

2024

Community Health Improvement Plan

**Community
Health  Board**
LE SUEUR-WASECA



Public Health
Prevent. Promote. Protect.
Le Sueur County



Public Health
Prevent. Promote. Protect.
Waseca County



The community health improvement plan helps local public health identify gaps, resources, programs, and procedures to improve the health of the community.

Mission:

Public health works to protect, promote, preserve, and enhance the health of our community.



Public Health[®]
Prevent. Promote. Protect.

Click Below to explore Le Sueur & Waseca websites:

Le Sueur: <https://www.co.le-sueur.mn.us/673/Public-Health>

Waseca: <https://www.wasecacounty.gov/130/Public-Health>

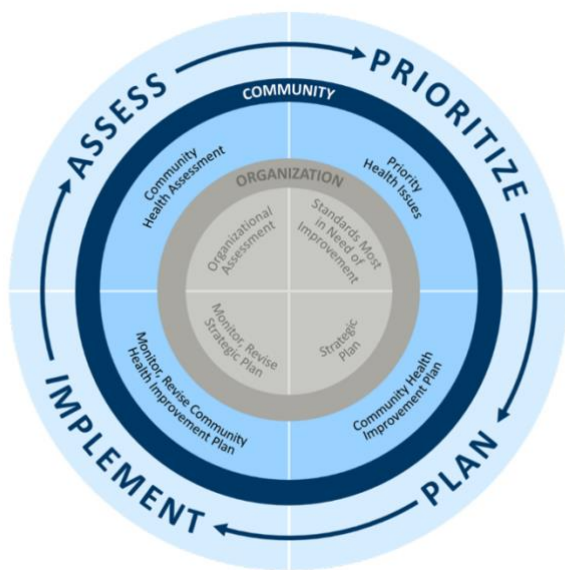
Community Health Board Website: <https://www.lwchb.org/>

Purpose:

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Background:

Le Sueur and Waseca counties are in the heart of Southcentral Minnesota. Both counties decided to join forces in 1977 under a joint power partnership. This partnership was formed to unite the two counties and provide the best possible services to the community members. The partnership is often referred to as the community health board. This beneficial partnership of the community health board allows both Le Sueur and Waseca counties to support and compile grant funding to serve the maximum amount of community members. Under this agreement for the past 46 years, the community health board has been able to complete numerous local health assessments and planning programs to receive the greatest return on health in the counties. One requirement of this community health board agreement is to complete a Community Health Assessment, which identifies the top health concerns in the counties every five years. These local health assessments and planning programs benefit the local community members in Le Sueur and Waseca counties and benefit the state of Minnesota by incentivizing funding for essential programs and services. The Community Health Assessment allows local public health departments to identify gaps and barriers every five years. The gaps and barriers allow public health to reassess their services holistically to address health inequities and help their community members thrive. The services and programs Le Sueur and Waseca counties offer include family health, senior services, women, infants, and children (WIC), healthy smiles, environmental health, and waiver services.



To further communicate the results of the Community Health Assessment, the data needs to be analyzed and communicated to the public. To do this work, a Community Health Improvement Plan was created. A Community Health Improvement Plan is a long-term plan that helps identify areas where the community desires to improve its health. The Community Health Improvement Plan will allow public health to identify a systematic process to address the gaps and barriers within the Le Sueur and

Waseca counties' jurisdiction. This Community Health Improvement Plan will address two health gaps or barriers, these areas are referred to as the Community Health Improvement Plan priority areas. These priority areas were selected based on data from the Community Health Assessment report, community conversations, and stakeholder input. The last Community Health Improvement Plan focused on the health priorities of healthy eating, mental health, physical activity, and substance abuse. The picture to the left summarizes how the Community Health Assessment and Community Health Improvement Plan come together to help the communities. Both the Community Health Assessment and Community Health Improvement Plan are found in the blue ring of the picture because these plans help externally improve the health and well-being of the community. The grey areas represent public health's organizational work. Plans in the grey area include the Strategic Plan and the Quality Improvement Plan. The Strategic Plan lays the internal groundwork for the external implementation of the Community Health Improvement Plan. The Quality Improvement Plan and the Community Health Improvement Plan inform and influence each other's roles, responsibilities, and goals. The outer light blue ring in the picture represents how all these plans come together to be a part of a larger-scale system that highlights a continuous cycle of improvement and revaluation. These are highlighted by the words Assess, Prioritize, Plan, and Implement. Without the Community Health Improvement Plan the cycle would not exist and the community would have a lesser chance to live a healthier life.

