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EXECUTIVE SUMMARY

The COVID-19 pandemic and the hiring process and orientiation of a new Community Health Assessment and Planning (CHAP) Coordinator paused the CHAP process until late summer. This included pausing most of the 2018 - 2020 Community Health Improvement Plan (CHIP) strategies for a large portion of the year. This report highlights CHIP strategies, how they were impacted by 2020's challenges, and what the future holds for each CHAP value and CHIP priority.

CHAP Values

Actionable and Sustainable

All funding commitments were maintained and strengthened in 2020

Collaboration

CHAP process collaboration adapted to living in a virtual world

Community Focus

• A large number of community residents were able to gain valuable information about the CHAP process throughout the past several years

Data Driven

• The creation of the 2021 - 2023 CHIP demonstrated the CHAP processes' pledge to being data focused and turning data into action

Health Equity

• A CHAP health equity definition was developed and continues to be embedded throughout the process

2018 - 2020 CHIP Priorities

Financial Stress

• In early 2020 Forces of Change Sessions, which included participation from a wide range of community partners, identified assets and forces that impact financial stress in Olmsted County

Mental Health

The COVID-19 pandemic halted CHAP-related mental health work in 2020

Motor Vehicle Injury Prevention

• Partners worked together to develop and disseminate a unified message around vehicle safety

Overweight and Obesity

• A community health campaign was finalized as the pandemic began; several partners are committed to helping implement it once the time is right

Vaccine Preventable Diseases

• The VPD Workgroup continued grant requirements that widened its scope to distributing all vaccines, including planning for the eventual COVID-19 vaccine

ABOUT THE COMMUNITY HEALTH ASSESSMENT AND PLANNING PROCESS



The Community Health Assessment and Planning (CHAP) process is a collaborative community effort led by Olmsted County, Olmsted Medical Center (OMC), Mayo Clinic, and partnerships with multiple community organizations. It is a continuous, triennial cycle that assesses our community's health, prioritizes our top community health needs, and plans, implements, and monitors/evaluates strategies to improve our community's health.

The CHAP process has a set of values that guides the work that was developed in 2017:

- **Data Driven:** The CHAP process uses multiple valid timely qualitative and quantitative data approaches to ensure there are no gaps in understanding our community's needs.
- **Community Focus:** The CHAP process brings together a broad community voice through deliberate and authentic community engagement and ensures that all efforts are being implemented with community input.
- **Collaboration:** The CHAP process aims to work with multiple partners across all sectors in our community in a deliberate and transparent way to achieve our shared goals.
- **Actionable and Sustainable:** The CHAP process fosters a culture of continuous improvement and all efforts are adequately resourced and measurable.
- **Health Equity:** The CHAP process is committed to continuously understanding, identifying, and addressing inequities across our community, while also embedding equitable solutions throughout the process.

The Community Health Improvement Plan (CHIP) serves as the first step towards true community-centered planning, integration, and implementation of strategies to improve our community's health.

The 2018 - 2020 CHIP:

- Describes the assessment and planning process, including partners involved
- Provides guidance on improving the community's health priorities for 2018 2020 (financial stress, mental health, motor vehicle injury prevention, overweight/obesity, and vaccine preventable diseases)
- Identifies community-level strategies with key/lead organization involvement
- Provides measurable and time-framed objectives
- Describes future implementation, monitoring, and evaluation activities

Since the CHIP is truly the community's plan to improve health, stakeholders and partners are involved in every aspect.

GROUPS INVOLVED	AND 2018 -	2020 CHIP	RESPONSIBILITIES
GIVOOL 2 HAVOEVED	AIND LUID	2020 CIIII	INEST CHOIDIETTES

	Develop	Implement	Monitor	Evaluate	Review	Revise
ССНІ					X	
Core Group	Χ		X	Х	X	Х
НАРР	Х	Х			X	Х
CHIP Workgroups	Х	Х	X	Х		Х
Data Subgroup			X	Х	X	
CE Workgroup		X		X		X
CHAP Coordinator	Х	Х	Х	х	Х	Х

CCHI

The Coalition of Community Health Integration's (CCHI) mission statement is "Creating opportunities to coordinate and integrate efficient and effective services across organizations to improve the health and well-being of our community." CCHI has three areas of focus: population health, coordinated care, and informatics. CCHI membership includes Olmsted County, Mayo Clinic, Olmsted Medical Center, Zumbro Valley Health Center, United Way of Olmsted County, Rochester Area Foundation, Rochester Public Schools, and Health Plans.

CORE GROUP

The Core Group provides direction and oversight of implementation of the CHAP process. This group meets monthly and members include Olmsted County Public Health Services (OCPHS), Mayo Clinic, and Olmsted Medical Center (OMC). The purpose statement of the Core Group is: "To Collaboratively Design, Implement, and Continuously Improve the Community Health Assessment and Planning Process to Support and Foster Opportunities to Improve the Health of Olmsted County's Population."

HEALTH ASSESSMENT AND PLANNING PARTNERSHIP (HAPP)

The Health Assessment and Planning Partnership is a group of 40 plus organizations that meet quarterly to ensure the community is aware of the efforts of the Community Health Needs Assessment (CHNA)/CHIP and enhance community collaboration. The purpose statement of HAPP is: "To Engage and Inspire all Sectors of the Community to Continually Improve our Community's Health through Assessment, Planning and Implementation Efforts."

