.



## APPENDIX A

**Table 1: Demographics of Respondents (n = 318)**

<b>Demographic Information</b>		<b>Count</b>	<b>Percent</b>
Gender	Female	213	67.0%
	Male	40	12.6%
	Chose not to answer/Left item blank	65	20.4%
Race/ Ethnicity	White	256	80.5%
	African American or Black	3	0.9%
	Asian	6	1.9%
	Hispanic, Latina, or Latino	6	1.9%
	American Indian, Alaska Native	1	0.3%
	Native Hawaiian or Pacific Islander	2	0.6%
	Other	6	1.9%
	Left item blank	53	16.7%
Age	9 or younger	0	0.0%
	10-14	0	0.0%
	15-19	0	0.0%
	20-24	5	1.6%
	25-34	25	7.9%
	35-44	55	17.3%
	45-54	51	16.0%
	55-64	73	23.0%
	65-74	47	14.8%
	75-84	7	2.2%
	85 and older	0	0.0%
Left item blank	55	17.3%	
Household Size	1	25	7.9%
	2	115	36.2%
	3	35	11.0%
	4	50	15.7%
	5	28	8.8%
	6	4	1.3%
	7	2	0.6%
	8	3	0.9%
	9	1	0.3%
	10+	2	0.6%
	Left item blank	53	16.7%
Household Income 2016	\$11,999 or less	2	0.6%
	\$12,000 to \$19,999	5	1.6%
	\$20,000 to \$34,999	11	3.5%
	\$35,000 to \$49,999	11	3.5%
	\$50,000 to \$74,999	36	11.3%
	\$75,000 to \$99,999	46	14.5%
	\$100,000 or more	101	31.8%
Chose not to answer/Left item blank	106	33.3%	
Military service	Yes	11	3.5%
	No	241	75.8%
	Left item blank	66	20.8%

## Appendix E

### Hanlon Method

#### Prioritization Process

The Local Public Health Act of 2003 (MN Statutes 145A.10, Subd. 5a) requires Washington County to set public health priorities based on a community health assessment conducted every five years. Lakeview, a non-profit hospital, completes a Community Needs Health Assessment every three years, as a requirement of the Affordable Care Act. Working together, Washington County and Lakeview Hospital will set priorities on health issue(s) for shared community action.

Washington County Public Health and Environment adapted the recommended Hanlon Method from materials available through the National Association of County and City Health Officials (NACCHO)<sup>1</sup> to meet the needs of the Washington County assessment.

#### Hanlon Method

The traditional Hanlon Method considers four criteria of individual health problems:

1. **Size** of the problem
2. **Seriousness** of the problem
3. Estimated **effectiveness of the solution**, and
4. **PEARL** factors (propriety, economic feasibility, acceptability, resource availability, and legality)

Washington County's modified method re-situates scoring methods by moving "effectiveness" and "feasibility" of interventions out of the assessment phase and into the action planning phase. The project team focused our scoring methods solely on **size and seriousness of the problem**. Further, the following values were applied to the definition and potential scores of "seriousness":

- **Quality of Life is more important than Death Rates.** The modified method gives a higher importance to "morbidity" or disease burden while living, than to mortality (rate of death and likelihood of early death).
- **Health Equity is the most important measure of "Seriousness."** The modified method places the highest score on whether marginalized groups disproportionately experience each health outcome (e.g. higher rates of asthma among Black Non-Hispanic residents than among their White Non-Hispanic counterparts).

Because of the variety of potential interventions for any health issue, it is more appropriate to allow participants in the planning process to select effective strategies after the driving health challenges in the community were selected so the priorities would be based on the highest areas of need. By initially utilizing size and seriousness, the data-driven process minimized bias during prioritization of the most impactful health issues in Washington County.

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<sup>1</sup> "Tip Sheet: Prioritizing Issues in a Community Health Improvement Process." Community Health Assessments and Community Health Improvement Plans for Accreditation Preparation Demonstration Project. Accessed at: <http://archived.naccho.org/topics/infrastructure/CHAIP/upload/Final-Issue-Prioritization-Resource-Sheet.pdf>

## Seriousness

To remove as much subjectivity as possible from the “seriousness” criteria, specific values were enumerated. Morbidity, mortality, and health equity were deemed to be the values that drive seriousness. Of the values, health equity was weighted most heavily. These designations allowed health equity to be incorporated into all future decisions throughout the process, assuring that vulnerable populations and communities receive the attention they need in order to be healthy. Each criteria is worth one point unless otherwise noted. The rubric is as follows:

Value	Criteria
Morbidity (3pts)	Does the condition reduce an individual's quality of life?
	Does the condition cost more than \$300 annually in medical expenses?
	Does the condition cost more than \$1000 annually in all related costs?
Mortality (2pts)	Does the condition contribute to early death in Washington County? (1pt)
	Is it one of the identified top 15 rankable causes of death in Washington County? (1-5 rank = 2pts, 6-15 = 0.5pts)
Health Equity (4pts)	Is the condition more prevalent in marginalized populations? (2pts)
	Is the morbidity burden greater in marginalized populations? (1pt)
	Are marginalized populations more likely to die of this condition? (1pt)
Comparability (1pt)	Relative to data available for other geographies (state or national), is Washington County better (0 pts), equivalent (0.5 pts), or worse (1pt)?

## Scoring

Washington County PHE staff followed the Center for Community Health (CCH) list of core health indicators as a starting point for scoring. Ranked scores were determined through literature review to examine scoring criteria for each indicator. From this literature review, sub-scores for both size and seriousness were determined. The maximum possible score is 30. Size has a highest possible score of 10, and Seriousness has a highest possible score of 10, which is multiplied in the scoring formula.

The values were combined to calculate a composite score and priorities were ranked based on the following formula, which matches the guidance from the NACCHO method but excludes the effectiveness and feasibility measures:

$$\text{Hanlon Score} = \text{Size} + (2 \times \text{Seriousness})$$

## Ranked Indicators in Washington County

After assessing all identified priorities, Washington County PHE ranked health indicators with their associated Hanlon Scores. The ranked indicators are health outcomes, with readily available morbidity and mortality data. We recognize and acknowledge numerous categories that are foundational to health outcomes and are important to our community have not been ranked, such as *social determinants*, *natural resources*, *environmental health*, or *social connectedness*, among others. These categories and indicators within each are integral to the community health assessment, and implementation plan, and will remain a part of both processes.

