

2020-2022 Community Health Improvement Plan Implementation and Evaluation Report

July 2023



Table of Contents

Executive summary	3
Priorities	3
Access to care	5
Access to health	8
Mental health and well-being	14
Nutrition and physical activity.....	17
Substance use	21

Executive summary

The Washington County Community Health Improvement Plan (CHIP) is a long term, systematic effort to address public health priorities identified during the Community Health Assessment (CHA) and community health improvement processes. The CHIP is used by the Department of Public Health and Environment (PHE) along with community partners to set priorities, coordinate resources, develop policies, and define actions to target efforts that protect and promote health.

This report reflects on progress and implementation of the CHIP, for the period of 2020 through 2022. Population health data referenced in this report are for Washington County. Program data and performance measures were provided from multiple PHE programs, as well as partners such as Washington County Community Services and HealthPartners.

Priorities

The health priorities identified in the CHIP were selected in partnership with Lakeview Hospital/HealthPartners in August 2018 from a *Community Prioritization Dialogue*. At this meeting, participants were asked to score and theme all quantitative and qualitative data collected. The themes generated were presented to a diverse group of more than 40 community leaders and members. A facilitated discussion allowed participants to indicate their top priorities. These priorities and perspectives were a key contributor to the development of CHIP priorities. The identified priorities from this effort are:

- Access to care: Having equitable access to appropriate, convenient, and affordable health care
- Access to health: The social and environmental conditions that directly and indirectly affect people's health such as housing, income, employment, education, etc.
- Mental health and well-being: The interconnection between mental illness, mental health, mental well-being, and the associated stigma
- Nutrition and physical activity: Equitable access to nutrition, physical activity, and food and feeding choices
- Substance use: The excessive use of substances including alcohol, tobacco, prescription drugs, opioids, and other drugs in a manner that is harmful to health and well-being

These priorities remain, though we have modified *substance abuse* to read *substance use*.

For each priority area there is a common framework that includes population-level indicators which describe the **current state** (baseline) and the **target** we are seeking (the target or objective). For example:

Priority: Health issue identified during the CHA/CHIP process

Definition: How do we define this priority?

R

Result: Defined as a condition of well-being for children, adults, families, or communities.

I

Indicator(s): A measure that helps quantify the achievement of a Result. Grounded in current and available data and bound by the target or objective we are seeking. Targets line up with state and national frameworks, such as Healthy People and Healthy Minnesota.

P

Program: A program, agency, or service system responsible for helping reach the stated Results.

The word “program” is used to describe the work needed to address community priorities. Use of this language matches the Results Based Accountability model used for performance measurement. Program statements were written to provide flexibility in implementation and were developed with stakeholders in the spring of 2019. As new needs arise in the community, or from within the department, program strategies and subsequent action steps may be modified, removed, or new ones added.

Impacts of COVID-19

Since the development and initial implementation of the CHIP in 2019, the world has changed dramatically. When the COVID-19 pandemic started in March 2020, Public Health and Environment (PHE) was wrapping up the first year of reporting for our CHIP, utilizing our Clear Impact scorecards and carefully thought-out metrics for each priority area. PHE’s response to the pandemic required a significant shift or pause in several activities and programs, and a redirection of staff to the response efforts. The pandemic impacted our department’s ability to implement some of the strategies identified in this plan. At the same time, many of our efforts to advance priorities identified in our CHIP were accelerated – particularly around Access to Health. The pandemic drew attention to the health disparities we have long known existed in Washington County. In 2023, we are still feeling the impact of the pandemic on our work, our workforce, and the community.

This report provides an update on progress related to our CHIP priorities. We have opted to utilize elements of Results Based Accountability, but due to the many changes in our work, are not using the Clear Impact scorecard format and are instead providing metrics and performance measures within the report. We also recognize, as we prepare to enter a new health assessment/implement plan cycle, that we have an opportunity to rethink our CHA/CHIP structure, and how and what we report on in the future.

Access to care

Access to care refers to having equitable access to appropriate, convenient, and affordable health care. This includes factors such as proximity to care, access to providers, cost, insurance coverage, medical transportation, care coordination within the health care system, and cultural sensitivity and responsiveness.

R Result: Increase utilization of preventive services, including immunization services.													
I Indicator: Increase immunization rates for children aged 19 to 35 months who receive recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and pneumococcal conjugate vaccine (PCV) from 75% to 80% . (Healthy People 2020*) (*Healthy People 2030: Goal of 90%)													
I Indicator progress: <div style="text-align: center; margin: 10px 0;"> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <caption>Immunization rates for children aged 24 to 35 months who receive recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (PCV)</caption> <thead> <tr> <th>Year</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2018</td> <td>75.0%</td> </tr> <tr> <td>2019</td> <td>77.0%</td> </tr> <tr> <td>2020</td> <td>76.3%</td> </tr> <tr> <td>2021</td> <td>72.3%</td> </tr> <tr> <td>2022</td> <td>70.4%</td> </tr> </tbody> </table> </div> <p style="text-align: center; font-size: small; color: gray;">Source: MN Public Health Data Access, 2019</p>		Year	Rate (%)	2018	75.0%	2019	77.0%	2020	76.3%	2021	72.3%	2022	70.4%
Year	Rate (%)												
2018	75.0%												
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2022	70.4%												
P Program	Progress												
P Support and explore expanded options for dental services	<p><u>Dental Clinics</u></p> <p>Washington County Public Health has long partnered with Children’s Dental Services (CDS) to offer monthly dental services for children and pregnant women at our service centers. Services were briefly paused in spring of 2020 until appropriate COVID-19 safety precautions were in place. Number of clients served at Washington County’s WIC locations:</p> <ul style="list-style-type: none"> 94 clients in 2020 109 clients in 2021 132 clients in 2022 <p>From 2020 through 2022, CDS served over 3,000 clients at 11 non-WIC locations in Washington County including schools, churches, Smiles Orthodontia clinic, and Head Start centers. CDS also provided six outreach and education events per year, along with virtual education during the height of COVID-19.</p>												

