

# MILLE LACS COMMUNITY HEALTH BOARD

## COMMUNITY HEALTH IMPROVEMENT PLAN 2015-2020

*DECEMBER 31, 2014*

To view the 2016-2017 updated Community Health Improvement Plan, click [here](#).

**\*All updates made to the document are bold**

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## INTRODUCTION

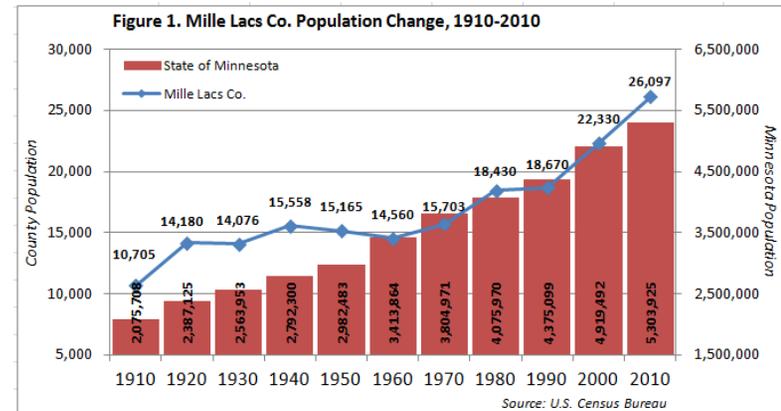
### DESCRIPTION OF JURISDICTION

Mille Lacs County is located north of the Twin Cities metro area and directly east of the St. Cloud Metropolitan Statistical Area. Over the last decade, Mille Lacs County's population rose by 16.9%, from 22,330 to 26,097, making it the eighth fastest growing county in Minnesota. Mille Lacs County is bordered by the fastest growing counties in the state: Benton, Morrison, Aitkin, Kanabec, Isanti, and Sherburne. Mille Lacs County is home to eight cities, ranging in size from just over 100 people in Bock to just under 4,700 people in Princeton. The next largest city in the county is Milaca, with 2,946 people in 2010, followed by Onamia (878), Isle (751), Foreston (533), Pease (242), Wahkon (206), and Bock (106). Though small, each community tends to be close-knit and proud.

**Update December 2015: Current Population of Mille Lacs County is 25,833.**

Highway 169 runs north and south through the center of Mille Lacs County, intersecting Princeton, Pease, Milaca, and Onamia. Highways 95, 23, and 27 run east and west intersecting Princeton, Foreston, Milaca, Bock, Onamia, Wahkon, and Isle. The Rum River originates in Mille Lacs County near Onamia and runs southward down the county through the cities of Milaca and Princeton. Mille Lacs County has 13 lakes located wholly or partly within its borders and there are several small brooks and creeks.

Mille Lacs County is unique in that by nature of its demographic location, it has a variety of cultures within its borders. Princeton has rapidly become a suburban sprawl community and has a variety of industry and commuters. Milaca is mostly a rural, farmland type setting with wildlife management areas. The northern end of the county circles around the southern half of Lake Mille Lacs and has large tourism industries including resorts, restaurants, bars, Grand Casino Mille Lacs, the regional Soo Line Trail, and two State Parks: Kathio and Father Hennepin. This area also attracts many sportsmen from the metro area to summer and winter sports, fishing, wildlife, and hunting activities. The Mille Lacs Band of Ojibwe Trust Land also lies within Mille Lacs County borders.



## DEMOGRAPHICS

Mille Lacs County's population is both younger and older than the state's population with senior citizens as the largest age group at 16.1% of the county population. Consequently, the median age in Mille Lacs County was 39.4 years in 2010, which was two years older than the state's median age. A smaller percentage of the county's population was 18 to 64 years of age, with an even smaller young-adult workforce (18-34). This reinforces the high age dependency ratio and suggests the lack of middle-aged working people in the community.