2018 - 2020 CHIP WORKGROUPS

The 2018 – 2020 CHIP workgroups were formed to carry out strategies and initiatives to tackle the five 2018 - 2020 CHIP priorities identified through community prioritization. In 2016 financial stress, mental health, motor vehicle injury prevention, overweight/obesity, and vaccine preventable diseases were identified as the top community health priorities. Workgroups are made up of community members and organizations.

DATA SUBGROUP

The goal of the Data Subgroup is to enhance the assessment and planning process through an integrated approach to identify, monitor, and evaluate community indicators to determine Olmsted County's community health priorities. The group brings together individuals representing organizations that have been involved in the assessment and planning process and have expertise in community health indicators, community demographics, program evaluation, and presenting data.

COMMUNITY ENGAGEMENT (CE) WORKGROUP

The CE Workgroup supports the entire CHAP process through designing, implementing, and evaluating all efforts focused on community engagement. Some of these efforts include listening sessions, community dialogues, and the prioritization process. Membership includes key community partners and Olmsted County Public Health Services.

COMMUNITY HEALTH ASSESSMENT AND PLANNING (CHAP) COORDINATOR

The CHAP Coordinator provides structure and clarity to the workgroups. This position is jointly funded by OCPHS, Mayo Clinic, OMC, United Way of Olmsted County, Rochester Area Foundation, and Zumbro Valley Health Center. The Coordinator also serves as a CHAP liaison to the Data Subgroup, CE Workgroup, HAPP, Core Group, and CCHI.

PURPOSE OF THE ANNUAL REPORT

The purpose of the Annual Report is to capture the work completed in 2020 not only by the workgroups, but also by other stakeholders/groups involved in the CHAP process. This report includes progress, successes, challenges, and next steps for the CHAP process. The 2018 – 2020 CHIP is a dynamic plan that is updated as needed. A formal review occurs annually along with the creation of the Annual Report. Changes and revisions are driven by the workgroup leads and approved by the Core Group.

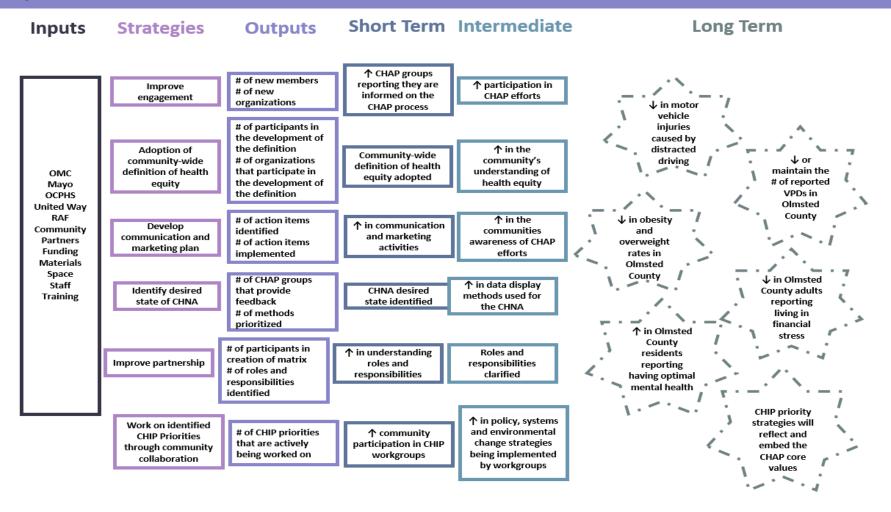
ABOUT MONITORING AND EVALUATION OF THE 2018 - 2020 CHIP

Monitoring and evaluation considerations were developed in tandem with action plans for the 2018-2020 CHIP priorities and CHAP values. Like the action plans, the monitoring and evaluation plans are meant to be flexible and dynamic and capture the resources needed to conduct monitoring and evaluation activities. The monitoring and evaluation plans use both Logic Model Concepts and Results Based Accountability to simplify the terminology.

NOTE ABOUT 2018 - 2020 CHIP IMPLEMENTATION IN 2020

Like many programs across the county, the COVID-19 pandemic caused the CHAP process to pause and priorities to shift. The CHAP process was on hold between March and July 2020. Additionally, a new CHAP Coordinator was hired in late July 2020 and their orientation stretched several months beyond their start date. These two occurrences resulted in fewer activities completed in 2020 overall compared to the other two years of the CHIP.

LOGIC MODEL



The logic model provides a high-level look at how the CHAP process value strategies and 2018-2020 CHIP priorities are connected and essential to improving the health of our community. The logic model pulls out high-level outputs and outcomes developed for each strategy and priority to provide a visual representation of the work being done related to the 2018-2020 CHIP. The inputs reflect the resources and support that are needed to reach the long-term goals. Strategies include the overarching priorities identified in the 2018-2020 CHIP. Outputs answer, "How much do we do?" while the short-term and intermediate outcomes focus on answering, "How well did we do it?" and "Is anyone better off?" Long-term outcomes reflect the population measures associated with the 2018-2020 CHIP priorities.