The planning process of the new Community Health Improvement Plan initially involved the review of the previous Community Health Improvement Plan. The next step included a yearlong data-gathering session to create a Community Health Assessment. After the completion of the Community Health Assessment, surveys were conducted at county fairs, community events, and on social media to receive feedback from

the community about health gaps or barriers, community meeting locations/dates/times, and discussion topics for future community meetings—a total of 51 participants filled out this survey. The highlights from this survey include 6 pm to 7 pm meeting times, community members are willing to travel up to 15 miles to meetings, the best days of the week for community meetings, and discussion topics for community meetings such as mental health, wellness programs, resources for aging community members, and safe places to walk, bike, and exercise. A second survey was sent out specifically to public health partners and stakeholders. This survey helped the planning committee establish locations and content-specific topics for the community meetings. A total of 95 community partners and stakeholders were contacted and 21 filled out this survey. The highlights from the public health partners and stakeholders survey included mental health, rural communities, and transportation. Next, the planning committee advertised the community meetings through a communications contractor. A total of 8 community meetings were conducted: three community meetings in Le Sueur County, four meetings in Waseca County, and one virtual meeting. This planning process was outlined from the MAPP 2.0 systematic process, which the National Association of City and County Health Officials put together.

Marketing:

To communicate information about community conversations, a wide variety of communication channels were utilized to achieve the greatest outreach in Le Sueur and Waseca County. These communication channels included Google Ads, Spotify, Pandora, social media accounts, public health websites, local newspaper ads, community partner word of mouth, and press releases. Google Ads, Spotify, Pandora, and press releases were all new channels of communication that public health has not used. Public health in the past has relied on social media accounts, local newspapers, public health websites, and word of mouth to communicate information to the public. The goal for the large outreach of communications channels was to connect with all the communities targeted for community conversations. Public health felt that their current communications channels did not reach all the community members in Le Sueur and Waseca County to the best of their ability. To help with these new communications channels, a communications contractor, Lime Valley, was utilized to help generate templates and consistent messages for our community members. Public health was not able to track all the communications channels but did record total impressions generated from the online messages and asked participants at community conversations where they heard about the meetings. From the online messaging, Google Ads produced the greatest number of impressions with community members followed by Pandora and then Spotify. From the community conversations, there was not a single communication channel that stood out the best. Participants of the community conversations mentioned all communication channels, not alluding to one specific communication channel. This large array of communication channels was a valuable effort, and lessons were learned where community members go to receive information.

Meeting locations:

A meeting facilitator, Moxxim, was used to help conduct and analyze community meetings. Moxxim helped support our community members through trust and collaboration to communicate thoughts and perspectives about the data from the Community Health Assessment. To help communicate these data points, two types of meetings were conducted to capture a wide array of thoughts and perspectives. A big driving factor behind two different meetings was because the Community Health Assessment showed a lot of data about possible health inequities that have arisen from multiple communities, therefore public health wanted to dive deeper into these communities and understand why some of the health inequities are happening. The first type of meeting was a general meeting targeting a broad range of community members. The purpose of the general meetings was to reach a large variety of community members and get as many as possible to the meetings. A total of 8 general meetings were conducted. The second type of meeting was a targeted meeting. These meetings were conducted as a focus group meeting. The intention behind the targeted meetings was to reach the low-income, aging population, or non-English speaking community members. The goal was to reach the more vulnerable populations as seen from the Community Health Assessment data. A total of one targeted meeting happened. Both the general and targeted meetings had the same outline and data collection process. The meeting dates and times are listed below:

Meeting Recap:

Location:	Time/Date:	Attendees:	Topic:
<i>New Prague (American Legion)</i>	<i>6-7:30 pm/Sept. 27th</i>	<i>1</i>	<i>Mental health and Well-being</i>
<i>Waseca (Veteran of Foreign Wars)</i>	<i>3:30-5 pm/Sept. 28th</i>	<i>3</i>	<i>Mental health and Well-being</i>
<i>Virtual</i>	<i>9-10:30 am/Sept. 29th</i>	<i>5</i>	<i>Mental, Physical Health and Well-being</i>
<i>Janesville (Purple Goose)</i>	<i>6-7:30 pm/Oct. 4th</i>	<i>8</i>	<i>Mental, Physical Health and Well-being</i>
<i>Le Center (Clubhouse)</i>	<i>6-7:30 pm/Oct. 5th</i>	<i>5</i>	<i>Mental, Physical Health and Well-being</i>
<i>Waterville (Senior Center)</i>	<i>3:30-5 pm/Oct. 10th</i>	<i>0</i>	<i>Mental, Physical Health and Well-being</i>
<i>New Richland (Library)</i>	<i>3:30-5 pm/Oct. 12th</i>	<i>4</i>	<i>Mental, Physical Health and Well-being</i>
<i>Waldorf (Community Center)</i>	<i>6-7:30 pm/Oct. 24th</i>	<i>2</i>	<i>Mental, Physical Health and Well-being</i>