Mille Lacs County Population by Age Group, 2000-2010			
Age Group	2000 Population	2010 Population	2000-2010 Change
0 to 4 years	1,384	1,857	+34.2%
5 to 14 years	3,438	3,603	+4.8%
15 to 24 years	2,871	3,166	+10.3%
25 to 34 years	2,460	3,078	+25.1%
35 to 44 years	3,536	3,233	-8.6%
45 to 54 years	2,833	3,968	+40.1%
55 to 64 years	2,206	2,986	+35.4%
65 years & over	3,602	4,206	+16.8%
<b>Total Population</b>	<b>22,330</b>	<b>26,097</b>	<b>+16.9%</b>

Source: U.S. Census Bureau

## RACIAL DIVERSITY

Despite having the eighth highest percentage of American Indian residents in the state, Mille Lacs County's population lacks in racial and ethnic diversity. White people comprise 92.9% and American Indians comprise 7.2% of the county's total population. Mille Lacs County has 1.4% people of Hispanic or Latino origin.

## INCOME AND POVERTY

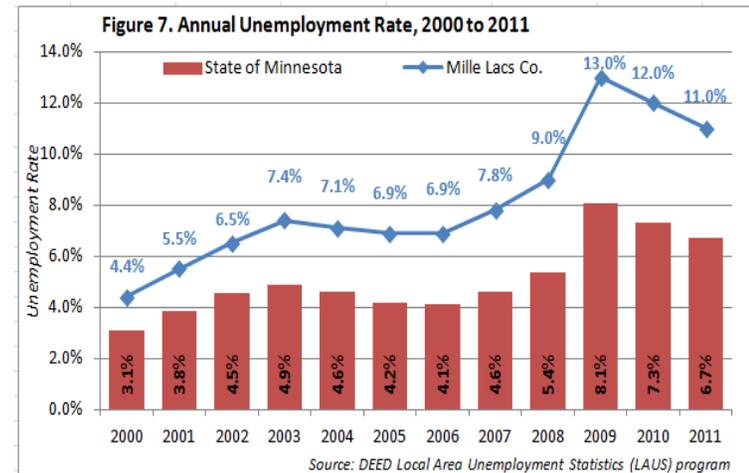
Mille Lacs County had a median household income (2009-2013) of \$47,836 which is significantly lower than the state at \$59,836.

**Update December 2015: The median household income decreased to 45,273.**

Mille Lacs County has seen increases in poverty from 2000-2009, climbing from 8.9% to 13.1%, higher than the state average of 11.5%.

**Update December 2015: Current poverty rate has increased to 13.4%.**

Over the past decade Mille Lacs County's unemployment rate has been well above the state rate and among the highest in the state. In fact, it ended with the third highest annual unemployment rate in the state in 2010. Mille Lacs



County is a net labor exporter, having more workers than jobs. Because so many workers are commuting, travel times to work were relatively long, averaging 28.1 minutes each way.

With household and family incomes lagging so far behind the state averages, it is no surprise then that a higher percentage of children live in poverty in Mille Lacs County (18.3%) than in Minnesota (15.0%). Overall, 39.8% of students in Mille Lacs County receive free or reduced-price lunches, compared to the state average of 37.3%. In 2013-2014, the range of students receiving free or reduced-price lunches varied between 70.5% (Onamia Public Schools) to 30.4% (Princeton Public Schools).

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## EDUCATION

All four school districts headquartered in Mille Lacs County are seeing a decline in enrollment over time, with the two smallest districts suffering the fastest drops. With 289 minority students out of 703 (41.1%), Onamia was the most diverse school district in the county, and actually one of the most diverse in the state. Isle was the next most diverse school district with 12.4%; while Milaca (3.4%) and Princeton (3.9%) both had less than 4% minority students in 2010-2011. Both Princeton (85%) and Milaca (84.9%) were about 9% above the state's 4-year graduation rate (75.9%) in 2010, while Onamia (57.9%) and Isle (72.6%) were below the state rate. Mille Lacs County's high school drop-out rate was 5.9%, higher than Minnesota's 5.1%.

12.3% of Mille Lacs County adults did not complete high school or earn a GED, compared to 8.7% of Minnesotans, and more than half ended their education in high school. Just fewer than 15% have a bachelor's degree or higher, which is less than half of the 31.4% of adults in Minnesota.