CORE VALUES STRATEGIES

The core values serve as guiding principles and provide a foundation for the entire process. Cross-cutting strategies were identified for each value that was outside the scope of the workgroups. These strategies are essential to successful implementation of the 2018-2020 CHIP and will help advance community efforts. Specific activities around each of the strategies were identified by the Core Group and 2018-2020 CHIP workgroup leads.

The core values share the same issue statement, goal, and outcome objectives:

- Issue Statement: Olmsted County's CHAP process created core values in the Fall of 2017
- Goal: Integrate core values into the CHAP process.
- Outcome Objective: By 2023, all CHIP priority strategies will reflect and embed the CHAP core values.

VALUE: ACTIONABLE AND SUSTAINABLE

ABOUT THIS STRATEGY

Strategies and Objectives	 Ensure diverse and adequate funding for the CHAP process a) By Q2 2018, a funding commitment by the Coalition for Community Health Integration (CCHI) will be determined for the CHAP process b) By Q4 2018, research best practices and incorporate a minimum of two traditional and non-traditional funding sources c) By Q4 2020, apply for a minimum of two competitive grants to assist with CHIP implementation Clarify roles and responsibilities of all organizations involved in the CHAP process a) By Q4 2019, all organizations will have a signed memorandum of understanding
	(MOU) that clearly identifies their roles and responsibilities

PROGRESS

STRATEGY 1: ENSURE DIVERSE AND ADEQUATE FUNDING FOR THE CHAP PROCESS

2020 was the first year of the new, three-year CHAP Coordinator contract. The Core Group reaffirmed their commitment to the CHAP process and allowed the Coordinator to adapt to challenges, such as the COVID-19 pandemic, during the year. Additionally, all three CHAP funding partners including Rochester Area Foundation, United Way of Olmsted County, and Zumbro Valley Health Center extended their financial commitment to the process for 2020 and beyond.

This past year, the CHAP process applied for a Robert Wood Johnson Foundation Grant that would be specific to financial stress. Despite not receiving funding, writing the grant demonstrates CHAP partners' interest and dedication to the process, to large-scale, population health initiatives, and to improving community health priorities.

The Vaccine Preventable Diseases Workgroup continued efforts around the grant that it was awarded in 2019 through the Minnesota Department of Health to support the work of increasing vaccination rates in the Olmsted County Somali population.

STRATEGY 2: CLARIFY ROLES AND RESPONSIBILITIES OF ALL ORGANIZATIONS INVOLVED IN THE CHAP PROCESS

The transition of the CHAP Coordinator role provided an opportunity to discuss and clarify roles for Core Group members and all parties involved. Further discussion about roles and responsibilities will continue in 2021, especially with the CHAP processes' role with the CHIP 2021-2023 strategies and the greater community.

SUCCESSES AND CHALLENGES

In 2020, there was a strong commitment to funding the CHAP process through a variety of diverse partner organizations. Also, a grant team within the Olmsted County Health, Housing, and Human Services (HHH) department was formed, which helped reduce the overall burden of applying for large grants.

One challenge included not being able to explore best practices of funding sources for the CHAP process. This was due to limited time and capacity.

NEXT STEPS (2021 AND BEYOND)

2021 will bring a continued exploration of grants to assist in implementing 2021-2023 CHIP strategies, along with the overall CHAP process, researching other financial avenues, and the exploration of how the CHAP process will evolve with the new Core Group leadership and CHIP priorities.

VALUE: COLLABORATION

ABOUT THIS STRATEGY

Strategies and Objectives

- 1. Expand the CHAP core group to include major stakeholders
 - a) By Q4 2019, all identified major stakeholders will be active members of the CHAP core group
- 2. Enhance meaningful interactions between all CHAP process groups
 - a) By Q4 2020, increase satisfaction and engagement of all CHAP process groups (baseline to be determined in 2018)

PROGRESS

STRATEGY 1: EXPAND THE CHAP CORE GROUP TO INCLUDE MAJOR STAKEHOLDERS

Per conversations in December 2018, it was determined that Core Group membership will include the CHAP Coordinator and two representatives from Mayo Clinic, Olmsted Medical Center, and Olmsted County. Toward the end of 2020, the CHAP Coordinator moved departments from Olmsted County HHH to Olmsted County Public Health Services. Despite this departmental change, membership was maintained. Members from other workgroups such as the Community Engagement and Data Subgroup will be brought in when needed to provide updates, ask for feedback, and aid in decision making.

STRATEGY 2: ENHANCE MEANINGFUL INTERACTIONS BETWEEN ALL CHAP PROCESS GROUPS

The new CHAP Coordinator met with each workgroup individually to determine what the current situation looks like, where the group hopes to grow, and what the expectations are for the future. Additionally, future evaluation will be incorporated into the process and will become more frequent, on at least an annual basis.

SUCCESSES AND CHALLENGES

A major success this year was that the partners stayed at the table and continued their commitment and collaboration despite the COVID-19 pandemic, the new CHAP Coordinator, and the Coordinator shifting departments.

The biggest challenge this year was a focus on orientation for the new Coordinator and the inability to develop many new relationships with the CHAP process.

NEXT STEPS (2021 AND BEYOND)

Collaboration will be a key value in 2021. The CHAP Coordinator will look to expand partnerships to those in greater Olmsted County and those with an equity-focused mission. Also, each CHAP-associated group will have evaluation opportunities established on at least an annual basis to improve the process and improve collaboration among partners.