<p>P Increase utilization of Child and Teen Checkup (C&TC) services for those that are eligible</p>	<p><u>Child and Teen Checkup</u> The Child and Teen Checkup program staff continued outreach efforts while participating in COVID-19 response work. Considerable effort was made to include appropriate information and education while responding to essential service requests, during vaccine clinics and later, in targeted community outreach events. Planning efforts include the utilization of a texting platform for focused outreach and communication.</p>
<p>P Continue and expand outreach on the importance of immunizations in children, adolescents, and adults</p>	<p><u>Immunizations</u> The Disease Prevention and Control (DPC) team continued with regular immunization clinics in the summer of 2020, after a brief pause in April and May. Data indicates that both the state and county childhood immunization rates have declined in 2020-2022. In response, the DPC team has continued to promote and collaborate with schools to increase access to vaccinations, specifically for uninsured and underinsured children.</p> <p>In December of 2021, the first COVID-19 vaccination clinic was held. Since that time, 39,000 doses of the COVID-19 vaccine have been distributed and 531 clinics were held, both at the government centers and in the community. DPC worked with the communications team to develop social media message supporting vaccinations, specifically the COVID-19 vaccine.</p>

R	Result: Support and explore options for health care services for residents who are under or uninsured.													
I	Indicator: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care from 16.2% to 4.2%. (Healthy People 2020*) (*Healthy People 2030: Goal of 5.9%)													
I	Indicator: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary prescription medicines from 5.1% to 2.8%. (Healthy People 2020*) (*Healthy People 2030: Goal of 6.3%)													
I	Indicator: Number of primary care physicians per 100,000 residents.													
I	Indicator: Percent of people who are uninsured.													
I	<p>Indicator progress:</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="207 659 743 1087"> <table border="1"> <caption>Percent of adults that delayed the care they needed</caption> <thead> <tr> <th>Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Random</td> <td>26.4%</td> </tr> <tr> <td>Convenience</td> <td>33.3%</td> </tr> </tbody> </table> </div> <div data-bbox="865 659 1401 1087"> <table border="1"> <caption>Percent of adults who skipped a dose of medicine or did not get a refill, due to the cost</caption> <thead> <tr> <th>Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Random</td> <td>6.6%</td> </tr> <tr> <td>Convenience</td> <td>15.5%</td> </tr> </tbody> </table> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div data-bbox="235 1157 711 1367" style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 45%;"> <p>106 primary care physicians per 100,000 residents in Washington County</p> <p><i>Source: Area Health Resource File/American Medical Association, 2020</i></p> </div> <div data-bbox="899 1157 1375 1367" style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 45%; background-color: #f9f9f9;"> <p>4.0% of residents are uninsured in Washington County</p> <p><i>Source: Small Area Health Insurance Estimates, 2020</i></p> </div> </div>		Group	Percentage	Random	26.4%	Convenience	33.3%	Group	Percentage	Random	6.6%	Convenience	15.5%
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P	Program	Progress												
P	Develop alternative options for sexually transmitted infection testing and treatment	<p>STD work</p> <p>The development and implementation of a Chlamydia and Gonorrhea testing program was slated to begin in April 2020. With the COVID-19 pandemic, efforts were on hold until June of 2022. This delay in implementation offered the group an opportunity to visit plans with a new lens, specifically with an equity and access lens applying lessons learned in our COVID-19 response work. The workgroup is developing plans to increase access to both testing and treatment.</p>												

<p>P</p>	<p>Continue to explore options for development of community clinic that serves under and uninsured residents</p>	<p>Community Clinic PHE continues to explore the need for a public health clinic or community clinic. In early 2023, staff restarted conversations around this topic after COVID-19 response efforts shifted out of emergency response. Plans for 2023 and into 2024 include seeking consultant assistance to 1) understand the continuum of services that exist in Minnesota or Nationally in either a public health clinic or community clinic model 2) examine the existing need in Washington County, and 3) explore partnership or service delivery opportunities with current healthcare providers and community partners. This work will likely tie into the next Community Health Assessment process.</p>
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Access to health

Access to health refers to the social and environmental conditions that directly and indirectly affect people’s health such as housing, income, employment, education, and more. These factors, also referred to as social determinants of health, disproportionately impact low-income communities and communities of color.

<p>R</p>	<p>Result: Residents have improved mobility and transportation options that link them with a variety of health services and opportunities to be healthy.</p>	
<p>I</p>	<p>Indicator: Reduce percentage of trip denials for Transit Link and Metro Mobility.</p>	
<p>I</p>	<p>Indicator progress:</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="259 1050 714 1449" style="text-align: center;"> <p>Random</p> <hr style="border: 1px solid black;"/> <p>1.5%</p> <p>of residents responded that a lack of transportation sometimes or often kept them from getting places they needed to go.</p>  </div> <div data-bbox="933 1050 1388 1449" style="text-align: center;"> <p>Convenience</p> <hr style="border: 1px solid orange;"/> <p>24.0%</p> <p>of residents responded that a lack of transportation sometimes or often kept them from getting places they needed to go.</p>  </div> </div> <p style="text-align: center; font-size: small;"><i>Source: Washington County COVID Impact Survey, 2022.</i></p>	
<p>P</p>	<p>Program</p>	<p>Progress</p>
<p>P</p>	<p>Implement a One-stop for transportation information and referral</p>	<p>GoWashington is an initiative of Washington County that grew out of a 2018 Transit Needs Study, which sought to identify transportation barriers in the county, and recommend strategies to improve access to those in need. The program is managed out of Washington County Community Services and consists of a transportation team of a policy analyst and transportation navigator.</p>

P Increase awareness of the One-Stop and of existing transportation options through high quality training and outreach events

P Provide 20 high-quality travel orientation events that supports greater mobility for persons with disabilities and older adults

P Sustain the involvement of both external and internal partners in increasing awareness and improving opportunities for mobility for those who cannot, do not, or opt not to drive

The transportation team maintains and creates communication pathways, advocates for more equitable mobility, responds to resident inquiries on transportation, and provides in-depth training to residents, caregivers, and county employees. Through this work and by collaborating with valued community partners, they are continuing to learn about barriers and advocate for new, creative solutions. The goal in creating this team was and is to create and sustain outreach pathways for residents to be independent users of available public and private transportation; and to partner with internal and external partners to increase the use of these existing services, use engagement strategies to listen to residents and advocate for service improvement, expansion, and creation.