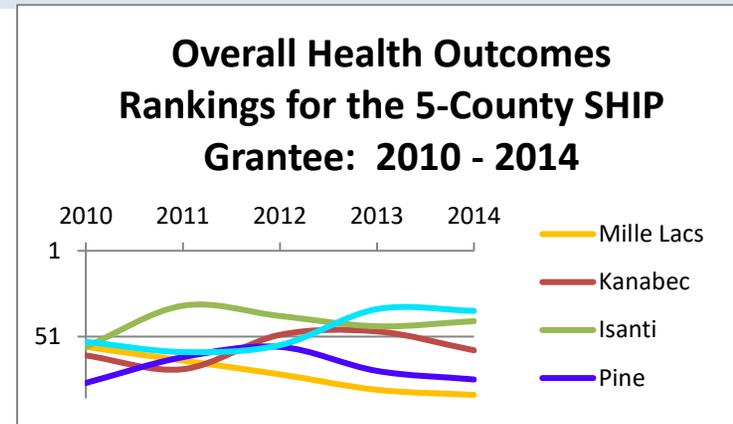
## DESCRIPTION OF JURISDICTION'S HEALTH INEQUITIES

The County Health Rankings published by the Robert Wood Johnson Foundation and the University of Wisconsin, Population Health Institute, has brought to light some of the health inequities that affect the health of Mille Lacs County. Local decision-makers and media have expressed frustration at the county's consistently low rankings, especially when compared to the other east-central counties.

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### COMMUNITY AND PERSONAL SAFETY

96.5% of Mille Lacs County participants in the Central Minnesota Community Health Survey for adults report that they feel safe in their community always or often and 96% of ninth graders responding to the 2013 Minnesota Student Survey report that they agree or strongly agree that they feel safe in their neighborhood. Of the same Central Minnesota Community Health Survey respondents, 49.4% feel that crime is a moderate to serious problem, 54.2% feel that domestic violence is a moderate to serious problem, and 51.4% feel that abuse and neglect of children is a moderate to serious problem. The child abuse and neglect rate per 1,000 in Mille Lacs County (5.1) is higher than Minnesota's (3.5).



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### ACCESS TO HEALTHCARE

In 2011, there were five physicians and eight dentists per 10,000 population. Despite the low numbers of clinicians per residents, the Central Minnesota Community Health Survey, conducted in the fall of 2013 showed that over half of the respondents in Mille Lacs County felt that having too few health care and dental providers was no problem or only a minor problem. The greater concern for accessing health care in Mille Lacs County is more closely related to insurance coverage. The percentage of adults in Mille Lacs County without insurance rose steadily from 2005 to 2011 from 10.8 to 14.6, as compared to Minnesota at 10.9 to 11.7. It is not surprising then that the local survey indicated that 74.7% of Mille Lacs County respondents felt that people without health care insurance or coverage is a moderate to severe problem.

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### OBESITY, DIABETES, AND CARDIOVASCULAR HEALTH

Mille Lacs County has an extremely high percentage of its American Indian community diagnosed with Type II Diabetes on the northern end of the county. In 2010, 8.3% of Mille Lacs County residents over age 20 suffered from diabetes while overall the rate in Minnesota was 6.7%. The

Mille Lacs Band's economic impact brochure indicates Indian people are 2.2 times more likely to have diagnosed diabetes than non-Hispanic whites of similar age. While the reasons are complex (including: food deserts, historical trauma the community faces, economic isolation, job opportunity isolation, etc.), we are cognizant of this community's needs while working to advance health equity.

It was also estimated in 2012 that 37.6% of Mille Lacs County residents were overweight (not obese) compared to 37.3% of Minnesotans, and 26.2% of Mille Lacs County residents were obese compared to 25.9% of Minnesotans. On a similar note, there was 24.4% leisure time physical inactivity by the county's adults over 20 in 2010, while Minnesota's overall rate was 19.1%.

**Update December 2015L: The obesity rate for Mille Lacs County has decreased to 18.6% and the % of the population who is overweight and not obese has increased to 37.8%.**

Unfortunately, these lifestyle choices correspond to a rate of 48.0 heart attack hospitalizations in the county, compared to 27.7 in Minnesota as a whole from 2009-2011 (per 10,000 ages 35+, age-adjusted).

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#### CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), LUNG AND BRONCHUS CANCER, AND ASTHMA

In 2013, 15.7% of Mille Lacs County residents indicated they live with a smoker, and 18.3% identified as being a current smoker. Although Minnesota's overall smoking rate was also about 18% in 2013, Mille Lacs County faces more correlated health concerns than the rest of the state.