VALUE: COMMUNITY FOCUS

ABOUT THIS STRATEGY

Strategies and Objectives

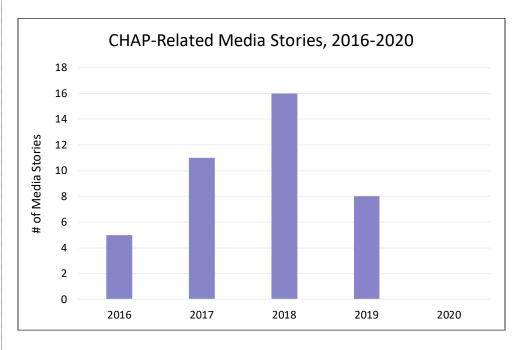
- 1. Develop and enhance marketing and communication
 - a) By Q4 2020, implement a marketing and communications plan for the CHAP process
- 2. Expand community involvement in the CHAP process
 - a) By Q4 2020, create a process to ensure all community voices are represented

PROGRESS

STRATEGY 1: DEVELOP AND ENHANCE MARKETING AND COMMUNICATION

By the end of 2019, more than 4,917 people were informed about the CHAP process via 86 community presentations and discussions (not including workgroup or coalition meetings). This is an increase from 2018 (1901 people reached through 43 presentations and discussions). Presentations ranged from CHIP-specific information to the entire CHAP process.

Due to the COVID-19 pandemic, the community reach reduced dramatically in 2020. However, through HAPP, CHAP-related groups, and other community presentations, there was still an opportunity to reach residents and professionals alike about the process.



Current communication efforts include HAPP meeting follow-ups via email, Facebook posts about upcoming events, and media advisories.

2020 had no media stories, as the focus shifted to the COVID-19 pandemic. The table to the right depicts earned media efforts from 2016 to 2020.

STRATEGY 2: EXPAND COMMUNITY INVOLVEMENT IN THE CHAP PROCESS

In 2020, community partners and residents were involved in the CHAP process. Community members were involved in the Forces of Change sessions, the creation of the 2021-2023 CHIP, and planning for 2021 CHAP activities. Community involvement will only increase in 2021 as in-person gathering becomes possible again.

SUCCESSES AND CHALLENGES

The biggest success in 2020 is that there is a strong foundation for the CHAP process and efforts moved forward, despite 2020's difficulty.

The biggest challenges this year were the COVID-19 pandemic and transition of the CHAP coordinator role. This allowed for a limited number of presentations and media inquiries in 2020.

NEXT STEPS (2021 AND BEYOND)

In 2021, community involvement beyond traditional engagement will be the goal. The CHAP process will include those with lived experiences and those who understand each of the community health priorities more in the work. Additionally, CHAP partners will explore ways to enhance communication with community residents including asking the question, "what communication method(s) work best for our community?"

VALUE: DATA DRIVEN

ABOUT THIS STRATEGY

Strategies and Objectives

- 1. Develop and implement a systematic way to evaluate the CHAP process
 - a) By Q4 2020, implement a fully comprehensive evaluation plan that includes process and outcome metrics
- 2. Turn data into information
 - a) Through 2020, a CHIP evaluation report will be published annually
 - b) By Q4 2019, the CHNA will display data in additional ways, including a health disparity index and relevant maps

PROGRESS

STRATEGY 1: DEVELOP AND IMPLEMENT A SYSTEMATIC WAY TO EVALUATE THE CHAP PROCESS

While work was done independently to develop evaluation plans for events, presentations, and strategies, a comprehensive plan was not developed for the entire process. This is mainly due to the evaluation workgroup not forming due to capacity. However, one Data Subgroup member reviewed evaluation metrics specific to the 2021-2023 CHIP and considered how a large population health process could be evaluated.

STRATEGY 2: TURN DATA INTO INFORMATION

With the official launch of the 2018-2020 CHIP, each CHIP strategy work plan had a corresponding evaluation plan that can be found in the CHIP Implementation Document. The evaluation plan will continue for strategies within the 2021-2023 CHIP. The Implementation Document ties directly to the CHIP Annual Report. The Olmsted County CHAP process is committed to producing a CHIP Annual Report by the end of the first quarter every year.

The CHAP process incorporated community feedback into the creation of the 2021-2023 CHIP. Specifically, community residents noted clear data snapshots in the 2019 CHNA; the CHAP process created one-page key data takeaways in the

2021-2023 CHIP, and plan to continue to do so in future documents involving data to allow for the highest potential for use.

SUCCESSES AND CHALLENGES

The creation and dissemination of the 2021-2023 CHIP was the biggest success in 2020. The 2021-2023 CHIP was the culmination of the feedback from community stakeholders and the increased engagement with the community.

One of the biggest challenges this year was not having the capacity to develop a comprehensive evaluation plan, specifically not having the workgroup formed. It was decided in 2019 that the evaluation plan should not be done by one person, and that a team really needs to be involved. There are many evaluation activities occurring throughout the CHAP process; it just needs to be more systematic and move towards RBA principles of "How Well Did We Do It?" and "Is Anyone Better Off?"