Hanlon Score	Indicator
27	Hypertension
26	Asthma
26	Type-2 Diabetes
24	Stroke
24	Low Birth Weight
23	Heart Attack
23	Depression
22	COPD
22	Cirrhosis
22	Nephritis
22	Cigarettes/Tobacco
22	Alzheimer's
21	Premature Birth
20	Pancreatic Cancer
20	Obesity
19	HIV/AIDS
18	Lung Cancer
17	Breast Cancer
16	Excessive Drinking
16	Opioid Drug Overdose
16	Elevated Blood Lead Levels Among Children
16	Teen Birth Rate
13	Suicide
13	Influenza
13	Tuberculosis
11	Heat Stroke
10	Lyme
9	Chlamydia
5	Death by Motor Vehicle Accident



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Lakeview Community Health Needs Assessment  
(CHNA) &  
Washington County Community Health Assessment  
(CHA)

**Community Conversation for Priority Setting**

Tuesday August 21, 2018  
4-6 PM Hulings Conference Room  
Lakeview Hospital

## Agenda

- Welcome and Introductions
- Why Community Health Matters
- Health Equity Focus
- Data Sources
- Health Topics Overview
- Small Group Discussion
- Prioritization Process
- Wrap up and next steps

## Background: Health Assessments for Hospitals and Health Departments

### Hospitals & Health Systems

- Community Health Needs Assessment (CHNA)
- Important tool for hospitals to meet their mission
- Helps hospitals to identify the needs of the community and direct community benefit activities toward those needs
- Required every three years by IRS as part of the Affordable Care Act

### Local Health Departments

- ▶ Community Health Assessment (CHA)
- ▶ Foundational activity to set priorities, develop programs, seek funding, and maintain policies
- ▶ Helps local government understand the health of the population, identify contributing factors and community assets
- ▶ Required every five years by state law since 2003 (Local Public Health Act, *MN Statutes 145 A.10, Subd. 5a*)



## Overview of Assessment Process

### 1. Data Collection & Analysis

- ✓ Launch Community Health Input Survey & Provider Survey, gather community output
- ✓ Compile list of health data profile topics, identify data gaps
- ✓ Start subject matter advisor (SMAs) recruitment for each health data topic
- ✓ Summarize community, provider survey
- ✓ Score health issues (staff complete preliminary scores, SMAs review)

### 2. Set Priorities

- ✓ Review health issue scores finalize health priorities
- ✓ Participate with community input event Tuesday, August 21

#### • Set Priorities

### 3. Plan/Implementation

- Board Approvals
- Implementation planning (through Q1 2019)
- Communicate findings, Publish draft document for review by community
- Define preliminary goal statements & potential strategies for each priority



## What does it mean to set priorities?

- Priorities help focus resources and effort to improve community health
- Available data and priorities:
  - Quantitative
  - Qualitative
- Rely on previous ranking and review by subject matter advisors
- Weigh available data with insights from this group
- Priorities



## What Does it Mean to Set Priorities?

### 1. Data Collection & Analysis

- ✓ Launch Community Health Input Survey & Provider Survey, gather community output
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### 2. Set Priorities

- ✓ Review health issue scores finalize health priorities
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- **Set Priorities**

### 3. Plan/Implementation

- Board Approvals
- Implementation planning (through Q1 2019)
- Communicate findings, Publish draft document for review by community
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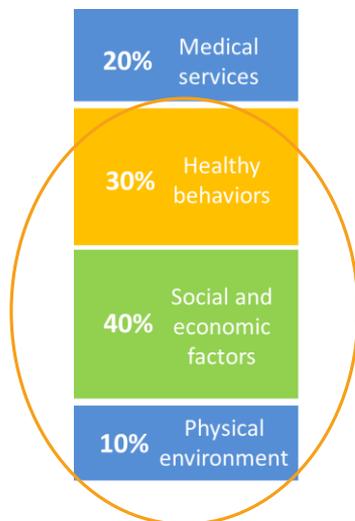
# Why Community Health Matters

## Why Equity Matters

Ted Wegleitner, CEO, Lakeview Health  
Lowell Johnson, Public Health Director,  
Washington County Public Health & Environment



### Why Community Health Matters



- Health is more than health care
- Triple Aim:
  - Health
  - Experience
  - Affordability
- Improving health means partnership with members, patients, employees and our communities
- Recognizing Social Determinants of Health



# Thinking Upstream



## Commitment to Community Health

- Community Health Needs Assessment
- Focus on Priorities
  - Make It Ok to reduce stigma of mental illness
  - PowerUp-to help kids and families eat better and move more
- Grants to more than 20 local agencies
- Collaborations with community partners

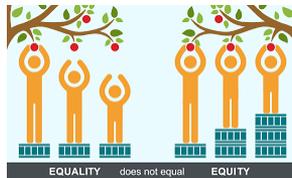


# Equity & Community

**Health Equity:** when everyone has a fair and just opportunity to be healthy, including having access to what they need to be healthy

**Equitable Care:** best practice procedures to meet patients’ diverse needs

- Access to interpreter services and language resources
- Opportunities for staff to learn about different cultures
- Ongoing resources for staff that promote inclusion
- Equitable care fellows who support and research health equity issues



# County Health Rankings

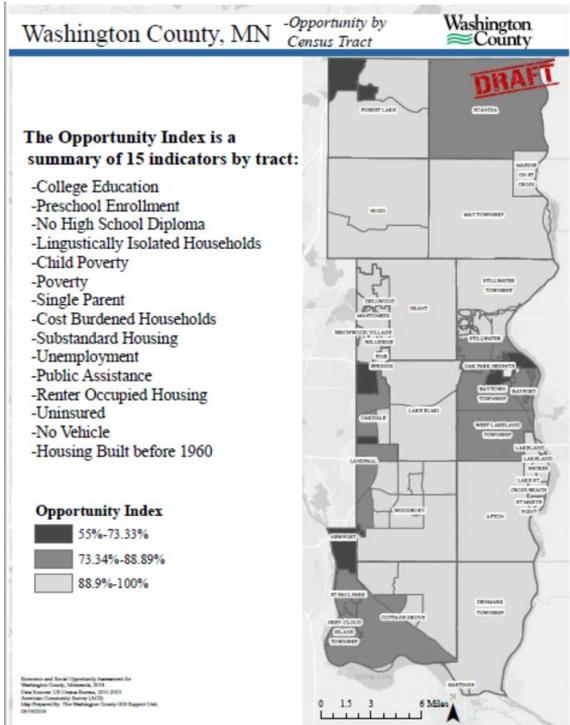
**Washington, St. Croix counties earn high marks in health rankings**

By Michael Brun on Mar 28, 2018 at 9:40 a.m.



	Health Outcomes	Health Factors
2015	7 <sup>th</sup>	3 <sup>rd</sup>
2016	2 <sup>nd</sup>	3 <sup>rd</sup>
2017	4 <sup>th</sup>	3 <sup>rd</sup>
2018	3 <sup>rd</sup>	2 <sup>nd</sup>





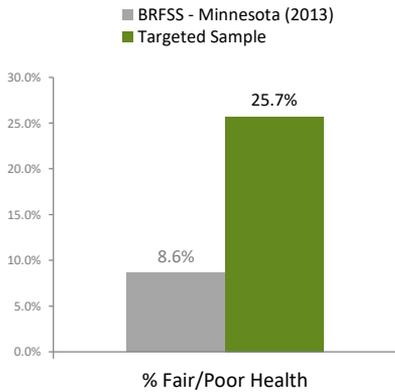
## Economic and Social Opportunity by Census Tract