- Mille Lacs County saw a hospitalization rate for COPD from 2009-2011 of 71.01 (age-adjusted rate per 10,000) while the state overall saw just 32.8.
- Lung cancer rates in Mille Lacs County from 2007-2011 was at a rate of 76.2 (age-adjusted rate per 100,000) while Minnesota had a rate of 56.5 over the same time period.
- From 2009-2011, Mille Lacs County saw a 79.5 rate of asthma-related emergency department visits and 9.8 hospitalizations (both per 10,000, age-adjusted), while the state overall experienced rates of 39.8 and 6.8 respectively.

**Update December 2015: The recent community health survey conducted in Mille Lacs County indicated an increase in the percentage of Mille Lacs County residents living with a smoker to 20.8% with a decrease in the current percentage of overall smokers at 14.2%.**

## PLANNING PROCESS

### PROCESS USED TO COMPLETE PLANNING

As a part of the Statewide Health Improvement Program (SHIP) in collaboration with Isanti and Chisago Counties under the leadership of the Kanabec-Pine Community Health Board, Mille Lacs County's Community Health Department participates in the Strategic Prevention Framework model to continually assess the community; not only to identify the problems but also the related conditions and consequences that contribute to the problem. Information is collected about the problem, the availability of resources to support prevention efforts, and community readiness to address the problem is evaluated. Based on the assessment, priorities are determined.

**Update December 2015: Chisago County is no longer part of the same SHIP region as Mille Lacs County. The four county collaborative now consists of Isanti, Kanabec, Mille Lacs, and Pine Counties.**

The agency will continually work to build capacity within and outside of the agency to do the work. By strengthening partnerships and identifying new opportunities for collaboration, Mille Lacs County Community Health is able to engage more people, educate the community in a cohesive and effective manner, and build sustainability. The Community Leadership Team supporting related work will play a crucial role in educating the community and building capacity for continued work addressing the health of the community. The Leadership Team is a group of community stakeholders who:

- Act in an advisory capacity
- Assist in mapping community assets
- Identify decision makers related to SHIP projects
- Identify potential priorities
- Assist in setting priorities
- Identify and engage local champions who can help move the work forward
- Ensure health inequities are being addressed

In June of 2014, Travis Wojciechowski, Mille Lacs County Health Educator, gave a presentation to the Community Leadership Team on Health Disparities, Structural Inequities, Health Equity, Health Inequity, and Structural Racism. Members were then asked to break into small groups to discuss the presentation, and be prepared to share a health inequity at the August Meeting.

In August 2014, Allison Heinzeller, a Community Specialist from the Minnesota Department of Health, provided the Community Leadership Team with training on Mobilizing for Action through Planning and Partnerships: A Community Approach to Health Improvement ("MAPP"). Allison led the group in an asset mapping exercise focusing on identifying supporters and potential supporters and champions for worksite health and wellness. This approach leads to the following:

- Measurable improvements in the community's health and quality of life;
- Increased visibility of public health within the community;
- Community advocates for public health and the local public health system;
- Ability to anticipate and manage change effectively; and
- Stronger public health infrastructure, partnerships and leadership.

Once the priorities were determined and capacity was built, strategies for addressing the needs continue with the ongoing development, implementation, and re-evaluation cycle.

Update December 2015: Continued ongoing development, implementation and reevaluation cycle.

- ❖ Continued meetings with current CLT members for new SHIP grant cycle.
- ❖ SHIP is partnering with the U of M SNAP ED program to host ECFAN (East Central MN Food Access Network) meetings to help encourage community members to the table. This will address the strategies of Healthy Eating in the community and also help the planning process of the food HUB in upper Mille Lacs County.

## COMMUNITY STAKEHOLDERS WHO PARTICIPATED IN THE PROCESS

The Pine, Isanti, Chisago, Kanabec, and Mille Lacs County region works closely to address issues of socioeconomic status and health, therefore the Community Leadership Team is a stakeholder group that spans the region and works to support one another:

Update December 2015: Chisago County is no longer in collaboration with Isanti, Kanabec, Mille Lacs, and Pine Counties. New CLT members have been added and others have been removed.