One focus group was conducted separately from the community conversations. The purpose of conducting a focus group was to target specific populations public health wanted to gain more feedback from and build stronger connections. The one conducted focus group involved the youth, but there were efforts to reach the non-English speaker/Hispanic community, but could not get enough participants to sign up. (Found Below)

Focus Groups/Targeted Meetings:

Location:	Time	Attendees	Topic:
Waseca	12 pm	4	Youth

Meeting Layout:

All eight general meetings and the one targeted meeting were conducted within the 1.5-hour time frame. The meeting layout involved a five-step process. The five-step process included a Welcome & Framing section, a Table Discussion, a Data Walk section, a second Table Discussion, a Sharing section, an Ideas Gallery section, and lastly a Closing section. View Appendix 1: Meeting Outline to see the meeting layout of the general and targeted meetings.



Here is a picture of the community meeting set up. The team used numerous placeholder items to keep community members engaged and feel safe during the community meetings.

Public health helped guide the conversations using the data walk and ideas gallery sections. The data walk section was used to inform community members about important health data trends from the Community Health Assessment.

The Ideas Gallery section involved participants placing two dot stickers on the following six areas to identify health priorities in their community. The dot stickers allowed the community to vote on what areas could be strengthened. The following areas of the Ideas Gallery section included:

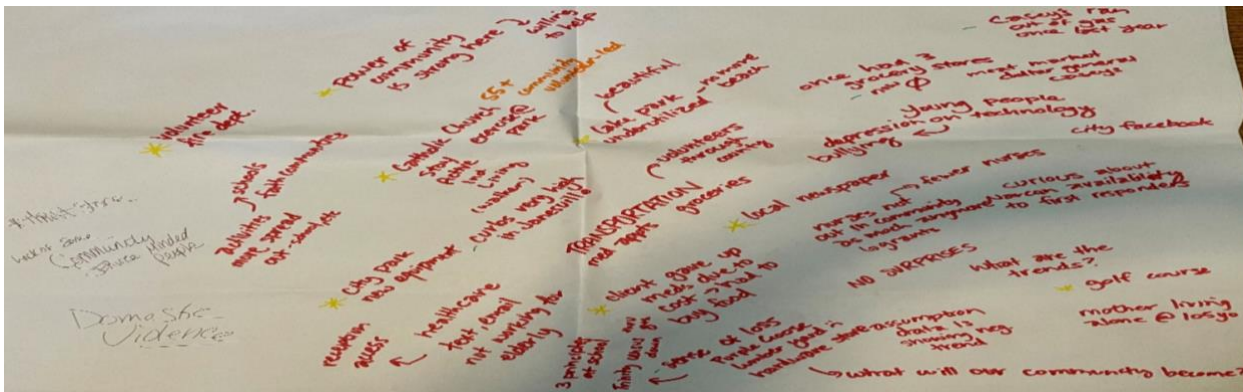
- Reduce negative attitudes and raise awareness about the importance of mental health and wellness.
- Support people in our community in mental health crisis situations.
- Help vulnerable populations (youth, marginalized, elderly) access local mental health supports and serve to meet their needs.
- Build connections throughout the community.
- Help youth, families, and our community promote mental health and prevent or delay the onset of mental illness.
- Increase focus on substance use prevention, treatment, and recovery.
- Invest in community health programs (community gardens, safe places to exercise, etc.) to promote healthy behaviors.

Recap Meeting:

To share the results of the community conversations, a final recap was held on a virtual platform. The meeting was available to community members who did not have access to a virtual platform. One meeting was available in Le Sueur County and one meeting was available in Waseca County. A total of 27 community members attended the final recap meeting. The link to the meeting is found here:

<https://www.youtube.com/watch?v=mOoalsYpRm4>

Results:



Here is a picture of the notes taken during the community meetings. All of the thoughts and perspectives were captured about how the data trends made community members feel.

Community Assets identified:

During the community conversations, respondents were asked to identify community assets and strengths. Over half of the survey respondents mentioned the benefits of living in a small-town community, including strong connections and shared willingness to help one another and those in need. As one individual noted: “I feel everyone works well together in our community. When something happens, others are there to help and assist when needed.” Respondents also drew attention to excellent hospital systems and nearby medical resources, regular citizen engagement, and a diverse population.

To create impactful change in the Community Health Improvement Plan, the utilization of community assets is a big component of this work. Collaborating and engaging with the resources mentioned above will help ensure a positive change happens. Public health cannot be the stand-alone entity working to address health concerns in the counties. Without utilizing the community assets, the plan has a lesser chance of succeeding.