GoWashingtonMN.com website launch, materials distribution, and response to increased inquiry

- Site updates: Improved “Contact Us” form, added Transit Needs Study, language translation tab, updated Veteran’s information and circulator maps.
- March - December 2022 Metre site analytics reports show website is averaging over 300 unique users a month with 1,000 or more page views per month.
- Average of 30 inquiries to the transportation team each month. From April - November 2022, there were over 267 *new* resident calls and emails. With the addition of the website tool, our team has reached nearly 100 more people by phone/email than in 2019 (pre-pandemic).

County Staff and Community Partner Training

- Transportation 101 training for staff and partners
 - This 60–90-minute session is newly re-designed to train attendees to help the residents they service find accurate, reliable, current transportation information, and to increase awareness and use of available options.
 - Two trainings in held in June and two trainings held in November for county staff with 31 staff members attended.
 - Other teams were provided training specific to their work: Front desk navigators, crisis response unit, and Veterans staff.
- Transportation and Mobility Train-the-Trainer (Restructured, re-branded “Mobility Academy”)
 - This training is designed to create travel navigators within the county and community to reduce reliance on transportation team and foster independent mobility.
 - The transportation team completed this training with the caregivers’ group at FamilyMeans and is in process of training the community health workers, as well as other county teams.

P

Advocate and promote long-term investments in transit to provide reliable and efficient transit services

Ridership Information & Service Overview

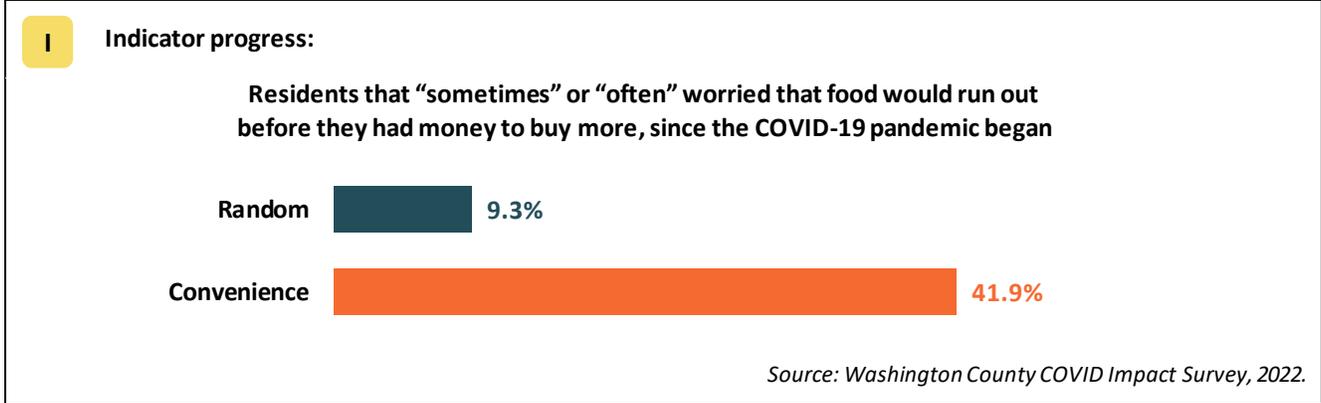
The transportation team continues to provide support for and referrals to city circulators operated by Newtrax and Darts, Community Thread's Thrive Program and Volunteer Driver Service, and the public services of Transit Link, Metro Transit, and Metro Mobility operated by the Metropolitan Council. Ride-hail services are also used extensively by the county and our service provider partners.

- **Circulator** ridership remains steady at 6-15 riders per week, per circulator. The fare was removed from the Stillwater Connector Loop in November 2022 to the delight of regular riders.
- **Transit Link** provided 16,222 rides in Washington County in 2021 and 15,227 in 2022. Ridership is down due to several factors under analysis. Pre-pandemic, Transit Link provided 26,000 rides in 2018 and 2019. We continue to work together with this valued provider to address ridership levels and continue to improve this much needed service.
- **The Community Thread Volunteer Driver Program** provided 535 rides to aging adults living in the Stillwater Area School District in 2022 through the THRIVE Program. The Senior Medical Ride Pilot is an initial step in providing support to expand this service.
- **Washington County Community Services** schedules and pays for an average of 100 rides through **ride-hail** services each month. (This number does not include adults living with disabilities who are often provided rides through service vendors, paid for by waivers who reimburse the providers directly.)
- **Non-emergency medical rides** are contracted through Hennepin County (Non-Emergency Medical Transportation - NEMT). Over 11,000 rides were provided in 2022.