- Kathy Burrill- Lakes School District, Food Service Director (Removed)
- Tony Buttacavoli – Isanti County Public Health, Director
- Abby Olson, Pine City- Pine City High School- Food Services Director (Removed)
- Cassie Casey- Lakes & Pines CAC, Head Start

Cont: Community Stakeholders Who Participated In the Process:

- Cecilia Coulter- Chisago City Farmers Market (Removed)
- Gayle Cupit- City Center Co-op, Cambridge (Removed)
- Michael Dahlheim- Mille Lacs Health System
- Leona Dressel- Lakes and Pines Community Action Council
- Barb Eller- Mille Lacs Area Food Network (Removed joined ECFAN)
- Kathy George- City of Lindstrom (Removed)
- Nathan Johnson- City Planner, Pine City
- Megan King- Isanti County-MN Extension SNAP-Ed and Nutrition Educator
- Nikki Klanderud- Allina System, Community Engagement Manager (Removed)
- Nicole Laven- Mora's Fairview & Trailview Schools Principal (Removed)
- Nicole Linder- Fairview, Integrative Health Specialist (Removed)
- Judy Nelson- Chisago County Senior Center (Removed)
- John Olinger- City Administrator – City of Lindstrom (Removed)
- Julie Powers- Cambridge Public Schools, Food Service Director, worksite wellness director
- Darcy Rylander- Allina System, Wellness Program Coordinator
- Kam Schroeder- Kanabec County, MN Extension SNAP-Ed and Nutrition Educator
- Penny Simonson- East Central Senior Resource Center, Coordinator (Removed)
- Patrick Tepoorten- North Branch School District (Removed)
- Lauren Williams- Program Coordinator of Student-Parent Support at Pine Technical College
- Danna Woods -FirstLight Health System, Dietician
- Josi Wood- Isanti County Farmer's Market, Manager (Removed)
- Deb Wright- FirstLight Health System, Wellness First Ambassador
- Jolene Foss- City of Princeton, Community Development Director
- Mary Crouse- Lakes and Pines, Community Action Council
- Katie Everett- City of Isanti, Community Events and Parks Coordinator
- Jimmie Johnson- U of M Extension

- Sue Lyback- Family Pathways, Aging Services Manager
- Marlene Marohn- Marlene Marohn Daycare
- Natalie Matthewson- Council on Aging, Community Development Specialist
- Lisa Wong- U of M Extension

## COMMUNITY HEALTH ASSESSMENT INFORMATION SHARED WITH PARTICIPANTS

During his June of 2014 presentation on Health Inequity, Travis Wojciechowski, Mille Lacs County Health Educator, shared the following community health assessment-related information:

- COPD Hospitalizations and Lung and Bronchus Cancer rates by county
- Current percentage of smokers by area in 2013
- Data on 9<sup>th</sup> graders smoking in Mille Lacs County vs. the State of Minnesota
- Education and current smoking status in Mille Lacs County in 2013
- Household income and current smoking status in Mille Lacs County in 2013
- Minnesota adult nonsmokers and secondhand smoke data from 2003-2010

The Minnesota Public Health Data Access website was also shared with the Community Leadership Team for additional research, and Mille Lacs County's 2013 Community Assessment written by Janelle Schroeder was referenced.

Update December 2015: During her October 2015 presentation on Mille Lacs Counties Health status and disparities Alisha Voigt, Mille Lacs County Health Educator, shared the following community health survey related information.

- Obesity rates of the population within Mille Lacs County
- Current status of tobacco users (product specific)
- Meal sources utilized by Mille Lacs County Community members
- Alcohol use within the county
- Current access to healthcare
- Tobacco use by age group corresponding with product type of choice

The community health survey data was also shared with community members who attended this community forum along with breakout sessions into small groups where there was discussions about the issues and health inequities the county is facing. Presentations were given at this forum by:

The Association for Non Smokers – Chris Farmer- Lies on the topic of tobacco point of sale

AND

University of Minnesota SNAP ED – Laura Perdue on the topic of food point of sale

## ISSUES AND THEMES IDENTIFIED BY STAKEHOLDERS

At the August 2014 Community Leadership Team Meeting, the following were identified by members as Health Inequities or areas that may be susceptible to health inequity in region's communities:

- Immigration along our highways 35E and 169 which have immigrant populations over the summer periods.
- The East African population is increasingly emerging in Mille Lacs County area and there are currently no interpreters. Thought should be given to how SHIP can better help engage this population.
- The Latino population is increasingly emerging in Mille Lacs County area and there are currently no interpreters. Thought should be given to how SHIP can better help engage this population.
- There should be some time spent studying the tobacco use in the housing of the American Indian community in the northern end of Mille Lacs County. This is difficult due to the use of sacred tobacco in the Indian culture, traditions and ceremonies.
- The Lesbian, Gay, Bisexual, Transgender, Queer/Questioning community also needs more support of their youth and to raise awareness.
- Businesses that are typically open from 8:00 – 4:30 pm are not convenient to people that need to utilize their services. They are unable to get to those businesses because they are working or have limited transportation.
- The average transportation in rural areas is around 10 miles more than those who live in town or the city. This adds on an average of 20 miles for those people living in rural areas.