The Opportunity Index is a summary of 15 indicators by census tract

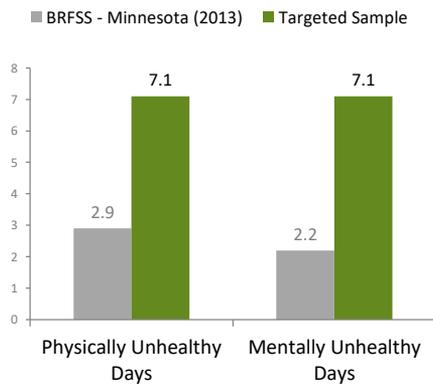


# General Health Status

### % Fair/Poor Health



### Average # Unhealthy Days, Past Mo



Source: BRFSS (2013), Targeted SHAPE Convenience Sample (2014)

# Data Sources

Quantitative: Health Data

Qualitative: Community Feedback



# Overview of Assessment Process

1. Data Collection & Analysis
- 2. Set Priorities**
3. Plan/Implementation



# Quantitative Data

- Subject Matter Advisor comment period
- Ranked with “Hanlon” method
- Example sources
  - MDH
  - Metro SHAPE survey
  - Death certificates
  - CDC
  - Vital Statistics

*Using best available data!*



# Hanlon Method

1. **Size** of the problem
2. **Seriousness** of the problem

Revised Value	Criteria
<b>Morbidity (3pts)</b>	Does the condition reduce an individual's quality of life?
	Does the condition cost more than \$300 annually in medical expenses?
	Does the condition cost more than \$1000 annually in all related costs?
<b>Mortality (2pts)</b>	Does the condition contribute to early death in Washington County? (1pt)
	Is it one of the identified top 15 rankable causes of death in Washington County? (1-5 rank = 2pts, 6-15 = 0.5pts)
<b>Health Equity (4pts)</b>	Is the condition more prevalent in marginalized populations? (2pts)
	Is the morbidity burden greater in marginalized populations? (1pt)
	Are marginalized populations more likely to die of this condition? (1pt)
<b>Comparability (1pt)</b>	Relative to data available for other geographies (state or national), is Washington County better (0 pts), equivalent (0.5 pts), or worse (1pt)?



## Qualitative Data Sources

- Community & Provider Survey
- HEDA
- **Community Health Action Team**
- **Health & Wellbeing Advisory Committee**



## Health Topics



# Access to Health & Care

## Quantitative: N/A

- Not scored
- No health outcome indicators

## Qualitative: 1

- Insurance cost
- Constraints on time
- Transportation barriers
- Financial barriers
- Cost of care
- Access to referrals for mental health
- Access to mental healthcare
- Lack of affordable housing
- Healthy food



## Access to Health & Care

### Health Care Capacity

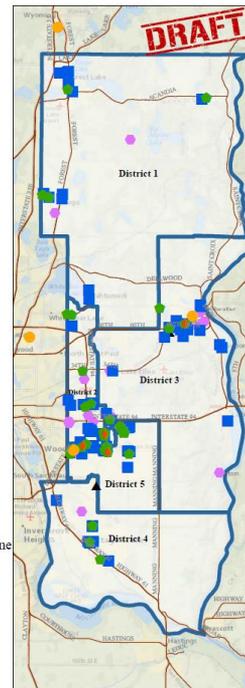
- 38 medical clinics
  - 462 providers
- 4 hospitals
  - 136 providers
- 21 specialty clinics (PT, ENT, Orthopedic, etc.)
  - 207 providers
- 4 urgent care facilities
  - 99 providers
- 82 dentists' offices
  - 182 dentists
- 42 mental/chemical health offices
  - 290 providers (high coverage)
  - 88 providers (low coverage)



### Health Care Capacity and Access

*An inventory of all of the health care, mental health, and dental health providers within Washington County, MN*

- ◆ Urgent Care
- Hospital
- Clinic
- Dentist
- Mental and Chemical Health
- ▲ Specialty Care - Dermatology
- ▲ Specialty Care - ENT
- ▲ Specialty Care - Oncology
- ▲ Specialty Care - Orthopedics
- ▲ Specialty Care - PT
- ▲ Specialty Care - Podiatry
- ▲ Specialty Care - Reproductive Medicine
- ▲ Specialty Care - Spine
- ▲ Specialty Care - Surgery



Source: Data: Department of Public Health and Environment, 2017  
Created by GIS Support Unit 03/22/2018

## Mental Health & Wellbeing

### Quantitative: 7

- Depression/Anxiety
- Suicide

### Qualitative: 2

- Stigma
- Social Connectedness
- Attitude
- Time Management/Stress
- Access to referrals for mental health
- Access to mental healthcare



## Nutrition & Physical Activity

### Quantitative: 6

- Obesity

### Qualitative: 3

- Food Choices
- Exercise
- Access to healthy food



# Environmental Health

## Quantitative: 5

- Air Quality
- Radon
- Carbon Monoxide
- Elevated Blood Lead Levels
- Drinking Water

## Qualitative: 4

- Being Outside
- Weather & Seasons
- Clean water
- Climate



# Substance Use

## Quantitative: 8

- Tobacco
- Excessive Drinking (Alcohol)
- Opioid Drug Overdose

## Qualitative: 5

- Tobacco
- E-cigarettes
- Narcotic use



## Older Adult Health/Aging

### Quantitative: 3

- Alzheimer's

### Qualitative: 6

- Elder care
- Increase in senior population
- Advanced directives



## Injury & Violence

### Quantitative: 11

- Death by Motor Vehicle Accident
- Heat Stroke

### Qualitative: 7

- Gun violence



## Cardiovascular Disease & Diabetes

### Quantitative: 1

- Type II Diabetes
- Hypertension
- Heart Attack
- Stroke

### Qualitative: N/A

- Cardiovascular Disease/Diabetes related to Physical Activity & Nutrition



## Maternal & Child Health

### Quantitative: 2

- Low birth weight
- Premature birth

### Qualitative: N/A

- Not discussed



## Chronic Disease/Cancer

### Quantitative: 4

- Cirrhosis
- Nephritis
- Pancreatic Cancer
- Breast Cancer
- Lung Cancer
- COPD
- Asthma