<p>R Result: Residents have affordable and accessible housing options.</p>	
<p>I Indicator: Reduce the number of people experiencing homelessness.</p>	
<p>I Indicator: Reduce/maintain the percentage of households that are considered housing cost burdened, percentage of households spending 30% or more of their income on housing costs.</p>	
<p>I Indicator progress:</p> <p> Homelessness in 2022:</p> <ul style="list-style-type: none"> Washington County Point-in-Time (PIT) Count: 88 <p>In Washington County,</p> <p> 16.8% of household owners are spending 30% of their income on housing costs</p> <ul style="list-style-type: none"> 48.8% of household renters are spending 30% of their income on housing costs <p style="text-align: right;"><i>Source: American Community Survey, 2017-2021</i></p>	
P Program	Progress
<p>P Promote a diverse housing supply to provide residents with a range of housing options, including affordable housing</p>	<p>HOST Outreach</p> <p>Homeless Street Outreach contacts:</p> <ul style="list-style-type: none"> 2020: 398 people 2021: 313 people 2022: 231 people <p>Economic Rental Assistance</p> <p>Number of households served through Emergency Rental Assistance (Funding source: CARES in 2020, ERA 21-22)</p> <ul style="list-style-type: none"> 2020: 764 Households 2021: 3,570 Households 2022: 3,401 Households
<p>P Strengthen existing and explore new community partnerships to address housing and homelessness in Washington County</p>	<p>Shelter Planning</p> <p>In August 2021, the Washington County Board approved \$6.5 million of American Rescue Plan Act (ARPA) funds for the purchase and rehabilitation of the property to be used as emergency housing for single adults. In December 2021, the Washington County Community Development Agency (CDA) contracted with a commercial real estate broker and architect to assist with the search for suitable property. Through much of 2022, the CDA and Community Services staff visited and considered various properties in consultation with the architect regarding the cost of rehabilitation. In May 2022, staff recommended a specific property to the Washington County Board for purchase and in December 2022 the CDA Board approved to enter into a purchase agreement with a specific property. While all this was taking place Community Services staff were working to build support within the local community and prepare for anticipated questions and public meetings.</p>

R **Result:** Washington County promotes health equity concepts both within county departments, and with external stakeholders.

I **Indicator:** The percentage of households that experience food insecurity should be at or below 5.8% (Healthy People 2020*) (*Healthy People 2030: Goal of 6.0%)



P	Program	Progress
P	Continue and expand Health Equity efforts within PHE	<p>During the COVID-19 response, PHE took strides to weave equity into our response efforts. This included translated materials for vaccine clinics, availability of interpreters, and developing and disseminating for culturally-appropriate messaging on COVID-19 prevention and vaccines. PHE also conducted several mobile clinics out in the community, which brought COVID-19 vaccine clinics to different areas of the county. The county also hired an equity consultant to perform an equity scan and provide recommendations on how to improve community engagement efforts.</p> <p>To build and sustain a diverse and inclusive organizational culture at PHE, the diversity, equity, and inclusion (DiveIn) workgroup was formed in August 2019. During the COVID-19 pandemic, the county launched department-level equity change teams (ECT) to advance DEI work at all levels of the organization. DiveIn was converted into Public Health and Environment's ECT with a mission to "Raise awareness, foster, and advance an organizational culture that is inclusive, engaging, and where all aspects of diversity are valued, respected, and leveraged". The team's work is driven by the belief that "everyone is welcome" and that with everyday actions we can cultivate a culture of belonging where people can thrive and be at their natural best.</p>

<p>P Strengthen existing and explore new community partnerships to address healthy equity</p>	<p>In 2021, PHE partnered with community services and received approval from the County Board to utilize American Rescue Plan Act (ARPA) funds to launch a community engagement unit. This unit, shared between the two departments, includes a supervisor and four community health worker (CHW) positions. CHWs are trusted individuals with close ties to cultural communities, that serve as liaisons between health, social services, and the community. CHWs facilitate access to services and improve the quality and cultural competency of service delivery. The CHW team is making initial connections both in the community and within the county, and identifying community needs and strengths. Long term goals of the effort include addressing barriers identified by the community and strategizing for how to improve and adapt county services.</p> <p>The county also launched the HOPE project, which stands for Healthy Opportunities for People through Equity. The HOPE project utilizes a data-driven approach to identify areas of the county where residents are experiencing poor health outcomes and implement preventative solutions alongside the community. A pilot effort continues in the Landfall community, with plans to expand to another community in 2023.</p> <p><i>33% of SHIP partners responded with “a great extent” to the following question: Increase capacity to address health equity needs in the community</i></p>
<p>P Continue and expand efforts to address food insecurity</p>	<p>In 2022, SHIP funding provided equipment to support a nonprofit organization in their launch of a food pantry in a local library. Funding also improved access to fresh produce for low-income residents through community gardens and the Market Bucks program at a local Farmer’s Market.</p> <p>During the COVID-19 pandemic, Washington County developed an emergency food delivery structure that linked three critical elements: individuals who needed assistance, local food shelves, and community transportation partners as the vehicle for no-cost, no-contact delivery. Individuals were able to request a food delivery via an online form or by calling in to the Washington County Food Support Line.</p> <p>Other food insecurity efforts made available to residents:</p> <ul style="list-style-type: none"> • Open Arms Minnesota: Delivered 2,355 meals to individuals experiencing homelessness and being housed through Washington County supports from September 2021 – December 2022. • Harvest Express: Newtrax transported 186 people from Landfall to Today’s Harvest in Oakdale to shop for fresh food from May 2022 – December 2022. • Food pack deliveries: Open Cupboard packaged 2,392 boxes of food that were delivered to households in Landfall during 2022. Valley Outreach and Open Cupboard packaged 1,596 boxes of food that were delivered to households in Cimarron during 2022. • Individual household deliveries: In 2022 Valley Outreach, Open Cupboard, and White Bear Food Shelf started working collaboratively to provide deliveries to a limited number of customers every Monday, Tuesday, and Wednesday. Newtrax delivered to 1,461 households in Q1 & Q2, and DoorDash delivered to 1,139 households in Q3 & Q4, for a total of 2,600 households.

Mental health and well-being

Mental health and well-being refers to the interconnection between mental illness, mental health, mental well-being, and the associated stigma. Poor mental health is associated with poor quality of life, higher rates of chronic disease, and a shorter life span.

R **Result:** All residents achieve optimal mental health and well-being.