## COMMUNITY ENGAGEMENT IN THE PLANNING PROCESS

In spring and summer 2013, Wilder Research was contracted to conduct a survey of adults in five counties in Central Minnesota (Benton, Chisago, Mille Lacs, Sherburne, and Stearns) to learn more about their health status and health behaviors, as well as their perceptions of health concerns in their communities. Of the 1,200 sent a survey, 268 (22.3%) Mille Lacs County community members participated.

Mille Lacs Community Health also has local community partners who have been leading the charge and/or actively engaged in planning and implementing strategies to address our top community health priorities:

Update December 2015: The Central MN community health survey was conducted in the counties of Chisago, Isanti, Kanabec, Mille Lacs, and Pine (region 7E) to learn more about the regions health status. 1640 surveys were sent out with a return rate of 364 (22.2%).

- Barb Eller and many other partners have been working to increase access to healthy food for everyone in the region through the Onamia Farmer's Market and the Farm Market Café in Onamia (which is working to become a food hub).
- Kathy Faust, Food Service Director, and Cyndy Rudolph, Community Education Director, of Onamia Public Schools and Deanna Cooley, Food Service Director, of Princeton Public Schools have been working to increase access to fresh fruits and vegetables in their buildings.
  - ❖ Update December 2015: Princeton public schools is working on completing the school health index (SHI) to access their schools wellness policy. Princeton is currently in the process of revising their special treats policy for celebrations at school by improving the nutritional content of treats being brought into school. It is now called their healthy celebrations policy.
- The City of Princeton had been highly involved in the Safe Routes to School planning through their Community Development Director Carie Fuhman. Jolene Foss is now in that role and has ambitions to continue increasing the activity level of residents in her community through pedestrian and bicycle safety initiatives, way finding signage, etc.
  - ❖ Update December 2015: SHIP awarded the City of Princeton mini grant funding to purchase roundabout signage for safer streets to walk and bike.
- Caryn Strain, Property Manager for five MetroPlains's Mille Lacs County apartment buildings, and Pat Newman, Property Manager for Key Row Apartments (a Catholic Charities building) in Milaca, are working toward establishing smoke-free policies in their buildings.
  - ❖ Metro Plains established a smoke free policy that was implemented on October 1<sup>st</sup> 2015, with the help of SHIP partnerships.
  - ❖ Key Row Apartments are continuing to take steps forward and working on the implementation process of becoming a smoke free establishment.

Update December 2015: Anticipated new partnership for SHIP 4.0 with Mille Lacs County wellness committee as a workplace wellness site. With workplace wellness partnership the county would work on the initiatives to increase overall health of the employees, decrease stress levels, and lower health care costs by provided opportunities for healthy eating and physical activity, and by working to reduce tobacco exposure.

## PRIORITIZATION PROCESS USED

Mille Lacs County Community Health Staff determined our prioritization based on the following criteria:

- Available resources to address the need, including existence of evidence-based or promising practices
- Community readiness to address the need, including existing community assets/partnerships
- Degree to which the issue is health related and can impact multiple indicators of health through prevention-based strategies
- Alignment with National Prevention Strategy Objectives
- Alignment with Healthy Minnesota 2020 Objectives
- Collaborating with Fairview Health systems priorities and focusing on the areas of : Alcohol Tobacco and Other Drugs, Mental Health and Obesity related issues