### Qualitative: N/A

- Not discussed



## Reproductive & Sexual Health

### Quantitative: 9

- Chlamydia
- HIV/AIDS
- Teen birthrate

### Qualitative: N/A

- Not discussed



# Infectious Disease

## Quantitative: 10

- Influenza
- Lyme Disease
- Tuberculosis

## Qualitative: N/A

- Not discussed



# Community Health Crosswalk

Data Sources - Community Health Crosswalk

Rank	Quantitative Health Data	Qualitative Community Feedback	Notes
1	<b>Cardiovascular Disease &amp; Diabetes</b> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Stroke</li> <li>• Heart Attack</li> <li>• Type II Diabetes</li> </ul>	<b>Access to Health &amp; Care</b> <ul style="list-style-type: none"> <li>• Transportation Barriers</li> <li>• Financial Barriers</li> <li>• Access to Home Medication</li> <li>• Lack of Health Insurance</li> </ul>	
2	<b>Maternal &amp; Child Health</b> <ul style="list-style-type: none"> <li>• Low birth weight</li> <li>• Premature birth</li> </ul>	<b>Maternal Health &amp; Wellbeing</b> <ul style="list-style-type: none"> <li>• Stigma</li> <li>• Social Connectedness</li> <li>• Time Management Issues</li> </ul>	
3	<b>Older Adult Health/Aging</b> <ul style="list-style-type: none"> <li>• Alzheimer's</li> </ul>	<b>Nutrition &amp; Physical Activity</b> <ul style="list-style-type: none"> <li>• Food Choices</li> <li>• Strenuous</li> <li>• Access to Healthy Food</li> </ul>	
4	<b>Chronic Disease/ Cancer</b> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Hypertension</li> <li>• Pancreatic Cancer</li> <li>• Breast Cancer</li> <li>• Lung Cancer</li> <li>• Asthma</li> <li>• COPD</li> </ul>	<b>Environmental Health</b> <ul style="list-style-type: none"> <li>• Air Quality</li> <li>• Worker &amp; Resident</li> <li>• Clean Water</li> <li>• Climate</li> </ul>	
5	<b>Environmental Health</b> <ul style="list-style-type: none"> <li>• Radon</li> <li>• Carbon Monoxide</li> <li>• Elevated Blood Lead Levels</li> <li>• Zoning/Trails</li> <li>• Air Quality</li> </ul>	<b>Substance Use</b> <ul style="list-style-type: none"> <li>• Tobacco</li> <li>• Recreational</li> <li>• Narcotics Use</li> </ul>	
6	<b>Nutrition &amp; Physical Activity</b> <ul style="list-style-type: none"> <li>• Obesity</li> </ul>	<b>Older Adult Health/Aging</b> <ul style="list-style-type: none"> <li>• Elder Care</li> <li>• Domestic or Senior Population</li> <li>• Advanced Dementia</li> </ul>	
7	<b>Mental Health &amp; Wellbeing</b> <ul style="list-style-type: none"> <li>• Depression/Anxiety</li> <li>• Suicide</li> </ul>	<b>Injury &amp; Violence</b> <ul style="list-style-type: none"> <li>• Gun Violence</li> </ul>	
8	<b>Substance Use</b> <ul style="list-style-type: none"> <li>• Tobacco</li> <li>• Recreational Drinking (Alcohol)</li> <li>• Opioid Drug Prescriptions</li> </ul>		
9	<b>Reproductive &amp; Sexual Health</b> <ul style="list-style-type: none"> <li>• Chlamydia</li> <li>• HIV/AIDS</li> <li>• STI Screenings</li> </ul>		
10	<b>Infectious Disease</b> <ul style="list-style-type: none"> <li>• Influenza</li> <li>• Lyme Disease</li> <li>• Tuberculosis</li> </ul>		
11	<b>Injury &amp; Violence</b> <ul style="list-style-type: none"> <li>• Death by Motor Vehicle Accident</li> <li>• Suicide</li> </ul>		

Quantitative: Health Data was ranked in order of importance (informed by Center for Community Health and Health Method). Qualitative: Community Feedback rank is based on thematic coding of surveys and community conversations.



## Small Groups

1. What resonates with you?
2. Additional insights the room should know.



## Prioritization

1. Vote  
–5 dots, 1 or more on what you see as top priorities)
2. Feedback + Ideas



## Next Steps - PLAN

### Q4: October through December

- Identify preliminary implementation strategies for each priority
- Present CHNA report to hospital boards for approval
- Prepare final report

### Q1-2019: January through March

- Identify final implementation strategies
- Submit and post final reports



# Appendix



## Community Survey – Summer 2018

- Community Health Survey Shared through Staying in Touch April edition, County Website, Lakeview contacts, Lakeview staff
- Primarily online, in English
- County wide: 318 Responses
- 14 Categories identified
  - Food Choices, Exercise, Time Management, Friends and Family, Being Outside, Finances, Healthcare, Stress, Environment, Time Together, Weather and Seasons, Attitude, Sleep and Rest, Mental Health



## Provider Survey

- HealthPartners Providers – All Valley locations
- 23 Providers Total
  - 7 Providers from Lakeview and SMG
- Identified health concerns and needs for their patients and community.



## HEDA-2018

- Washington County PHE conducted a series of focus groups on the question: What is the influence of income on mental health and physical activity?
- Funding provided by Minnesota Department of Health SHIP grant
- 10 groups, 72 community members, 19 providers
- Focus groups were held primarily at libraries, church dinners, and community group meetings



## Community Health Action Team (CHAT)

- Created in the 1980's to bring attention to and address population health issues in the community.
- Membership includes individuals working in:
  - direct patient/client care
  - Social service agencies, Nonprofits, Public health, Healthcare, School districts, Faith communities, etc.
- Community Conversation in April



# Health and Wellbeing Advisory Committee (HWA)

- Representatives from CHAT, Washington County Public Health, St. Croix County Public Health, Lakeview Foundation Board, HealthPartners, Schools, Nonprofits, Business and the Community.
- Serves as the eyes and ears of Lakeview Hospital
  - Provide resources and services to meet the health and wellbeing needs of community.
  - Identify focus and scope of health and wellness for CHNA
  - Recommendations to the Foundation Board to address community health needs.
- Community Conversation in March



## Data Sources – Community Health Crosswalk Dot Voting Results

Quantitative: Health Data was ranked in order of importance (informed by Center for Community Health and Hanlon Method). Qualitative: Community Feedback rank is based on thematic coding of surveys and community conversations.