Community Barriers identified:

With respect to Public Health, survey respondents identified topics including mental health, issues related to the supply of providers or services, and transportation. Mental health, supply-side issues, and transportation were also prominent in the interviews. Other topics include food access, youth services (sex education and tobacco prevention), cannabis education, health disparities, and healthcare access, particularly for under-resourced and rural populations.

Community barriers are a huge component of making an impactful change in the Community Health Improvement Plan. The utilization of community assets is one way to address these barriers. The community barriers also help identify what areas in the Social Determinants of Health Model can be addressed to incorporate holistic equity to help identify goals and objectives in the community health improvement plan.

Where to Invest resources:

At the end of the community meetings. Participants were given two dot stickers to vote on where they would invest resources to make changes in Le Sueur and Waseca counties. This was the Ideas Gallery section that was previously mentioned. If participants thought resources should be invested elsewhere, the participants had the option to write down additional ideas. Below is a table that shows the results of how participants voted overall. What was learned from these community meetings is that mental health is a major concern in our area. The top two responses include investing in increasing access to mental health resources in the youth, marginalized, and vulnerable populations and building connections

throughout the community. What these votes also tell us is that every investment area received a vote. This shows the amount and scope of work that can be done in Le Sueur and Waseca counties.

Voting:

Investment Area	Total Stickers
Help Vulnerable populations (youth, marginalized, and elderly) access local mental health support and services to meet their needs	18
Build Connections throughout the community	16
Invest in community health programs (Community gardens, safe places to exercise, etc.) to promote healthy behaviors	6
Reduce negative attitudes and raise awareness about the importance of mental health and wellness	4
Increase focus on substance use prevention, treatment, and recovery	3
Support people in our community in mental crisis situations	3
Help youth families and our community promote mental health and prevent or delay the onset of mental illnesses	2

Summary Results:

Another data source besides the voting of dot stickers included qualitative data such as the themes of the conversations at each community meeting. The data analysis of the themes for each community conversation was compiled into questions explored, discussion points, and areas to invest sections to reveal the main key points from each meeting. (View Appendix 2: Summary Results)

Priority Area Identification:

After compiling all the results from the community conversations and the stakeholder input, public health staff from both counties came together to focus on selecting two priority areas. The priority areas were identified through a scoring system to determine the best fit for Le Sueur and Waseca counties. The scorecard considered various factors about realistic expectations of public health and the social determinants of health model to address equity and vulnerable populations. To address the areas of health inequities, the Community Health Assessment data was used to narrow down the health inequities such as the aging population, race, language, household income, and health behaviors. The community conversations highlighted the health inequities of social connection, transportation, and healthcare access. The public health team rated each community topic on relevance, appropriateness, impact, and feasibility. After an initial review and conversations of realistic expectations, the final topics for priority area selection included: healthcare access, transportation, substance abuse, mental health, and social connectedness. At the end of the scoring, an average was taken to address the top two priorities. Mental health and substance abuse scored the highest and were identified to be the top two priorities to focus on. Substance abuse scored (4.0) and Mental health scored (3.5). Healthcare access scored (3.25), transportation scored (2.5), and social connection scored (3.0). The scores were close on each priority area's relevance and appropriateness. What stood out to select mental health and substance abuse as the top two priority areas was the impact and feasibility public health and community partners could provide in the 5-year cycle. The voting results can be found in Appendix 3: Priority Area Voting.

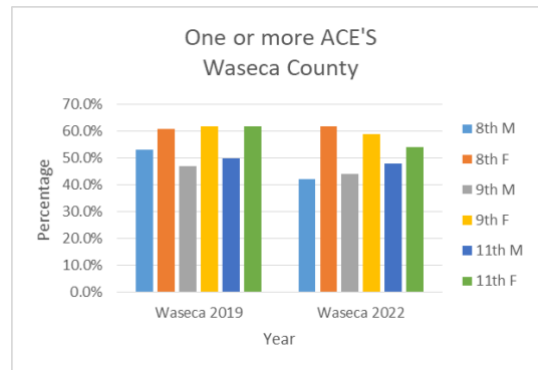
Priority Areas:

The priority areas identified are mental health and substance abuse. Based on the data collection and community conversations substance abuse received the highest score and mental health was a close second. The remaining health priority areas identified are still valuable areas to put time and effort into. Further work may be done separately from the Community Health Improvement Plan to address healthcare access, transportation, and social connectedness.

Priority Area 1: Mental Health

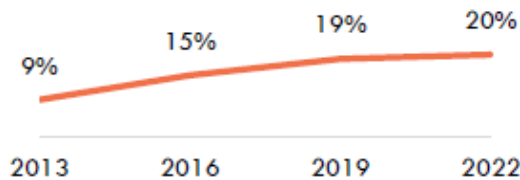
Mental health data:

Below are a few data points that highlight vulnerable populations that are specific to Le Sueur and Waseca counties which helped aid in the priority area selection of mental health. These data points highlight the importance of mental health in Le Sueur and Waseca. These data cover both mental health concerns in youth and adults.