## ESTABLISHED PRIORITIES

### TOP COMMUNITY HEALTH PRIORITIES WITH STRATEGIES, JUSTIFICATIONS, RESOURCES, AND MEASURES

NATIONAL PREVENTION STRATEGY OBJECTIVES	HEALTHY MINNESOTA 2020: CHRONIC DISEASE & INJURY OBJECTIVES	MILLE LACS COUNTY OBJECTIVES	EVIDENCE-BASED LOCAL STRATEGIES	JUSTIFICATION	PARTIES RESPONSIBLE FOR STRATEGY IMPLEMENTATION / EXISTING COMMUNITY ASSETS	MEASUREABLE HEALTH OUTCOMES / INDICATORS OF PROGRESS
Tobacco Free Living	Reduce Tobacco Use	Reduce exposure to and use of tobacco	Support comprehensive tobacco free and other evidence-based tobacco control policies in	There is no safe level of secondhand smoke exposure. Smoke free and tobacco free policies improve indoor air quality, reduce negative health outcomes among nonsmokers, decrease cigarette usage, and encourage smokers to quit.	Statewide Health Improvement Program (SHIP), also known locally as Partners in Healthy Living, and its	<u>Lead Indicator:</u> Young adults who smoke (age 18-34)  <b>Baseline:</b> 20.4% (2013 MLC Community Health Survey)

NATIONAL PREVENTION STRATEGY OBJECTIVES	HEALTHY MINNESOTA 2020: CHRONIC DISEASE & INJURY OBJECTIVES	MILLE LACS COUNTY OBJECTIVES	EVIDENCE-BASED LOCAL STRATEGIES	JUSTIFICATION	PARTIES RESPONSIBLE FOR STRATEGY IMPLEMENTATION / EXISTING COMMUNITY ASSETS	MEASUREABLE HEALTH OUTCOMES / INDICATORS OF PROGRESS
			multi-unit housing and workplaces	Tobacco is the single most preventable cause of death and disease in Minnesota and smoking claims the lives of more than 5,000 Minnesotans each year. Young adults in Minnesota have the highest current smoking rate among all age groups. Smoking by youth and young adults has immediate adverse health consequences including addiction, and it accelerates the development of chronic diseases across the full life course including coronary heart disease, stroke, chronic obstructive pulmonary disease, pneumonia, sudden infant death syndrome, reduced infant birth weight, and at least ten kinds of cancer.	<p>Community Leadership Team (CLT)</p> <p>MetroPlains Management Company, responsible for five buildings in the county</p> <p>Update December 2015: Smoke Free Policy implemented on October 1, 2015</p> <p>Catholic Charities, owner of Key Row Apartments</p> <p>Update December 2015: Continued steps forward to establishment of a smoke free policy. Currently in the planning phase</p>	<p><b>Target: 18.6%</b></p> <p>Update December 2015: Current use has increased to 24.3% (MLC CHS 2015)</p>

NATIONAL PREVENTION STRATEGY OBJECTIVES	HEALTHY MINNESOTA 2020: CHRONIC DISEASE & INJURY OBJECTIVES	MILLE LACS COUNTY OBJECTIVES	EVIDENCE-BASED LOCAL STRATEGIES	JUSTIFICATION	PARTIES RESPONSIBLE FOR STRATEGY IMPLEMENTATION / EXISTING COMMUNITY ASSETS	MEASUREABLE HEALTH OUTCOMES / INDICATORS OF PROGRESS
Healthy Eating	Increase Fruit and Vegetable Consumption	Increase access to healthy foods for everyone in the county	<p>Develop a local food hub in northern Mille Lacs County</p> <p><b>Update December 2015: Currently working on the planning and implementation phase. Allowing Access to ECFAN to assist with this process.</b></p> <p>Promote and support the use of EBT at Farmers' Markets</p> <p><b>Update December 2015: With the cost of processing EBT transactions it is unknown at this point if EBT will</b></p>	Eating a balanced diet is one of the most important ways of improving overall health. Different nutrients have different roles so it is important to eat a wide range of food rich in fruits and vegetables. Poor eating habits that result in too many calories and not enough nutrients increase risk for chronic disease and disability.	<p>Statewide Health Improvement Program (SHIP), also known locally as Partners in Healthy Living, and its Community Leadership Team (CLT)</p> <p>Onamia Farmer's Market</p> <p>Farm Market Café</p> <p>School Food Service Program Directors</p> <p><b>Update December 2015: Mille Lacs wellness committee is anticipated for new partnership with SHIP workplace</b></p>	<p><u>Lead Indicator:</u> Youth (9th graders) who eat fruits and vegetables each at least twice a day</p> <p><b>Baseline:</b></p> <p>Fruits = 16% Males, 21% Females</p> <p>Vegetables = 14% Males, 17% Females (2013 MLC MSS)</p> <p><b>Target:</b> 30%</p> <p><u>Lead Indicator:</u> Adults who eat the recommended servings of fruits (3-4) and vegetables (5+) daily</p> <p><b>Baseline:</b></p> <p>Fruits = 12.1% Males, 16.3% Females</p> <p>Vegetables = 1.5% Males, 3.0% Females</p>