I **Indicator:** The percentage of adults reporting having poor mental health on 14 or more days in the past 30 days should be at or below 5.8%. (Healthy People 2020)

I **Indicator:** Reduce suicide rates from 13.7 per 100,000 deaths to below 10.2 per 100,000 deaths. (Healthy People 2020) (*Healthy People 2030: Goal of 12.8 per 100,000)

I **Indicator:** Reduce the percentage of youth bothered by feeling down, depressed, or hopeless, past 30 days.

I **Indicator progress:**

Percent of adults reporting having **poor mental health** on 14 or more days in the past 30 days

9.4%

Random

24.7%

Convenience

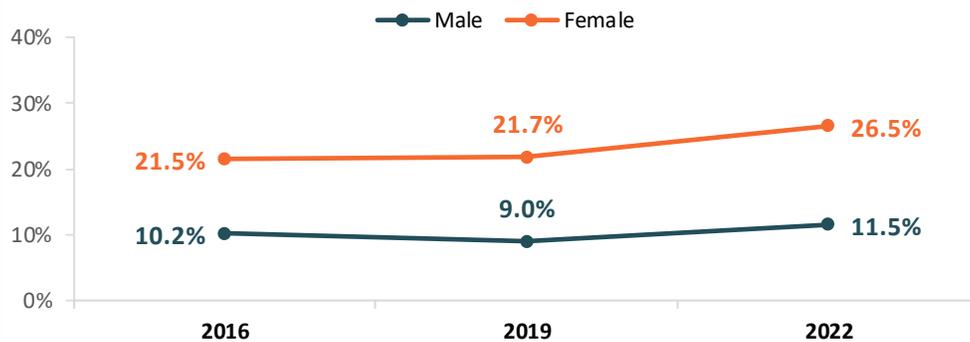
Source: Washington County Adult Health Survey, 2019.

13 deaths per 100,000

Number of deaths due to suicide

Source: National Center for Health Statistics - Mortality Files, 2016-2020.

Over the past 2 weeks, 9th graders who have been feeling down, depressed, or hopeless, more than half the days or nearly every day



Source: Minnesota Student Survey, 2022.

P Program	Progress
<p>P Reduce stigma surrounding mental illness</p>	<p>Number of people attending Make It OK presentations:</p> <ul style="list-style-type: none"> • 2020: 232 people • 2021: 907 people • 2022: 606 people <p>Number of Make It OK Ambassadors trained:</p> <ul style="list-style-type: none"> • 2020: 155 people • 2021: 278 people • 2022: 209 people <p>2021 IMPACT Survey Results</p> <ul style="list-style-type: none"> • 1,942 total surveys • 57% of survey respondents agree there is mental illness stigma in their communities. • Almost half of respondents believe that people are not caring or sympathetic to people with mental illnesses. • More than 1 in 3 respondents told us they're more comfortable helping a person with a physical illness than a mental illness. • 1 out of 4 people were still uncomfortable talking with someone about mental illnesses. • Nearly 1 in 3 told us they would not tell their friends that they live with a mental illness. • 75%+ of survey respondents are willing to take action against mental illness stigma
<p>P Improve timely access to mental health services</p>	<p>Number of incoming calls related to mental health (Crisis Response Unit)</p> <ul style="list-style-type: none"> • 2020: 4,836 calls • 2021: 5,877 calls • 2022: 4,585 calls <p>Number of face-to-face visits related to mental health (Crisis Response Unit)</p> <ul style="list-style-type: none"> • 2020: 705 visits • 2021: 921 visits • 2022: 280 visits
<p>P Build community resilience across the life span</p>	<p><u>WellSpring Website and Campaign</u> The campaign uses unique resilience messaging rooted in research to help people of all ages connect with themselves, each other, and their larger community. Messaging promotes social connection and directs people to the WellSpring website with age-specific resources to build resilience. Website link</p> <ul style="list-style-type: none"> • In 2022, there were 9,226 unique visitors to the website, with an average of three minutes spent on the website. <p><u>Partner Project Grants</u> Bridge To Books: This grant will support the implementation of the Bridge to Books initiative. This includes enrollment of children, manage the Imagination Library online database, pay invoices monthly to the Imagination Library for the approximately 600 children enrolled in the program.</p>

Forest Lake Schools: This is Forest Lake School’s second WellSpring Project. The project includes offering a second Teacher Resilience cohort for educators, and a cohort for paraprofessionals where they have the option of earning local lane change credits or a small stipend for their participation.

Lakeview Health: This grant helps Lakeview Health incorporate well-being and resilience messaging into their current initiatives. They will conduct a literature review and environmental scan of resiliency and self-care messages and activities to develop messages, activities, and promotional channels that build resilience in our communities. These messages will be related to movement, food, and mindfulness. The messages will first be incorporated in adult-facing Make It Ok resources, and then adapted and integrated into other HealthPartners programming, including Faith Community Nursing, PowerUp (kids/families), teens (teen leadership council), and early childhood (Little Moments Count).

Present Teacher Project

- Total Engagement Hours in the Training: **326 hours**
- Total Active Participants: **146 educators/school staff**
 - Stillwater School District: 73
 - South Washington County School District: 26
 - Maplewood/Oakdale School District: 0

Nutrition and physical activity

Nutrition and physical activity refer to equitable access to nutrition, physical activity, and food and feeding choices. Poor nutrition and physical inactivity are major contributors to obesity and chronic diseases such as diabetes, heart disease, and stroke, which disproportionately impact low-income communities and communities of color.

Within this priority area, much of the program progress involved **P**olicy, **S**ystem, and **E**nvironmental change strategies, or **PSE** strategies. PSE strategies are approaches to behavior and culture change that aim to create lasting improvements in individual and community health and well-being.