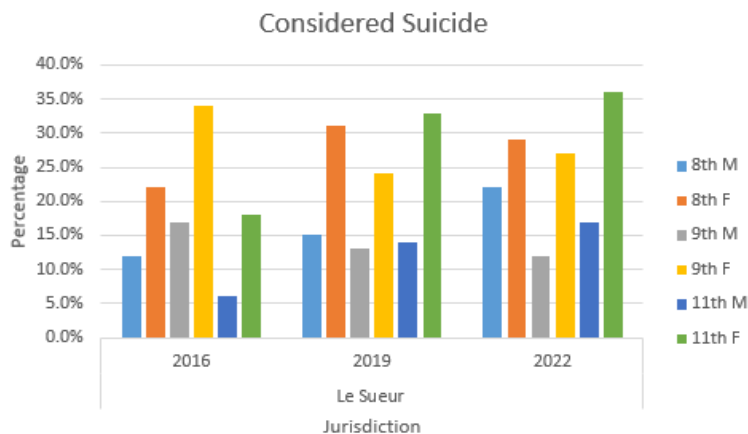


This graph of Adverse Childhood Experiences (ACEs) includes parents' divorce, neglect (emotional), Abuse (Physical), a parent with a mental health condition, or a parent in prison. Nearly half of Le Sueur and Waseca counties residents report experiencing one or more Adverse Childhood Experiences. This graph highlights the concern of mental health in our youth population. Nearly half of the students reported one ACE. (Minnesota Student Survey)

Anxiety or panic attacks, 2013-2022



This graph shows that anxiety and panic attacks have been on the rise in both Le Sueur and Waseca County over the years. This information was compiled from the 2022 Adult Community Health Survey.



The thoughts of suicide are alarmingly high in high school female students. Over 1 in 4 Le Sueur and Waseca students reported thoughts of suicide. (Minnesota Student Survey 2022).

Mental Health Action Plan:

The goal of priority one is focused on knowledge and understanding of mental health. This aligns with numerous state and local health priorities such as MN Thrives and the National Strategy for Suicide Prevention. To measure the effectiveness of this work we plan to utilize the ACEs dashboard from the Minnesota Department of Health and Minnesota Student Survey as new reports come out in 2025 and 2028.

Mental Health Objective 1: Education on ACEs

The first objective focuses on providing training and resources on ACEs (Adverse Childhood Experiences). Public health will work with established partners to provide informational meetings and materials to the communities and schools. This will be done by gathering local, regional, and state data as well as finding policies to support ACEs interventions. This objective also helps address high-risk populations as well as health inequities within our communities, which is a requirement for one of the community health improvement plan objectives.

Mental Health Objective 2: Mental Health Resource Map

The second objective focuses on creating and maintaining a mental health resource map to address poor health outcomes. Public health will support this objective by compiling mental health information that is local and regional. Public health will also classify these resources and find a partner to serve as the gatekeeper of this resource map.

Priority Action Planning:

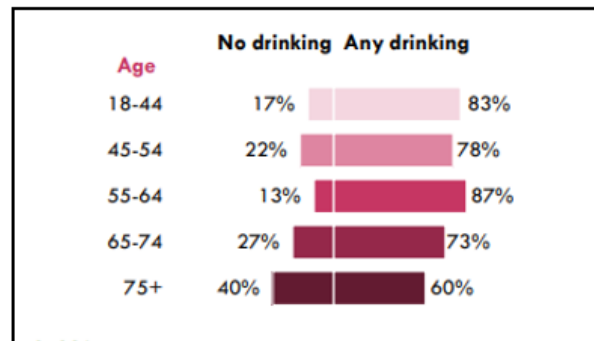
Priority # 1. Mental Health				
Goal: To increase knowledge and understanding of mental health in our communities				
Key Measure: Reduce the percentage of ACEs in students from the Minnesota Student Survey				
Alignment with national health priorities: SAMSHA, National Strategy for Suicide Prevention				
Alignment with state health priorities: Help collaborate with the Minnesota Department of Health toward zero suicides, MN Well-being, child and family well-being, and Minnesota Thrives				
Objectives that address policy change's goal				
Objectives	Measure	Action steps	Timeframe	Lead
1. Educate and provide training/resources on ACEs	<u>Baseline:</u> Provide opportunities to community partners to help strengthen their skills about ACEs <u>Target:</u> Provide ACE training to schools* to close identified gaps and encourage systematic changes to support ACE prevention	Gather state and local data on ACE's Find policies that support ACE's intervention Compile resources to create a training plan on ACE's	Start: 2024 End: 2028	Community Health/SHIP and DHS
2. Create and maintain a mental health resource map	<u>Baseline:</u> Compile a list of current mental health resources in Le Sueur and Waseca that also includes surrounding geographical resources <u>Target:</u> Identify a gatekeeper of the resource map that can be maintained and updated	Research local mental health resources Present resource map to community leaders Identify a way to market and maintain the resource map	Start: 2024 End: 2028	Community Health