NEXT STEPS (2021 AND BEYOND)

With the release of the 2021-2023 CHIP, the focus in 2021 will be on the development of strategies, along with administering the 2022 CHNA. Due to the COVID-19 pandemic, many activities that would be completed prior to the creation of the CHIP, including data profiles and community dialogues, will occur in 2021. Evaluation efforts will also continue to help support the creation of the CHIP Annual Report. This will include the creation of a monitoring report and will be expanded to a larger scale and community health focused evaluation, starting with Olmsted County departments.

VALUE: HEALTH EQUITY

ABOUT THIS STRATEGY

Strategies and Objectives

- 1. Develop and share a community-wide definition of health equity
 - a) By Q4 2018, develop a community-wide definition of health equity
 - b) By Q4 2020, develop a method to assess the community's knowledge and understanding of health equity
- 2. Identify and address health disparities
 - a) By Q2 2019, each CHIP workgroup will identify at least one activity to address health equity
 - b) By Q4 2020, the CHAP process will enhance the use of health disparities data through CHNA mapping and health disparity indices

PROGRESS

STRATEGY 1: DEVELOP AND SHARE A COMMUNITY-WIDE DEFINITION OF HEALTH EQUITY

A CHAP definition for health equity was created in 2019: We believe in conditions that give everyone the potential to reach their highest level of well-being. This requires valuing all individuals and populations equally. It means addressing inequities in the places where people are born, grow, live, learn, work, and age.

A method to assess the community's knowledge and understanding of health equity will be explored in the future.

STRATEGY 2: IDENTIFY AND ADDRESS HEALTH DISPARITIES

Each 2018-2020 CHIP workgroup identified and implemented at least one strategy to address health disparities. In addition, the 2019 CHNA Supplemental Document includes a health disparity table, which notes statistically significant disparities by health indicator.

2018 – 2020 CHIP STRATEGIES ADDRESSING HEALTH DISPARITIES

CHIP Priority	
Financial Stress	Support efforts aimed at identifying and understanding current assets and gaps in our community related to financial stress
Mental Health	Support the Southeast Regional Crisis Center
Motor Vehicle Injury Prevention	Explore state, local, and organizational policy changes to address distracted driving, and implementation of unified messaging across the county
Overweight and Obesity	Plan on pause to hold a county-wide campaign to provide local examples of what a healthy community looks like to increase healthy eating and physical activity that address competing priorities
Vaccine Preventable Diseases	Implement education and engagement activities to dispel misinformation and concerns about MMR and HPV vaccines and planning for the COVID-19 vaccine distribution

SUCCESSES AND CHALLENGES

The Forces of Change sessions were a great success in 2020. They gathered community partners and residents to determine assets, gaps, and partners to address the three 2021-2023 CHIP priorities, including the two continuing priorities of financial stress and mental health.

The biggest challenge this year was capacity. The COVID-19 pandemic paused much of the CHAP work from March 2020 until July 2020. Additionally, a new CHAP Coordinator was hired in July 2020. Orientation and creation of the 2021-2023 CHIP were their highest priorities for the rest of the year.

NEXT STEPS (2021 AND BEYOND)

With the creation of the 2021-2023 CHIP, it will provide an opportunity to reflect on the CHAP process core values and to embed them throughout the new strategies and entire CHAP process. With the creation of the data profiles, COVID-19 impact survey, and community dialogues all occurring in 2021, an opportunity exists to look deeper at health equity for each identified community health priority.

CHIP PRIORITY: FINANCIAL STRESS

ABOUT THIS STRATEGY

Issue Statement	There are many efforts in Olmsted County addressing contributors to financial stress, but there is a need to qualify and index the efforts and increase collaboration.
Goals	Reduce the percentage of Olmsted County residents burdened by financial stress
Outcome Objective	By 2023, reduce the percentage of Olmsted County residents who report experiencing financial stress due to housing and childcare expenses from 60% to 55%
Strategies and Objectives	 Support efforts aimed at identifying and understanding current assets and gaps in our community related to financial stress By Q3 2018, assist in conducting an environmental scan that identifies strengths, weaknesses, opportunities, and threats of current efforts addressing housing in Olmsted County By Q4 2019, assist in conducting an environmental scan that identifies strengths, weaknesses, opportunities, and threats of current efforts addressing childcare in Olmsted County Act as a convener to support current efforts addressing financial stress issues in Olmsted County By Q4 2020, host at least four community forums that focus on housing issues in Olmsted County By Q4 2020, host at least four community forums that focus on childcare issues in Olmsted County

PROGRESS

STRATEGY 1: SUPPORT EFFORTS AIMED AT IDENTIFYING AND UNDERSTANDING CURRENT ASSETS AND GAPS IN OUR COMMUNITY RELATED TO FINANCIAL STRESS

In 2020, the CHAP coordinator participated in many community conversations and meetings around current financial stress issues in Olmsted County. Additionally, community residents and partners participated in Forces of Change sessions which identified community strengths in health priorities including financial stress, and where emerging concerns are appearing.

STRATEGY 2: ACT AS A CONVENER TO SUPPORT CURRENT EFFORTS ADDRESSING FINANCIAL STRESS ISSUES IN OLMSTED COUNTY

In 2020 no convening meetings occurred.