<p>R Result: Youth have increased access to and availability of healthy food and physical activity.</p>							
<p>I Indicator: 9th graders who are physically active for 60+ minutes or more at least 5 days a week.</p>							
<p>I Indicator: Percent of youth who report eating at least 1 serving of <u>fruit</u> per day and percent of youth who report eating at least 1 serving of <u>vegetable</u> per day should be 30% or greater. (Healthy Minnesota 2020)</p>							
<p>I Indicator progress:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 2px solid #336699; padding: 10px; width: 30%;"> <p style="text-align: center;">9th graders who are physically active for 60+ minutes or more at least 5 days a week</p> <table border="1" style="margin: 0 auto; text-align: center;"> <thead> <tr> <th>Gender</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>58.3%</td> </tr> <tr> <td>Female</td> <td>42.0%</td> </tr> </tbody> </table> </div> <div style="width: 30%; padding-top: 20px;"> <p style="text-align: center;">46.9% Percent of youth who report eating at least 1 serving of fruit per day</p> </div> <div style="width: 30%; padding-top: 40px;"> <p style="text-align: center;">42.9% Percent of youth who report eating at least 1 serving of vegetable per day</p> </div> </div> <p style="text-align: right; font-size: small;"><i>Source: Minnesota Student Survey, 2022.</i></p>		Gender	Percentage	Male	58.3%	Female	42.0%
Gender	Percentage						
Male	58.3%						
Female	42.0%						
P Program	Progress						
<p>P Support ongoing and new school partnerships and implementation efforts to increase access to physical activity and healthy food in school settings</p>	<p>45 school sites 34,418 students reached</p> <p>Overall: 42% (19) of schools achieved at least 1 PSE change</p> <ul style="list-style-type: none"> • 4 PSE changes: 3 schools • 3 PSE changes: 4 schools • 2 PSE changes: 3 schools • 1 PSE change: 9 schools <p>PSE change strategies included:</p> <ul style="list-style-type: none"> • Healthy Snacks During the School Day • Smarter Lunchrooms • Quality Physical Education • Active Recess • Before and/or After School Physical Activity Opportunities 						

<p>P Support ongoing and new childcare partnerships and implementation to increase physical activity and healthy food in childcare settings</p>	<p>In 2022, Living Healthy Washington County shifted their focus from the childcare strategy to other efforts.</p>
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R Result: Increase access to and availability to healthy food and physical activity in the community (all ages).

I Indicator: Percentage of adults eating 2+ servings of fruits each day and 3+ servings of vegetables each day.

I Indicator: 75% or more of adults report 150+ minutes of physical activity per week. (Healthy People 2020*)
 (*Healthy People 2030: Goal of 33.9% of adults aged 18 years and over who report moderate physical activity for more than 300 minutes per week or who report vigorous physical activity 150 minutes per week or an equivalent combination of moderate and vigorous-intensity activity.)

I Indicator progress:

Moderate activity for 30 minutes/5+ days or Vigorous activity for 20 minutes/3+ days or both

Group	Percentage
Random	58.3%
Convenience	42.0%

Percent of adults who report eating at least 2 serving of **fruit** per day

48.6%

Random

45.0%

Convenience

Percent of adults who report eating at least 3 serving of **vegetable** per day

32.5%

Random

19.7%

Convenience

Source: Washington County Adult Health Survey, 2019.

P Program	Progress
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<p>P Support ongoing and new worksites wellness implementation efforts to increase access to physical activity and healthy food in work settings</p>	<p><u>Partners & Project Description</u></p> <p>Stillwater School District (12 buildings): Wellness assessment</p> <ul style="list-style-type: none"> Achieved at least 1 PSE change <p>Forest Lake School District (9 buildings): Training for staff and chill room supplies, and breastfeeding support</p> <ul style="list-style-type: none"> Achieved at least 1 PSE change <p>City of Stillwater: Bikes for employees to ride during the workday</p> <ul style="list-style-type: none"> Working on PSE change <p>Self Esteem Brands, LLC: Blood pressure cups and meditation tools</p> <ul style="list-style-type: none"> Working on PSE change <p><u>Number of employees impacted: 2,052</u></p>
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<p>P Support ongoing and new community-based partnerships to increase access to healthy foods in community settings</p>	<p>Partners & Project Description</p> <p>Basic Needs, Inc: Community garden</p> <ul style="list-style-type: none"> Achieved at least 1 PSE change <p>Cimarron Park Mobile Home Community: Needs assessment, community engagement/relationship building</p> <p>City of Landfall: Needs assessment, community engagement/relationship building</p> <p>Park Grove Library: Food pantry – 2,000 lbs. food provided weekly</p> <ul style="list-style-type: none"> Achieved at least 1 PSE change <p>St. Paul Farmer’s Market, Woodbury: Farmer's Market Power of Produce</p> <ul style="list-style-type: none"> Achieved at least 1 PSE change <p>Woodbury Thrives: Community Garden</p> <ul style="list-style-type: none"> Achieved at least 1 PSE change <p>Number of residents impacted: 34,966</p> <p><i>58% of SHIP partners responded with “a great extent” to the following question: Increase capacity to create or maintain access to healthy living in the community.</i></p>
<p>P Support ongoing and new community-based partnerships to increase access to physical activity in community settings</p>	<p>Partners & Project Description</p> <p>Cimarron Park Mobile Home Community: Needs assessment, community engagement/relationship building</p> <p>City of Forest Lake: Planning and designing – updating 2014 parks, trails, and open spaces master plan</p> <ul style="list-style-type: none"> Working on PSE change <p>City of Landfall: Needs assessment, community engagement/relationship building</p> <p>Washington County: Increased access to physical activity facilities and opportunities by updating wayfinding and trail head signage at Big Marine Park</p> <ul style="list-style-type: none"> Achieved at least 1 PSE change <p>Number of residents impacted: 272,256</p>
<p>P Develop a countywide bike/pedestrian plan</p>	<p>Since adoption, the Washington County Public Works Department has continued to integrated bicycle and pedestrian planning into the annual capital planning processes. The projects and improvements identified in MOVE Washington County are represented in several larger roadway infrastructure projects and will improve the transportation experience for all modes. Additionally, the development of MOVE Washington County has led to several successful federal grant applications to fund trails and sidewalks which will improve the safety and experience for those using non-motorized transportation.</p>

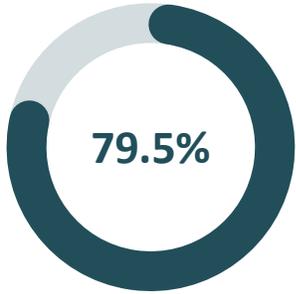
R **Result:** Promote and support breastfeeding as the healthiest option for the first 12 months and beyond.