Rank	Quantitative: Health Data	Qualitative: Community Feedback
1	<b>Cardiovascular Disease &amp; Diabetes 6 DOTS</b> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Stroke</li> <li>• Heart Attack</li> <li>• Type II Diabetes</li> </ul>	<b>Access to Health &amp; Care 47 DOTS</b> <ul style="list-style-type: none"> <li>• Access to Health &amp; Care</li> <li>• Transportation Barriers</li> <li>• Healthy Food</li> <li>• Insurance Cost</li> <li>• Lack of Affordable Housing</li> </ul>
2	<b>Maternal &amp; Child Health 5 DOTS</b> <ul style="list-style-type: none"> <li>• Low birth weight</li> <li>• Premature birth</li> </ul>	<b>Mental Health &amp; Wellbeing 41 DOTS</b> <ul style="list-style-type: none"> <li>• Stigma 2 DOTS</li> <li>• Social Connectedness</li> <li>• Time Management/Stress 1 DOT</li> <li>• Depression/Anxiety</li> <li>• Suicide</li> </ul> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Trauma, Mental Wellbeing</div>
3	<b>Older Adult Health/Aging 21 DOTS</b> <ul style="list-style-type: none"> <li>• Alzheimer's</li> <li>• Elder Care 1 DOT</li> <li>• Increase in Senior Populations 2 DOTS</li> <li>• Advanced Directives</li> </ul> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Support Care of Caregiver/Social Connectedness</div>	<b>Nutrition &amp; Physical Activity 24 DOTS</b> <ul style="list-style-type: none"> <li>• Food Choices 1 DOTS</li> <li>• Exercise DOTS</li> <li>• Access to Healthy Food 6 DOTS</li> <li>• Obesity 1 DOT</li> </ul>
4	<b>Chronic Disease/Cancer 3 DOTS</b> <ul style="list-style-type: none"> <li>• Cirrhosis</li> <li>• Nephritis</li> <li>• Pancreatic Cancer</li> <li>• Breast Cancer</li> <li>• Lung Cancer</li> <li>• Asthma</li> <li>• COPD</li> </ul>	<b>Environmental Health 4 DOTS</b> <ul style="list-style-type: none"> <li>• Being Outside</li> <li>• Weather &amp; Seasons</li> <li>• Clean Water 1 DOT</li> <li>• Climate 1 DOT</li> <li>• Radon 1 DOT</li> <li>• Carbon Monoxide</li> <li>• Elevated Blood Lead Levels</li> <li>• Drinking Water</li> <li>• Air Quality</li> </ul>
5	<b>Reproductive &amp; Sexual Health 3 DOTS</b> <ul style="list-style-type: none"> <li>• Chlamydia 2 DOTS</li> <li>• HIV/AIDS</li> <li>• Teen Birthrate 1 DOT</li> </ul>	<b>Substance Use 17 DOTS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Abdication in General</div> <ul style="list-style-type: none"> <li>• Tobacco</li> <li>• E-cigarettes 4 DOTS</li> <li>• Narcotic Use</li> <li>• Excessive Drinking (Alcohol)</li> <li>• Opioid Drug Overdose 3 DOTS</li> </ul>
7	<b>Infectious Disease 3 DOTS</b> <ul style="list-style-type: none"> <li>• Influenza 1 DOT</li> <li>• Lyme Disease 2 DOTS</li> <li>• Tuberculosis</li> </ul>	<b>Injury &amp; Violence 3 DOTS</b> <ul style="list-style-type: none"> <li>• Death by Motor Vehicle Accident (crashes)</li> <li>• Heart Strike</li> <li>• Gun Violence</li> </ul> <div style="border: 1px solid black; padding: 2px; display: inline-block;">School Violence ★★ ★★ (Bullying) Impact on Cognitive Development</div>



## Appendix F: Community Prioritization Dialogue, Attendees

Kim Barnhart  
Lakeview Hospital

Ken Quickel  
Lakeview Health Foundation

Kristen Wanta  
Lakeview Hospital

Cathy Mackiewicz  
Washington County Public Health

Deb Nelson  
Lakeview Hospital – Birth & Women’s Center

Martha Sanford  
Stillwater Medical Group

Dorian Grilley  
Bicycle Alliance of Minnesota

Sue Hedlund  
Lakeview Health Foundation

Matthew Eastwood  
Canvas Health, Inc

Katie Pape  
Canvas Health, Inc

Annette Sallman  
Stillwater Area Public Schools

Patty Radoc  
Courage Kenny Rehab Institute – St. Croix

Lia Burg  
Washington County Public Health &  
Environment

Deb Van Klei  
Stillwater Area Public Schools

Kirk Erickson  
YMCA Forest Lake

Thomas Ruter  
Canvas Health

Sally Anderson  
Community Thread

Paul Erickson  
Lakeview Health Foundation

Heather Peterson  
Allina Health

Louise Ernewein  
Lakeview Hospital

Dr. Thomas Kottke  
HealthPartners

Jacob Hunt  
Hudson Hospital, Westfield’s Hospital & Clinic

Beth Wiggins  
FamilyMeans

Jill Timm  
Washington County Public Health &  
Environment

Dr. George Nolan  
Stillwater Area School District

Kim Ball  
Washington County Public Health &  
Environment

Julene Swenson  
PowerUp Ambassador  
Community Member

Dr. Charles Bransford  
Stillwater Medical Group, Lakeview Hospital

Tracy Maki  
Valley Outreach

Sarah Tripple  
Washington County Community Services

Kelsey Ford  
Lakeview Hospital – Make it OK

Beth Brisky  
Washington County

Robert Dickie  
Community Center Friends

Donna Zimmerman  
HealthPartners

Kelly Sternerson  
United Way of Washington County East

## Appendix G

### Community Assets and Resources

#### Partnerships and Coalitions

The county has many coalitions and partnerships that work towards furthering community health. See Appendices A and C for further description of some of these key partnerships and collaborations. There are many others not listed that will be engaged through the CHIP.

#### Government agencies

Resource/Asset	How does this support community health
County departments and agencies	In addition to PHE, many county departments have a role in supporting community health efforts. This includes Community Services, Public Works, Administration, Community Corrections, Sherriff's Office and Attorney's Office.
Community Development Agency (CDA)	The CDA provides programming to assist and promote the development of affordable owner-occupied and rental housing options including its ownership of affordable rental units. In addition, the CDA assists cities and townships with a variety of community development efforts, including public facility financing and redevelopment initiatives.
Cities and townships	Cities and townships have a unique role in keeping people healthy. These local units of government have primary responsibility for long term planning and decisions about housing, land use, land protection, and many other local zoning issues.
School districts/charter schools	School districts and charter schools are a central partner in improving community health, for both youth (in school programming and services) and adults (community education). There are 5 independent school districts serving county residents, along with several charter schools.
Watershed districts/WCD	Watershed Management Organizations are special purpose units of government that provide long-term protection for surface and groundwater resources. The Washington Conservation District The Washington Conservation District (WCD) is a special purpose local unit of government dedicated to managing soil and water resources in Washington County under the direction of a five-member elected board.
Metropolitan Council	The Metropolitan Council is the regional policy-making body, planning agency, and provider of essential services (including transportation/transit, wastewater, and housing) for the Twin Cities metropolitan region. The most recent vision and framework developed for the Twin Cities Region, Thrive MSP2040, calls regional investments that support a prosperous, equitable, and livable region now and in the future.
State agencies	Various state agencies are involved in statewide efforts to improve the health of residents. Minnesota Department of Health (MDH) is the primary state health agency, and is charged with overseeing local health departments and implementation of the Local Public Health Act. Many other agencies also provide critical policy direction, infrastructure, and funding support for community and environmental health efforts, including Departments of Human Services, Natural Resources, Transportation, Pollution Control Agency.

#### Funding resources

Resource/Asset	How does this support community health
SHIP	Statewide Health Improvement Partnership (SHIP) dollars are appropriated by the state Legislature, and support community-driven solutions to expand opportunities for active living, healthy eating and commercial tobacco-free living.
Local Public Health Grant	Local Public Health Grant, authorized by the MN Legislature every two years, provides funding to community health boards and tribal governments in Minnesota.
County funding	The county collects funds through property tax levy and the County Environmental Charge, a fee on solid waste collection.
Child and Teen Checkups	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program
Other funding	Potential funding sources include state and federal agencies, foundations, or private funding.
Temporary Assistance for Needy Families block Grant	Used for eligible program services including non-medical home visiting for families, Women's Infants and Children (WIC) clinic services, and youth development
Maternal, Infant and Early Childhood Home visiting Grant	Support the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families.
Title V Maternal and Child Health Block Grant	Key source of support for promoting and improving the health and well-being of the nation's mothers, children, including children with special needs, and their families.