SUCCESSES AND CHALLENGES

While formal work did not occur in 2020, the CHAP process was still involved in many community conversations on financial stress in Olmsted County. The biggest challenge this year was the lack of support the CHAP Coordinator could provide to this priority due to the COVID-19 pandemic, transition of the role, and time spent creating the 2021-2023 CHIP.

NEXT STEPS (2021 AND BEYOND)

Financial stress will continue to be a community health priority for the next three years. The CHAP process will determine if reconvening a financial stress workgroup is the best strategy. In the meantime, more work will be done around understanding the COVID-19 pandemic's impact on financial stress in the community and evaluating strategies to best address the challenge.

CHIP PRIORITY: MENTAL HEALTH

ABOUT THIS STRATEGY

Issue Statement	According to the Substance Abuse and Mental Health Services Administration, recovery, or a return to optimal mental health, encompasses four dimensions - health, home, purpose, and community. Olmsted County residents have indicated that stigma, disconnectedness, and a fragmented service delivery system negatively impact these core dimensions of mental wellness.
Goal	Every Olmsted County resident will have optimal mental health
Outcome Objective	By 2023, decrease the percentage of Olmsted County residents reporting a delay in mental healthcare from 5% to 3%
Strategy and Objectives	 Mind Matters Exhibit a) By Q3 2019, host the Mind Matters Exhibit in Rochester Participate in community-based groups that focus on mental health a) By Q4 2019, participate in at least two community-based mental health groups or initiatives

PROGRESS

STRATEGY 1: MIND MATTERS EXHIBIT

The CHAP process, over the summer of 2019, was a partner in the Mind Matters exhibit that was hosted at the Rochester Art Center.

STRATEGY 2: PARTICIPATE IN COMMUNITY-BASED GROUPS THAT FOCUS ON MENTAL HEALTH

In 2020, due to the COVID-19 pandemic and transition of the CHAP Coordinator role, the Coordinator was unable to participate in any mental health community-based groups.

SUCCESSES AND CHALLENGES

One of the biggest strategy successes for the entire 2018-2020 CHIP was participation in the Mind Matters exhibit in 2019. It provided not only an opportunity for our community to learn and share but also an opportunity to collaborate with many new partners. Reviewing the evaluation data, it is very clear the exhibit made a huge impact on those that attended.

A challenge this year was lack of capacity of the CHAP Coordinator.

NEXT STEPS (2021 AND BEYOND)

2021 will be a very exciting year for work on mental health in Olmsted County, including groundbreaking of the Southeast Regional Crisis Center. The CHAP process hopes to expand participation and act as a resource for the Crisis Center and other, local coalitions, especially as Mental Health will be a priority for the 2021-2023 CHIP.

CHIP PRIORITY: MOTOR VEHICLE INJURY PREVENTION

ABOUT THIS STRATEGY

Issue Statement	Distracted driving is a leading factor in crashes in Minnesota. From 2011-2015, more than 86,000 crashes were distracted driving-related, contributing to one in four crashes in Minnesota.		
Goal	Reduce the percent of Olmsted County residents reporting distracted driving behaviors		
Outcome Objectives	By 2023, reduce the percentage of Olmsted County youth and adolescents reporting reading and sending e-mail and text messages while driving from 38% to 31%		
Strategies and Objectives	 Explore state, local, and organizational policy changes to address distracted driving By Q2 2018, identify at least five possible state or local organizational policy changes that address cell phone use while driving By Q4 2020, collaboratively pass or amend three state or local organizational policies that address cell phone use while driving Enhance collaboration between existing traffic safety groups to create unified messaging By Q2 2018, convene four joint meetings with Fatal Review Committee members, Toward Zero Deaths Safe Roads Coalition members, and the Motor Vehicle Injury Prevention CHIP workgroup members to identify common goals and opportunities for collaboration By Q2 2018, ensure representatives from the 4 E's (enforcement, education, engineering, and emergency medical services) are present when developing unified messaging By Q4 2020, implement at least nine unified social media campaigns where three or more partner agencies utilize and share the materials created 		

2020 HIGHLIGHTS

The Motor Vehicle Injury Prevention (MVIP) work group was very limited in its success because of the COVID-19 global pandemic and the civil unrest in early summer. The pandemic led to restrictions around people gathering which impacted strategies that included outreach in schools, workplaces, and community events. It also led to the cancellation of two coalition meetings at the beginning of the pandemic and cancelling 3 of the 4 fatal and serious injury review committee meetings. Fatal and serious injury reviews are critical in helping identify local roadways with increased crashes and human behaviors that are contributing to crashes. The civil unrest after the death of George Floyd impacted scheduled enforcement waves that were either rescheduled or cancelled. There was also a sense of distrust towards law enforcement so during enforcement waves officers were less inclined to write tickets.

The one strategy that the work group was able to continue work on was creating and sharing unified traffic safety messages that supported enforcement waves. The work group and traffic safety partners collaborated on multiple media pushes focusing on speeding, distracted driving, seat belt use, and impaired driving. Media targeted both local communities and the southeast region of Minnesota. Overall, these media messages were well received by local media outlets and the public.

PROGRESS

STRATEGY 1: EXPLORE STATE, LOCAL, AND ORGANIZATIONAL POLICY CHANGES TO ADDRESS DISTRACTED DRIVING

No progress was made on this strategy due to the COVID-19 pandemic.