I **Indicator:** Maintain or increase the proportion of infants who are ever breastfed and are enrolled in WIC services. (Healthy People 2020 Target: 81.9%)

I **Indicator:** Increase the proportion of infants who breastfeed at 6 months, and are enrolled in WIC services, from 38% to 60.6%. (Healthy People 2020)

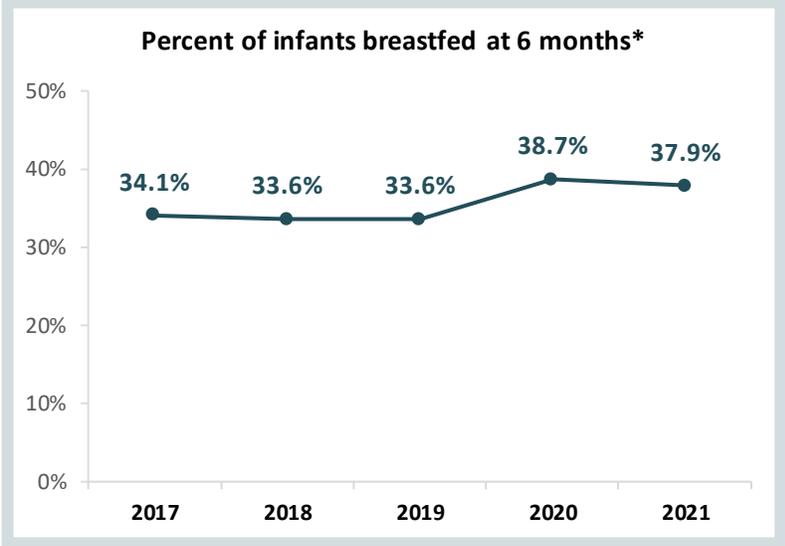
I **Indicator progress:**

Percent of infants that receiving breast milk at birth*



79.5%

Percent of infants breastfed at 6 months*



Year	Percentage
2017	34.1%
2018	33.6%
2019	33.6%
2020	38.7%
2021	37.9%

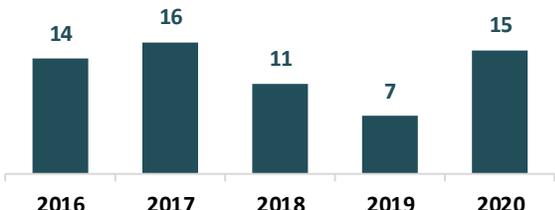
**Among infants in the WIC program*

Source: Minnesota WIC Information System. Breastfeeding Initiation and Duration for Minnesota WIC Infants Born During Selected Time Period by Location. Minnesota WIC Program: 2022.

P	Program	Progress
p	Support and expand partnerships that support breastfeeding in the community	Living Healthy Washington County worked with health care partners and the community to promote, support, and protect breastfeeding/chestfeeding as the preferred way to feed babies during the first year of life. In 2021, Lakeview Health System made a PSE change to support breastfeeding/chestfeeding education for medical staff and patients.
p	Support breastfeeding through family home visiting and WIC services	Living Healthy Washington County also provided wellness resources on breastfeeding/chestfeeding to worksite partners. In 2022, Forest Lake Area Schools (STEP UP program site), City of Stillwater, and Self Esteem Brands achieved a PSE change through employee breastfeeding supports.
p	Lead and support breastfeeding coalition work in the county	We continue to provide training opportunities to expand breastfeeding champions throughout the county.

Substance use

Substance use refers to the excessive use of substances including alcohol, tobacco, prescription drugs, opioids, and other drugs in a manner that is harmful to health and well-being.

<p>R Result: All residents have access to non-judgmental, non-coercive services and resources that empower them to minimize their risk of harm from substance use and lead healthy lives in our communities</p> <p>Update to language:</p> <ul style="list-style-type: none"> • Previous language: All residents are empowered to lead lives free of substance abuse • Updated language: All residents have access to non-judgmental, non-coercive services and resources that empower them to minimize their risk of harm from substance use and lead healthy lives in our communities 													
<p>I Indicator: Number of opioid-involved drug-overdose deaths should be less than 11.3 per 100,000 deaths. (Healthy People 2020*) (*Healthy People 2030: Goal of less than 13.1 per 100,000 deaths)</p>													
<p>I Indicator: Reduce the number of babies born addicted to opioids from current level (41.6 per 10,000 births).</p>													
<p>I Indicator progress:</p> <div data-bbox="175 1079 591 1360" style="border: 2px solid orange; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">19 deaths</p> <p style="text-align: center;">Number of opioid-involved drug-overdose deaths</p> <p style="text-align: center;"><i>Source: MDH, Minnesota death certificates, 2021.</i></p> </div>	<div data-bbox="764 961 1385 1434" style="border: 1px solid gray; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Number of Neonatal Abstinence Syndrome (NAS) cases, Washington County residents, 2016 - 2020</p>  <table border="1" style="margin: 0 auto; text-align: center;"> <thead> <tr> <th>Year</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>14</td> </tr> <tr> <td>2017</td> <td>16</td> </tr> <tr> <td>2018</td> <td>11</td> </tr> <tr> <td>2019</td> <td>7</td> </tr> <tr> <td>2020</td> <td>15</td> </tr> </tbody> </table> </div> <p style="text-align: center;"><i>Source: Hospital Discharge Data, Injury and Violence Prevention Section, MDH, 2016-2020</i></p>	Year	Number of Cases	2016	14	2017	16	2018	11	2019	7	2020	15
Year	Number of Cases												
2016	14												
2017	16												
2018	11												
2019	7												
2020	15												
<p>P Program</p>	<p>Progress</p>												
<p>P Reduce stigma around addiction and substance abuse</p>	<p>At Washington County, we are committed to a substance use approach that:</p> <ul style="list-style-type: none"> • Embraces a philosophy of harm reduction • Considers racial and health equity • Focuses on the needs of our Washington County communities • Is grounded in evidence 												