## Appendix G

### Community Assets and Resources

#### Community organizations

Resource/Asset	How does this support community health
United Way East	The mission of United Way East is to unite our community and local resources to give each person the opportunity to build a better life. They include focus areas on: YOUTH: Promote Thriving Children and Youth, BASIC NEEDS: Provide Basic Needs and Financial Stability, HEALTH: Improve Health and Independence, SELF-SUFFICIENCY: Support Self-Sufficiency and Connection to Services
Community Thread	Community Thread provides services aimed at older adults as well as advocates and supports volunteers throughout the St. Croix Valley region.
FamilyMeans	FamilyMeans is a multi-service, nonprofit organization with the mission to strengthen communities by helping individuals and families through challenges in all life stages.
YMCA	The county has two YMCA centers located in Washington County – Woodbury and Forest Lake. Both centers provide youth and adult programming and actively participate in wellness initiatives in their respective communities.

#### Natural and built environment

Resource/Asset	How does this support community health
Surface Water	The county is bordered by two major river systems, the Mississippi, and the St Croix, the latter of which is a National and Scenic River. Surface waters cover about ten percent of Washington County's 424 square miles. The majority of the county's surface waters consist of lakes and wetlands, and most are located in the northern half of the county. See Water Resources chapter of the <a href="#">County Comprehensive Plan</a> for more information.
Groundwater	Groundwater provides 100% of drinking water for county residents. See Washington County Groundwater Plan for additional information on groundwater quantity and quality issues. See County Groundwater Plan for more information.
Natural Areas	There are Scientific and Natural Areas (5) and Wildlife Management Areas and Wildlife Management Areas (5) found within the county. Both of these amenities are owned by the DNR.
County/Regional Parks	County parks, which are part of the regional system, provide gathering places, physical activity opportunities, and access to natural areas for both county residents and those of neighboring jurisdictions. The county park system, which includes over 4,400 acres, logged approximately 1.35 million visits to 7 regional parks in 2016.
Other parks	There are a many additional parks within the county that are operated by cities or townships, in addition to two state parks.
County/regional trail system	The county is involved in development and/or maintenance of several types of trails. There are currently 17.5 miles of existing county-owned regional trails, with an additional 27.1 miles to be completed. Additional <a href="#">County Comprehensive Plan</a> identifies several “search corridors” within the county that are envisioned as part of the regional trail system.
Other trails	Two major state trails exist in the county, Gateway and Brown’s Creek, totaling 24 miles. A state trail is described as a route that connects state or national park destinations, and provides access to significant scenic, historic, scientific, or recreational areas.
Road system	The County contains approximately 2,195 centerline miles of highways, which includes all state, county, and local roads. Washington County Public Works is responsible for 282 centerline miles of highway.
Transitways	There are three major transit ways planned within the county. Washington County leads two joint powers boards overseeing the development of the METRO Gold Line (previously known as the Gateway Corridor) and the Red Rock Corridor. Additionally, the county is a member of the Rush Line Corridor Task Force. More information available in the <a href="#">County Comprehensive Plan</a> .

#### Businesses and industries

Overall, Washington County is home to over 5,500 businesses. Many of these businesses (86 percent) are comprised of less than 20 employees. Furthermore, Washington County is home to 17,847 self-employed businesses or “non-employers” in 2014 (defined as businesses without employees that are subject to federal income tax). See [County Comprehensive Plan](#) Economic Development Chapter for more information.



## Forces of Change Affecting Community Health October 25, 2017

Suggested citation:

"Forces of Change Affecting Community Health: a community dialogue."  
Center for Community Health. 25 Oct 2017. <http://www.mnmetroch.org/>

### Executive Summary

The Center for Community Health (CCH) hosted a dialogue for community leaders on Wednesday, October 25, 2017, *Forces of Change Affecting Community Health*. This event aimed to increase collaboration and richness of conversation about health, broadly defined, across the Minneapolis Saint Paul metro region. Sixty (60) participants contributed to insights and exchanged ideas. This document captures their input.

Intended participants included leaders with diverse experience and expertise representing sectors such as government, community organizations, health care, business, and education. The event facilitated a community dialogue to identify and discuss factors that influence the health of people in our local communities and the Twin Cities region. Participants explored questions such as: "What is occurring that might affect the health of our community?" and "What specific threats or opportunities are present?"

### What is "Forces of Change"?

*Forces of Change* (FoC) is one of four required assessments in the community health assessment framework, *Mobilizing for Action Through Planning and Partnerships* (MAPP). *Forces of Change* identifies forces that are or will be affecting the community or local public health system. The MAPP framework includes three other assessments: *Community Themes and Strengths Assessment*, *Local Public Health System Assessment*, and *Community Health Status Assessment*. Using the results of the assessments, participants identify strategic health priorities and then formulate goals and strategies for addressing each priority together in our local communities.

### Intended Use

Center for Community Health (CCH) designed the 2017 Forces of Change event to fulfill a health assessment requirement shared by health systems, local health departments, and health plans. These results can be used as-is, or local-/agency-level partners can adapt the results to better match the "forces of change" they perceive locally.

CCH invites all community organizations that work directly or indirectly to advance health in the metro region to use these results as shared context in their respective work.

## Table Discussion: *Forces of Change Affecting Community Health*

What local, regional or national *forces of change* are affecting community health?

- DACA (Deferred Action for Childhood Arrivals) – fear hopelessness
- Aging population
- Current administration
- Fear around funding changes
- Systems not proactive, not meeting needs
- Changing demographics, growth
- Government slow to change
- Resistance to making change
- Not enough, not culturally appropriate providers
- Across service continuum
- Equity
- Continuum of care
- Mental health/wellbeing
- Housing
- Structural racism
- Bias
- Adverse Childhood Experiences (ACES)
- Social emotional learning
- Elections
- Immigration status
- Shrinking workforce
- Incarcerated population (empathy/no empathy)
- Vaccine (measles)
- Funding/safety net
- Insurance
- POTUS (US President) – lack of direction, reactive, trust
- Climate change
- Health insurance for those who need it most – uncertain
- Decision makers – not representative of those they serve
- Streets, transportation → safe streets for people
- Population
- Disparities
- Engagement
- Policy system approaches
- Opportunity
- Equity
- Always reacting instead of planning



- ID the disparities in populations through engagement and policy systems looking for opportunities to obtain equity
- Health results are slow all below are interconnected (can't fix just one)
- Mental health aging population
- Livable wage
- Transportation, walkability, bike-ability
- Affordable housing
- Cultural appropriateness
- Disparities/equity
- E-cigarettes ↑ in youth (from MN student survey)
- Link between health status and education and achievement gap
- Fear, anxiety on lots of topics – immigration
- Working two jobs –always playing
- Social determinates of health
- Poverty number of kids in poverty – two generation approach
- How to measure and see improvement
- Election – chaos divisiveness
- Healthcare – how many changes at federal level
- Media –and credible source of info and impact to be cohesive
- ↓ trust in government, police/law enforcement, healthcare
- Fear-unable to problem
- Disease of despair (drugs, alcohol, suicide)
- Reduce social isolation
- Grassroots engagement
- Stigma
- Social isolation
- Funding
- Collaboration
- Environment (large and small scale)
- Funding priorities
- Resources
- Work in silos
- Fear and distrust
- Community led
- Cultural diversity
- Shift in federal leadership
- Complexity in healthcare – access, i.e. MNsure
- Increased awareness of health disparities
- Awareness of impact of historical trauma
- Insecurity of insurance/stress
- Immigrants, refugees, general public
- Trauma response – fear
- Income inequality