**Schools whose administrative office is located in Le Sueur and Waseca County are the priority of this work.*

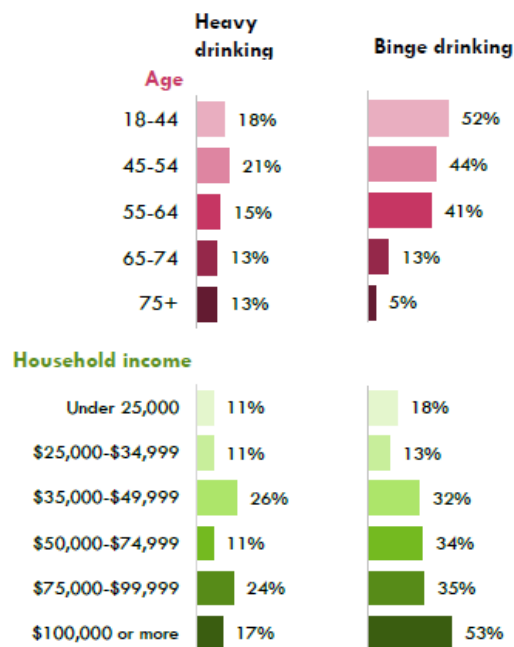
Priority Area 2

Substance Abuse Data:

Below are a few data points that highlight vulnerable populations that are specific to Le Sueur and Waseca counties which helped aid in the priority area selection of substance abuse. These data points show the high amount of substance use that is occurring in Le Sueur and Waseca.

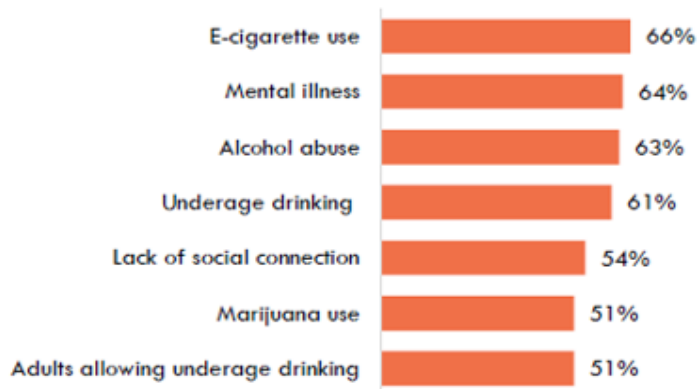


During the past 30 Days, 75% of Le Sueur and Waseca County residents reported drinking alcohol in the past 30 days regardless of age group. This was a slight increase from 68% in 2019. (Adult Community Health Survey 2022)



Binge drinking occurred the most in the 18 to 44 age group and higher-income households. Binge drinking is defined as consuming 5 or more drinks on one occasion and 4 or more for women. Binge

drinking can lead to serious health implications and safety factors if not addressed appropriately (Adult Community Health Survey 2022)



This chart shows our community members' opinions on what concerns they feel are important to address and invest resources. Numerous substances are on this list as the team took a lot of consideration on the community's thoughts. (Adult Community Health Survey 2022)

Substance Abuse Action Plan:

The goal of substance abuse priority is to increase the knowledge and safety of community members about harmful substances. This goal builds off the last community health improvement plan and aligns with priorities set by community partners, and local and national entities. The Minnesota student survey will be used to track the progress of this priority for the years 2025 and 2028.

Substance Abuse Objective 1: Opioid Data for policy change

This objective focuses on collecting data on opioid abuse to inform policy change. Public health will identify processes to collect data that is specific to Le Sueur and Waseca as most data is currently reported regionally. This objective will promote policy change, a requirement of the community health improvement plan objectives.

Substance Abuse Objective 2: Local and State policy review

This objective focuses on reviewing local and state policies to inform change. Public health will review and collect data to support or change policies that impact communities in Le Sueur and Waseca. Collecting data will support evidence-based practice to illustrate health equity in policy development, this too is a requirement of the community health improvement plan.