STRATEGY 2: ENHANCE COLLABORATION BETWEEN EXISTING TRAFFIC SAFETY GROUPS TO CREATE UNIFIED MESSAGING

Four meetings were convened throughout 2020 to identify common goals, opportunities for collaboration, and plan unified social media messaging campaigns. Representatives from the Fatal and Serious Injury Review Committee, Safe Roads Coalition, and Motor Vehicle Injury Prevention work group were present at each meeting and members represented one of the 4 E's.

In 2020, through collaboration, 7 unified messaging campaigns addressing speed, impaired driving, distracted driving, and seat belt use were implemented. Social media posts were used by Olmsted County Sheriff's Office, Olmsted County Public Health, Rochester Police Department, and Minnesota Department of Transportation.

SUCCESSES AND CHALLENGES

As stated in the highlights earlier, MVIP's success was very limited given the challenges the pandemic and civil unrest presented. The work group did continue to push out traffic safety messages throughout the year to support all extra enforcement periods. These messages were unified and shared by partners locally and across the region.

Not surprisingly, one of the bigger challenges were the limitations the global pandemic placed on implementing the work group's strategies. In addition, civil unrest in early summer led to mistrust in law enforcement, creating an environment where enforcement of traffic laws could trigger backlash. This led to fewer citations being written. Sadly, the greatest challenge has been witnessing a drastic increase in fatal and serious injury crashes across the state, most caused by driver behavior and not observing traffic laws. There were 394 deaths on Minnesota roads in 2020, compared with 364 in 2019. 118 of the fatalities in 2020 were speed-related, compared to 72 in 2019.

NEXT STEPS (2021 AND BEYOND)

The next steps for the work group will be reorganizing and returning to some 'normalcy.' Once the workgroup can meet in person again for the Fatal and Serious Injury Review committee meetings, it can identify the contributing causes of crashes and troublesome parts of roadways that should be focused on and potentially addressed either through education, enforcement, or engineering.

CHIP PRIORITY: OVERWEIGHT AND OBESITY

ABOUT THIS STRATEGY

Issue Statement	According to Olmsted County residents, competing priorities are significant factors contributing to overweight and obesity.
Goal	Reduce overweight and obesity rates amongst Olmsted County residents
Outcome Objectives	 By 2023, reduce the percentage of Olmsted County adults who are overweight or obese from 68% to 65% By 2023, reduce the percentage of Olmsted County adolescents who are overweight or obese from 22% to 21%
Strategies and Objectives	 Utilize social capital within the Obesity Coalition membership to recruit specific community leaders to assist with implementation By Q1 2018, increase the coalition's capacity by recruiting up to 10-12 selected community leaders to assist with implementation of work plans Implement a county-wide campaign to provide local examples of what a healthy community looks like to increase healthy eating and physical activity that address competing priorities By Q4 2018, research at least three effective campaign strategies and begin initial implementation of a county-wide campaign around what healthy looks like, highlighting evidence-based strategies and local examples By Q4 2020, the marketing campaign will showcase at least eight local examples of what a healthy community looks like

2020 HIGHLIGHTS

As it did with many other things in 2020, the COVID-19 pandemic brought about a pause to the work of the Healthy Communities Collaborative (HCC). In late 2019, the Mayor's office was working with White Space Media to help design a community campaign focused on health. A meeting in March with the collaborative to discuss the campaign and generate ideas was cancelled due to COVID. The majority of the steering committee members also saw job changes or had organizational priority shifts that took them away from focusing on this work and, therefore; most of the HCC work was put on hold this year. Steering committee members were asked if they'd like to stay involved with the work once White Space returns to planning the campaign. Out of seven steering committee members, five have committed to continuing to work on the campaign if the strategy is still pursued by White Space and the Mayor's office. The other members expressed gratitude for their experience but were not able to commit moving forward.

PROGRESS

STRATEGY 1: UTILIZE SOCIAL CAPITAL WITHIN THE OBESITY COALITION MEMBERSHIP TO RECRUIT SPECIFIC COMMUNITY LEADERS TO ASSIST WITH IMPLEMENTATION

As the HCC is sunsetting, we are utilizing social capital within the group to direct members to other coalitions and workgroups in the area with similar missions.

STRATEGY 2: IMPLEMENT A COUNTY-WIDE CAMPAIGN TO PROVIDE LOCAL EXAMPLES OF WHAT A HEALTHY COMMUNITY LOOKS LIKE TO INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY THAT ADDRESS COMPETING PRIORITIES

At this time, the campaign is on hold. White Space Media purchased a website domain for this work and has plans to continue to work on this project as directed by the Mayor's office. When the project is ready to be continued, members of the steering committee have voiced their desire to continue to work on the campaign.

SUCCESSES AND CHALLENGES

Though much of the work of the HCC was put on hold this year, it is still a great success of the coalition that the Mayor's office sought to support the campaign idea by hiring White Space Media to help with implementation. The group looks forward to staying connected to White Space and Mayor Norton for when the time is right to readdress pursuing the campaign.

A large challenge that we've discovered over the years is the feasibility of implementing a community wide campaign. The process was intense beginning with the initial steps of gathering community and coalition input on what strategy the collaborative should pursue. Once the idea of a campaign was solidified, time and energy were spent researching and investigating best practices and logistics. Ultimately, the main challenge was trying to implement an idea that did not have long-term funding and staffing resources. Despite these challenges, and although the campaign was not accomplished in the three-year time frame, the group was successful in building relationships and developing new partnerships that will continue to work together to meet the community's needs.