- Poverty, housing, transportation (Social Determinants of Health/ "SDOH") reframing
- change demographics – divisive communities –identify strengths - assets
- Opioid crisis
- Mental health
- Something is starting to happen
- Continuum/language
- Stigma
- Age and boomers
- Real attention and community level action
- Local policies driving change
- Opioid
- Collaboration and attention
- Focus
- Funding decrease
- Executive orders decrease
- Infrastructure (bike lanes) increase
- Affordable Care Act (ACA) uncertainty/ ups and downs
- Elections upcoming possibly up and downs
- ↑ broader community engagement top down
- Language access increase
- Partnership, full community participation, communication, need, essential, assets, collaborative, uncertainty, hope, challenging systems and assumptions, willingness to be uncomfortable and make mistakes, humility, openness to change
- Political climate
- Increasing need – medical and social
- Challenging systems and assumptions
- Childhood obesity
- Housing market (destabilizing)
- Poor quality housing (bad landlords)
- Immigration
- Health insurance increase in cost
- Social determinants
- Mental health is big
- Same bucket as physical
- Tied to other conditions
- Not the absence of illness
- Employment and insurance
- Lack of awareness around resources

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

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

Emerging			
On the Horizon	Established		Disappearing
ON THE HORIZON	EMERGING	ESTABLISHED	DISAPPEARING
<ul style="list-style-type: none"> <li>• Out of school time – community schools model</li> <li>• Community schools</li> <li>• Strategies to address social media</li> <li>• Privilege</li> <li>• Linking clinical care with community health</li> <li>• Multi-generational communities and families (4-5 generations)</li> <li>• Long-term view of health</li> <li>• We drive social media</li> <li>• Support cultural healers</li> <li>• Community at center (established financial support)</li> <li>• New partners (business, parks, other)</li> <li>• Informed based practices</li> <li>• Emerging diseases</li> <li>• Funding shifts</li> <li>• Mental health system transformation</li> <li>• Radical reform of criminal justice</li> <li>• Continuity</li> <li>• Cultural outreach corp.</li> <li>• Health defined with communities</li> <li>• Mental Health ↔ Housing</li> <li>• Identity and gender fluidity</li> <li>• True bridge out of poverty</li> <li>• Mental well-being</li> <li>• Triage and referral (Department of Human Services)</li> <li>• Environmental impacts on health</li> <li>• Radical change in technology and climate change will drive how we look at community</li> <li>• Revenue sharing with community based organizations to care for populations</li> <li>• Give people more resources (minimum wage, paid leave, guaranteed basic income, reparations)</li> <li>• Incorporate lay people into the medical model</li> <li>• Community health is an ethical obligation and should be a non-profit system</li> <li>• Frame public health issues/science in compelling way</li> <li>• Big data and analytics</li> <li>• Understanding historic trauma</li> <li>• Universal healthcare</li> <li>• Climate change reality</li> <li>• 65% of our children’s job not invented</li> <li>• Digital bio monitoring and telemedicine</li> <li>• Gutsier initiatives (social activism, language, partnerships, tech)</li> </ul>	<ul style="list-style-type: none"> <li>• Restructure investment and funding for community-driven work</li> <li>• Public health is cross sector (housing, transportation, mental health, job, employment)</li> <li>• Solve problems with not for the community</li> <li>• Nothing about you, without you</li> <li>• Collaboration beyond boundaries</li> <li>• Youth aren’t as healthy as we assume</li> <li>• Health equity as a practice</li> <li>• Concerns about privacy</li> <li>• Opportunities for local policies to make a local difference</li> <li>• Working across silos</li> <li>• Multi-generational interventions</li> <li>• Spectrum thinking – illness/wellbeing</li> <li>• Understanding of issues related to caregiving</li> <li>• Baby Boom generation</li> <li>• Independent and healthy living initiatives</li> <li>• Health in all policies</li> <li>• Behavioral economics approach (make the effort appealing &amp; easy)</li> <li>• Anchor institutions</li> <li>• Racism/trauma (historical, structural, personal bias, aces)</li> <li>• Data collection new ways (participatory, use of technology)</li> <li>• Those outside of traditional health community seeing their role in solving health issues</li> <li>• Social Determinants of Health (SDOH)</li> <li>• Increased used of CHWs</li> <li>• Relationships whole person systems – Orgs collaborative(s)</li> <li>• Domestic Violence and Substance Abuse is a health concern (addressing healthy masculinity)</li> <li>• Welcoming youth in community decisions</li> <li>• Community members as experts</li> <li>• Use of technology to improve connection to resources for SDOH</li> <li>• Income inequality</li> <li>• Opioids</li> <li>• Community based care/health workers</li> <li>• Working with community</li> <li>• Health equity</li> <li>• E-health and informatics</li> <li>• Interdisciplinary research (U of M) and community based research</li> <li>• Community health workers</li> <li>• Participatory decision making</li> <li>• Public Health Accreditation (meeting set benchmarks)</li> <li>• New media questioning reliability</li> </ul>	<ul style="list-style-type: none"> <li>• Community engagement on government time</li> <li>• Technology <ul style="list-style-type: none"> <li>◦ EHRs (Electronic Health Record System)</li> <li>◦ Social media</li> </ul> </li> <li>• Regulations driving practice</li> <li>• Working in silos</li> <li>• Entrenched health disparities</li> <li>• Evidence-based practices work</li> <li>• Local foundation support</li> <li>• Community activism and volunteerism</li> <li>• Reactionary funding (high) – prevention funding (low)</li> <li>• Structural discrimination → disparities</li> <li>• Wholesome collaboration <ul style="list-style-type: none"> <li>◦ Natural spaces</li> <li>◦ Funding</li> </ul> </li> <li>• Siloed approach</li> <li>• Data is a tool</li> <li>• Restrictions on data sharing</li> <li>• Navigating complex systems</li> <li>• Land of 100 ideas – make old new again</li> <li>• AHA – AMA – APHA (American Hospital Association, American Medical Association, American Public Health Association)</li> <li>• Assumptions that others understand our “language”</li> <li>• A divided nation</li> <li>• Family home visiting</li> <li>• Short-term focus for long-term impact</li> <li>• Prevention focused on kids</li> <li>• Social justice</li> <li>• Health/public health “lingo” (“not well understood”)</li> <li>• Collaborative partnerships and projects</li> <li>• Organization culture of one-way “official” communication</li> <li>• Data sources are not connected</li> <li>• No shared values on health “health is not a right” type thinking</li> </ul>	<ul style="list-style-type: none"> <li>• Institutional knowledge <ul style="list-style-type: none"> <li>◦ Retirements</li> </ul> </li> <li>• Homelessness isn’t a health concern</li> <li>• Phone calls and voicemail</li> <li>• Chemical dependency isn’t a health concern</li> <li>• Risk taking</li> <li>• Red-lining in land use/ banking (is it disappearing though?)</li> <li>• Health is only physical with clinical interventions</li> <li>• Old survey techniques</li> <li>• Non-fat/low-fat</li> <li>• Top-bottom approach</li> <li>• Public health clinics/direct services</li> <li>• Legal entities providing services without stakeholder/com. Input</li> <li>• “Large sized” funding sources for programs</li> <li>• Static desktop technology</li> <li>• State and federal funding</li> <li>• Single sector (non-collaborative) approaches</li> <li>• “Clients” rather than participants</li> <li>• Education-only approaches for complex issues (e.g. just tell what to eat)</li> <li>• Funders funding creativity and flexibility -funding becoming prescriptive (less opportunity to innovate)</li> <li>• Obesity just as issue of calories and exercise</li> <li>• One size fits all approach</li> <li>• “Compliance” we know better than participants</li> <li>• Doing “to” rather than “with”</li> <li>• An unwillingness to disaggregate data by race and ethnicity.</li> <li>• Trust <ul style="list-style-type: none"> <li>◦ Systems</li> <li>◦ Communities</li> <li>◦ Government</li> </ul> </li> <li>• Privacy</li> <li>• Prevention through medical model lens</li> <li>• Addressing specific conditions/diseases in isolation (as different as holistic)</li> <li>• Silos breaking</li> <li>• Old forms of public input (public hearings)</li> <li>• Abstinence only</li> <li>• Provider /Medical Doctor knows all</li> </ul>