- P** Increase awareness and access to treatment for substance abuse

- P** Reduce access to and dependence on opioids and other drugs

- P** Align efforts and collaborate with internal and external partners

MORE Project
 The **MORE (Mental Health – Opioids – Re-Entry)** Project is a collaborative partnership between five Washington County departments and one community partner working to provide MORE support for people with mental health conditions and substance use disorders in Washington County’s justice-involved population. This strong partnership between departments in the sectors of health, human services, and criminal justice does not exist in many counties, and has supported a unified path forward in working to advance our county’s substance use systems.

- MORE Project Partners:
- Washington County Attorney’s Office
 - Washington County Community Corrections
 - Washington County Community Services
 - Washington County Public Health and Environment
 - Washington County Sheriff’s Office
 - Hazelden Betty Ford Foundation

From 2020 through 2022, the MORE Project has supported several advancements in our substance use systems, including:

- The implementation of the MOUD Program in the jail
- Improved data coordination and analysis
- Increased services for co-occurring mental health conditions and substance use disorders in the jail and community

Medications for opioid use disorder in the Washington County jail
 At the beginning of 2021, the Medications for Opioid Use Disorder (MOUD) Program was initiated in the Washington County Jail. MOUD, also known as Medication Assisted Treatment or MAT, involves the use of FDA-approved medications like buprenorphine and methadone as an effective, evidence-based method to treat Opioid Use Disorder.

There is an extremely high-risk period for overdose and fatal overdose immediately after a person is released from a correctional setting like a jail or prison. Providing medications in correctional settings has been shown to save lives by reducing the risk of fatal overdose. MOUD has also been shown to reduce reincarceration after release. And the evidence of effectiveness is not limited to the jail setting – medications are considered the gold standard of treatment for Opioid Use Disorder and have been identified as one of the key strategies in addressing our nation’s opioid crisis.

During the first year of the program’s operation, an estimated total of 5,790 MOUD doses were provided to 121 individual people at 140 different jail stays. These medications, alongside the supplementary services provided to MOUD program participants, substantially increase the support for people with substance use disorders in the Washington County jail population.

Opioid settlement funding
 Public Health and Environment is serving as chief strategist for the long-term opioid settlement funding coming to Washington County. Although our county is currently in the early stages of planning, we are well-positioned to lead this work with a harm reduction approach.

R Result: Tobacco use and exposure is reduced for all ages.

I Indicator: Proportion of adults who currently smoke cigarettes should be 12% or lower. (Healthy People 2020*) (*Healthy People 2030: Goal of 5% or lower)

I Indicator: Percentage of high school students smoked 1 or more cigarettes in the past 30 days should be 18.6% or less. (Healthy Minnesota 2020)

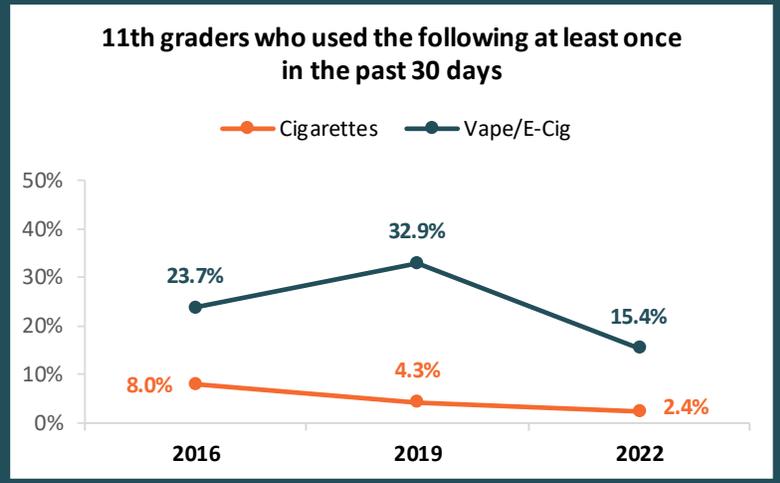
I Indicator: Percentage of high school students smoked 1 or more e-cigarettes in the past 30 days should be 16% or less.

I Indicator progress:



13.3%
Percent of adults who currently smoke cigarettes
Source: BRFSS, 2020

11th graders who used the following at least once in the past 30 days



Year	Cigarettes	Vape/E-Cig
2016	8.0%	23.7%
2019	4.3%	32.9%
2022	2.4%	15.4%

Source: Minnesota Student Survey, 2022.

P Program	Progress
<p>P Support and engage with partners in reducing tobacco rates for all ages</p>	<p>29 housing sites</p> <ul style="list-style-type: none"> 1 site adopted a new Smoke-Free Multi-Unit Housing policy 24 sites received help with policy enforcement and sustainability 4 sites received resources, but have not yet passed smoke-free policy <p>2,622 housing units</p> <p>5,055 residents impacted</p>
<p>P Support worksite implementing cessation and tobacco free campus programs</p>	<p>Shift in focus from worksite implementation programs to promote efforts in other areas.</p>
<p>P Ensure tobacco compliance for retailers</p>	<p>Percent of businesses refusing tobacco sales to minors in Washington County</p> <ul style="list-style-type: none"> 2018: 97% 2019: 96% 2020: 88%* (Pandemic) 2021: 93% 2022: 95%