NEXT STEPS (2021 AND BEYOND)

As the HCC sunsets, members will be directed to other existing coalitions within the community that have a similar focus and mission on improving health through active living and healthy eating. As mentioned previously, White Space media has purchased a website domain for the campaign. When the time is right for the work to progress, steering committee members interested in continuing to work on the campaign will reconvene to assist White Space in the planning of the campaign.

CHIP PRIORITY: VACCINE PREVENTABLE DISEASES

ABOUT THIS STRATEGY

Issue Statement	Even though most infants and toddlers in Olmsted County have received all recommended vaccines by age two, many under-immunized children, adolescents and adults remain, leaving the potential for outbreak of disease.
Goal	Reduce the incidence of vaccine preventable diseases in Olmsted County
Outcome Objectives	 By 2023, increase the completion rate of the MMR series for Somali children in Olmsted County from 75% to 90% By 2023, increase the completion of the HPV series for adolescents in Olmsted County from 58% to 70%
Strategies and Objectives	 Implement education and engagement activities to decrease missed opportunities for vaccinations By Q4 2020, increase healthcare teams using technology to identify vaccination opportunities (baseline to be identified in 2018) By Q4 2020, increase the availability of HPV vaccine in the clinical setting from 12 locations to 16 locations Implement education and engagement activities to dispel misinformation and concerns about MMR and HPV vaccines By Q4 2018, collaborate with the Somali Health Advisory Committee to identify two or more appropriate tactics to dispel misinformation and concerns about MMR in the Somali population By Q4 2020, work with healthcare teams who administer the HPV vaccine to establish a clinical care standard for making a strong recommendation to encourage the administration of the HPV vaccination By Q4 2020, identify two or more appropriate tactics to dispel misinformation and concerns about the HPV vaccine

2020 HIGHLIGHTS

2020 was a successful year for the Vaccine Preventable Diseases (VPD) Workgroup with a new co-chair, new CHAP Coordinator, and an enhanced workplan despite the COVID-19 pandemic. The group demonstrated adaptability and perseverance in their work towards reducing the incidence of vaccine preventable diseases.

PROGRESS

STRATEGY 1: IMPLEMENT EDUCATION AND ENGAGEMENT ACTIVITIES TO DECREASE MISSED OPPORTUNITIES FOR VACCINATIONS

Several education campaigns demonstrated the importance of getting vaccines for the community. First was a flu vaccination campaign called, "Everyone, Anywhere." The campaign included having display boards at four vaccination clinics that stated, "Welcome Back to School and Importance of Vaccinations." The digital media board at Graham Park, which was the community COVID-19 testing site, displayed the importance of vaccinations, including the influenza vaccine.

Community partners were incredibly busy implementing vaccine education messages. The Mayo Clinic created posters about the importance of vaccinations. Social media messaging on immunization importance was used by many community partners. Lastly, electronic health record patient portal messaging was utilized to decrease missed opportunities for vaccinations.

STRATEGY 2: IMPLEMENT EDUCATION AND ENGAGEMENT ACTIVITIES TO DISPEL MISINFORMATION AND CONCERNS ABOUT MMR AND HPV VACCINES

In Feb 2020, a Mayo Clinic physician provided a Collaborate, About Me, Science, and Explain/Advise (C.A.S.E.) approach training to medical students when talking with parents about vaccinations. The training included an opportunity for the students to practice the approach. Future training needs were identified as cultural, religious, personal value differences, safety, efficacy, and manufacturing of vaccinations.

During the pandemic, this strategy was broadened to include all vaccines. There was a need to dispel the misinformation and concerns related to COVID-19 and healthcare appointments, including vaccinations.

SUCCESSES AND CHALLENGES

2020 was quite successful for the VPD Workgroup. 75% of the monthly meetings were maintained during the pandemic. The Vaccine Hesitancy Outreach of Somali Communities Grant work was incorporated into the VPD workplan's strategies and objectives. With the rise of COVID-19 in 2020, the grant broadened the scope to include all vaccines, providing opportunities to perform community outreach to improve school-age vaccinations as well as influenza vaccinations which were negatively impacted by the pandemic.

The COVID-19 pandemic was a challenge and impacted the workplan. The required outreach training by the grantor was postponed for the entire year and the COVID-19 pandemic eventually lead to the temporary suspension of the Vaccine Hesitancy Outreach for Somali Communities grant. Obtaining current community immunization data was another challenge.

NEXT STEPS (2020 AND BEYOND)

The VPD Workgroup will continue this important work in 2021. With many of our community partners focused on COVID-19, the group will utilize the lessons learned with COVID vaccinations to enhance the strategies and objectives to meet the VPD outcome objectives. The group will resume meetings in March 2021.

CONCLUSIONS AND NEXT STEPS

Despite the COVID-19 pandemic's best effort to slow the CHAP process down, work moved forward and 2021 will bring continued additions to the process. While several of the 2018-S2020 CHIP priorities have closed out, much of the work continues on. The Olmsted County CHAP process is poised for 2021 to have increased community involvement, meaningful community-based work, and continued community integration.