## Wave Analysis Reflection

### Which concepts are hopeful?

- What on the horizon/emerging
- Priorities can emerge – finding great impact
- Keeping community at center – build leadership
- Conversation today – get people involved
- Growing movement that they are experts of their own life, own solutions, own power

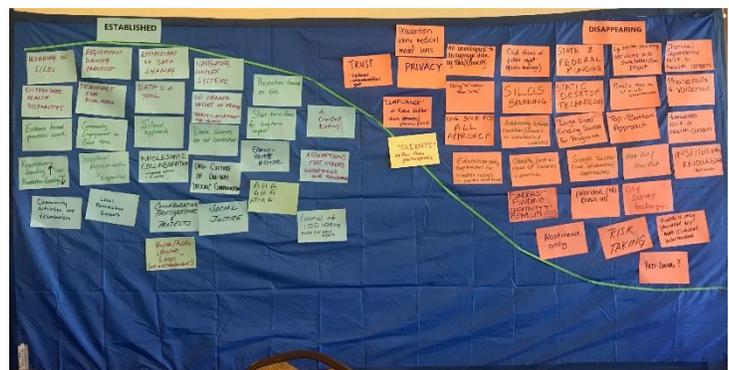


### Which concepts require caution?

- Political climate
- Great ideas and energy
  - Data follow up to see if achieved
- Reactive funding being low
- Not able to respond to trends because of disappearing \$
- Sustainability-need more people to do the work
- Things changing fast – need ways to manage
- Change expectation about how/when things get done
- Dominant set of beliefs don't allow emerging beliefs – silos sometimes ok
- Data and sharing data thoughtful /communities
- Change resulting because of planning – keep up

### How would the wave look if it was made 10 years ago?

- Discussion of universal health care
- Housing instability and financial risk
- Not as comfortable talk about disparity
- Less political divide
- Historical trauma
- No talk about racism, privilege, supremacy



### How would the wave look if it was made 10 years from now?

- People in room different
- Technology – virtual
- Effects of climate change (more) visible. More believers
- Lessons learned – built infrastructure – addressed holes and gaps
- Things on emerging and horizons to establish

- Can't even imagine horizon
- Serve people -way deserve to be served without labels
- Increased prioritization of services

#### What are the trends that will make an impact?

- Technology
- "Nothing about you without you"
- Aging
- Public Health accreditation = collaboration

#### What are the characteristics of our jurisdiction or state may pose an opportunity or threat?

- Build on reputation
- Greatest disparities
- Able to shape narrative in community health at legislature
- Sectors want to work together around data set stage for future
- Changing technology-who knows where it will go
- Affordable Care Act (ACA) and MNsure = unknown
- Social impact investing but might be disruptive
- We are progressive and can make change like universal pre-k

#### What implications for our work together?

- Heighten awareness – need to keep pay attention
- Connect personal issues to larger trends and spectrum of thinking from individual to broad
- Rethink our work to be relevant/ inclusive
- Effective communicators to get health in all policies

## Participation

About 150 people working in organizations and disciplines related to advancing health were invited to participate with the event. Eighty-one (81) people registered and sixty (60) attended. Of the 60 participants, 22 are affiliated with the Center for Community Health (CCH), serving on one or more CCH committees.

### Participating organizations

African Immigrant Services	Minneapolis Health Department
Allina Health	Minnesota State Demographic Center
American Heart Association	Minnesota Council of Health Plans
Blue Cross Blue Shield of MN	Minnesota Dept. of Education (MDE)
Carver County Medical	Minnesota Dept. of Health (MDH)
Casa de Esperanza	Minnesota Lung Association
Children's MN	Neighborhood House
City of Bloomington	Park Nicolett
City of Minneapolis	Pillsbury United Communities
Community Action Partnership of Ramsey & Washington Counties	Rainbow Health Initiative
Courage Kenny Rehabilitation Institute	Ramsey County
Dakota County	Ramsey County Human Services Homelessness
Fairview Health Services	Ramsey County Public Health
Greater Twin Cities United Way	Robinsdale Area Schools
HealthEast	Scott County Public Health
HealthPartners	St. Paul Public Housing
Hennepin County	Three Rivers Park District
Hennepin County Office of Multicultural Service	Twin Cities Local Initiatives Support Corporation (LISC)
Hennepin County Public Health Dept	Washington County
Lakeview Hospital/HealthPartners	Wilder Research
Medica Foundation	Woodbury Thrives/Chamber of Commerce



# Forces of Change Affecting Community Health

St. Mary's Event Center  
Wednesday, October 25, 2017  
9:00 a.m. – 11:45 a.m.

## AGENDA

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### ***Welcome***

*Joan Pennington, HealthEast  
Center for Community Health Executive Committee Member*

### ***Table Discussion: Forces of Change Affecting Community Health***

*Participant introductions and guided discussion*

### ***Wave Analysis***

*What are incoming and outgoing trends, ideas, practices, and paradigms in community health?*

### ***Closing Remarks***

*Ashlyn Christianson, Blue Cross Blue Shield  
Center for Community Health Executive Committee Member*

*Sponsored by the Center for Community Health  
<http://www.mnmetrocch.org/>*

*Catering by Common Roots  
<http://www.commonrootscatering.com/>*

*Facilitation by Minnesota Technology of Participation (MN ToP)  
Amy Schrempp and Kellie Jones  
<https://mntop.us/>*

***Center for Community Health Mission***  
*To advance community health, well-being, and equity through collective understanding of needs and innovative approaches to foster community strengths*