NATIONAL PREVENTION STRATEGY OBJECTIVES	HEALTHY MINNESOTA 2020: CHRONIC DISEASE & INJURY OBJECTIVES	MILLE LACS COUNTY OBJECTIVES	EVIDENCE-BASED LOCAL STRATEGIES	JUSTIFICATION	PARTIES RESPONSIBLE FOR STRATEGY IMPLEMENTATION / EXISTING COMMUNITY ASSETS	MEASUREABLE HEALTH OUTCOMES / INDICATORS OF PROGRESS
			<p>be accessible in upper Mille Lacs County for farmers markets. Would like to see an increase in transactions to help close this gap.</p> <p>Increase access to healthy foods at schools, childcare facilities, and workplaces</p> <p>Update December 2015: With SHIP mini grant dollars, Barb was able to purchase a high tunnel to allow for year round harvesting of crops</p>		<p>wellness where one of the focus areas is on healthy eating.</p>	<p>(2013, MLC Community Health Survey, all adults)</p> <p><b>Target:</b> 20%</p> <p>Update December 2015: Combined total for Males and Females</p> <p>Fruits = 16.8%</p> <p>Vegetables= 4.3% this indicates a slight increase in the number of fruit and vegetable consumption from the residents of MLC</p>

NATIONAL PREVENTION STRATEGY OBJECTIVES	HEALTHY MINNESOTA 2020: CHRONIC DISEASE & INJURY OBJECTIVES	MILLE LACS COUNTY OBJECTIVES	EVIDENCE-BASED LOCAL STRATEGIES	JUSTIFICATION	PARTIES RESPONSIBLE FOR STRATEGY IMPLEMENTATION / EXISTING COMMUNITY ASSETS	MEASUREABLE HEALTH OUTCOMES / INDICATORS OF PROGRESS
			Mille Lacs County Wellness committee has implemented a healthy snack station to give employees access to healthier options throughout the work day.			
Active Living  Update December 2015: The Active Living Strategy is now going to be layering with Healthy Eating. It	Increase Physical Activity	Increase the access and opportunity for physical activity among everyone in the community	Safe Routes to School partnerships  Complete streets policies or plans to increase pedestrian and bicycle safety  Update December 2015: School and	Physical activity is a public health priority and impacts nearly every aspect of health. Lack of physical activity, combined with a poor diet, is the second leading cause of preventable death and disease and poses a huge economic burden on Minnesota. Physical inactivity is associated with an increased risk of obesity, heart disease, stroke, diabetes, cancer, falls, arthritis, and depression.	Statewide Health Improvement Program (SHIP), also known locally as Partners in Healthy Living, and its Community Leadership Team (CLT)  City of Princeton (Community Development Planner)	<u>Lead Indicator:</u> Youth (9th graders) who meet physical activity guidelines (at least 60 minutes of physical activity daily)  <b>Baseline:</b> 21% Males, 14% Females (2013 MLC MSS)  <b>Target:</b> 30%  <u>Lead Indicator:</u> Adults who meet physical activity guidelines (at

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will be implemented with schools and workplace wellness partnership . It is no longer a standalone strategy			workplace partnerships		<p>Update December 2015: Princeton School district</p> <p>Princeton's Safe Routes to School Partnership</p>	<p>least 30 minutes of moderate physical activity 3+ days a week)</p> <p><b>Baseline:</b> 59.4% Males, 61.5% Females (2013, MLC Community Health Survey, all adults)</p> <p><b>Target:</b> 75%</p> <p>Update December 2015: Total adults getting moderate exercise 5+ days a week males and females combined was</p> <p>0-4 days = 71.3%</p> <p>5+ days= 28.7%</p>

PRIORITY ALIGNMENT WITH SOCIAL DETERMINANTS OF HEALTH AND IDENTIFIED LOCAL HEALTH INEQUITIES

Tobacco free living, healthy eating, and active living are all Mille Lacs County priority areas aimed at addressing social determinants of health that arose based on health inequities identified in the jurisdiction. Each of these priorities has a policy-based strategy from which systematic and environmental changes will continue to grow and foster increased health.