Priority Action Planning:

Priority # 2: Substance Abuse				
Goal: To increase the knowledge and safety of community members about harmful substances				
Key Measure: Increase the percentage of students who say no to things that are dangerous or unhealthy from the Minnesota Student Survey				
Alignment with national health priorities: SAMSHA, Healthy People 2030,				
Alignment with state health priorities: MN Well-being, Opioid Pandemic				
Objectives that address policy changes goal				
Objectives	Measure	Action steps	Timeframe	Lead
1. Collect data on Opioid abuse and share it with the public	<u>Baseline:</u> Identify the process to collect data specific to Le Sueur and Waseca <u>Target:</u> Support Evidence-based best practices to advocate for change and infrastructure resources	Identify a platform to collect data and share results Meet with community partners to receive feedback on the data collection and dispersal process Identify and revise local or state policies on substance abuse	Start: 2024 End: 2028	Public Health
2. Review local and state policies on substance abuse	<u>Baseline:</u> Review policies from school districts* <u>Target:</u> Identify areas where local policies can be changed or updated to promote a decrease in substance abuse	Meet with the local school administrators and city officials to discuss policies Collect data to identify areas of possible policy change. Identify resources to help make any desired changes happen.	Start: 2024 End: 2028	Public Health

*Schools whose administrative office is located in Le Sueur and Waseca County are the priority for this work.

Social Determinants of Health



Objectives targeting mental health and substance abuse were written to address the Social Determinants of Health model while emphasizing local policies to address health equity. The Social Determinants of Health model takes into consideration all the factors of a person’s environment to determine their overall health. The picture to the left shows the six areas that are deemed important to maintain a healthy life. No area is less important than the other. Also taken into consideration to help write objectives for mental health and substance abuse were past community health improvement plan objectives, surrounding county community health improvement plan objectives, and other local health department objectives, as well as internal resources and partnerships. Analyzing and combining these objectives allowed public health to create realistic and measurable strategies to address mental health and substance abuse. Outlined in the tables above include measures, action steps, and timeframes, which can be utilized from current community assets that were identified in our community meetings and past projects. This includes small-town connections and school partnerships. Utilizing these community assets will allow the community health improvement plan to collaborative work and holistically address each objective.

Measures and Evaluation:

The Community Health Improvement Plan is a living, flexible, and dynamic document. The initial assessment of the two priority goals, key measures, and objectives is measured every year to track progress on the community health improvement plan. The goals, key measures, and objectives may change due to the feasibility of the plan and the change in partners, data, and other internal or external resources. The best quantitative measurement will be from the Minnesota Student Survey in 2025 and 2028. Our Community Health Improvement Plan aligns over these two data periods and will be used to access and evaluate the current Community Health Improvement Plan. Overall, a community is always changing and with the direction and teamwork of the Community Health Improvement Plan, a healthy more resilient community will arise. Below is a table that will be used to help with the yearly evaluation of each objective.

Priority:					
Objective					
Measure	Action steps completed	Timeframe	Lead	Progress made	Completed

This table will be used to track yearly updates of the Community Health Improvement Plan. Summarized information will be included in this table, along with a written report that includes the progress of the objective and any changes that have arisen. This process is a simple way to track the progress and strategies of each objective. This table will be made accessible to the community via Public Health's website.

Sharing:

The results of the Community Health Improvement Plan process can be found on the Le Sueur and Waseca website (<https://www.lwchb.org/>). Updates and changes about the plan will also be posted on social media platforms. Look for outreach efforts from public health as part of these plans involve community engagement with partners and community members.

Next steps

This Community Health Improvement Plan is not just for Public Health use. Community partners, businesses, stakeholders, non-profit organizations, and community members can use this plan to help improve the overall health of Le Sueur and Waseca counties. This plan can be accessed by anyone and used for multiple purposes: strategic planning, volunteer opportunities, support groups, policy development, grant funding, reducing community barriers, fundraisers, or local engagement efforts. The plan is a community effort and the more the groups involved the greater the impact the plan will be.

Conclusion:

The Community Health Improvement Plan is a state requirement conducted every five years. This plan helps public health organizations strengthen their internal and external assets and identify areas where gaps exist and can be closed, as well as learn from the community and partners about new or existing resources. This plan will provide a strategic direction to help public health and community partners close the gap in mental health and substance abuse. The yearly evaluation of both the mental health and substance abuse objectives will help keep the plan in order. The goal is to see measurable change in the next five years. After the completion of this plan in 2028 Public Health and community partners will engage in this same process to identify needs and resources in Le Sueur and Waseca County.

Appendix 1: Meeting Outline

TIME	DUR	ACTIVITY	WHO	MATERIALS
5:00	45 min	Prep the space		Refreshments and speaker for music
5:45	20 min	Unofficial Start <ul style="list-style-type: none"> • Greet people as they arrive • Invite them to get name tag, refreshments, a seat at a table 		Tables: non-sticky flipchart paper, post-it notes, markers, dot stickers, table clothes Welcome Table: Sign-in sheet, pens, nametags, reflection sheets, PH brochures, clipboards
6:05	5 min	Welcome & Framing <ul style="list-style-type: none"> • Framing the overall project. For public health to listen. Community input will help drive public health work, inform policies, and help in prioritizing use of future funding so it meets community needs. Specifically, one of the priorities is how to use funding from opioid settlement to improve mental health with community • Share intention for this event and the flow • Guiding Values <ul style="list-style-type: none"> ○ Safety: In this space, people can feel comfortable sharing their stories, in the language of their choice. ○ Confidentiality: Learning goes out with you, the names and stories stay here. ○ Respectful attention: We give people the space and attention they need to tell their stories. ○ Equality: I am not better than anyone and no one is better than I am. ○ Belonging: Each of us holds an important piece of the puzzle. ○ Collaborative: We come with open minds and an intention to learn from and work with each other towards a larger cause. ○ Inclusivity: We value differences in people and ideas and will ensure that the voices of underrepresented groups, people who live with visible and invisible disabilities, who 		Microphone

		<p>experience prejudice, discrimination, and marginalization are heard.</p> <ul style="list-style-type: none"> • There will be moments of silence for reflection. You're invited to capture your reflections on reflection sheets which we will collect at the end of the evening. • Who's in the room - data mapping with our bodies <ul style="list-style-type: none"> ○ Geography: N, W, E, S and distance from venue where you live... where you work ○ How long have you been in the area: first gen, 2nd gen, 3rd gen, + ○ Turn to the person near you to share one thing unique about the town you live or work in, quirky facts? ○ What else? 		
6:10	15 min	<p>Table Discussion</p> <ul style="list-style-type: none"> • Each person: Introduce yourself and say a little about why you wanted to be part of this discussion. • Take thirty seconds: Think of just one word, phrase, or image that relates to why you think it is difficult for us to talk about mental health issues. Write it down if you wish, or draw a picture on a sticky note. This will be collected after you share at your table. 		<p>Put data and info posters up in the space</p> <ul style="list-style-type: none"> • Survey data • Interview quotes and themes
6:25	15 min	<p>Data Walk</p> <ul style="list-style-type: none"> • Invite participants to walk silently around the space and review data and information displayed (~10 min) <p><i>Reflection:</i></p> <ul style="list-style-type: none"> • <i>What thoughts or emotions come up for you as you take in the data and information?</i> • <i>Are there items that don't match your understanding/experience or you want more information on?</i> 		<p>Reflection sheets and pens Clip boards, if desired Music</p>
6:40	25 min	Table Discussion		Markers, flipchart paper

		<ul style="list-style-type: none"> • What experiences in your life, your work, or your family inform what you believe about mental health? • Based on what you have heard, why is mental health an important issue in your community? 		
7:05	5 min	Sharing <ul style="list-style-type: none"> • Hear from a few folks about why mental health is an important issue in the community 		Microphone
7:10	10 min	Ideas Gallery Each person is given two dot stickers with an invitation to put a dot on two of the following areas of focus to identify priorities for your local community. <ul style="list-style-type: none"> • Reduce negative attitudes and raise awareness about the importance of mental health and wellness • Support people in our community in mental health crisis situations • Help vulnerable populations (youth, marginalized, elderly) access local mental health supports and services to meet their needs • Build connections throughout the community • Help youth, families, and our community promote mental health and prevent or delay the onset of mental illnesses • Increase focus on substance use prevention, treatment, and recovery <i>Reflection:</i> <ul style="list-style-type: none"> • Which broad idea best describes your current thinking and why? • What other ideas would you add? 		Posters with Ideas Dot stickers Reflection sheets and pens Clip boards, if desired Music
7:20	8 min	Table Discussion or Large Group Discussion <ul style="list-style-type: none"> • What new insights did you gain from tonight's community discussion? Capture on sticky notes that will be collected. 		Sticky notes Markers Microphone
7:28	2 min	Closing		Microphone

		<ul style="list-style-type: none">• Gratitudes• Next steps• Upcoming conversations		Poster with upcoming conversations written out
7:30	-	Adjourn		

Community Conversation on Mental Health & Wellbeing



Public Health
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New Prague

Wednesday, Sept. 27 | 6:00 – 7:30 PM | American Legion

Questions Explored

- What experiences in your life, work, or family inform your thoughts around mental health & wellbeing?
- Where would you like to see resources invested to meet the needs of your community?
- What insights are you taking away from this community conversation?

This is important to me because every individual can have an impact on their community.

We just need to start the conversation and stay in it, knowing we can support one another.

Rural Pride. Heads down, take care of your own. Mental health is taboo to discuss.

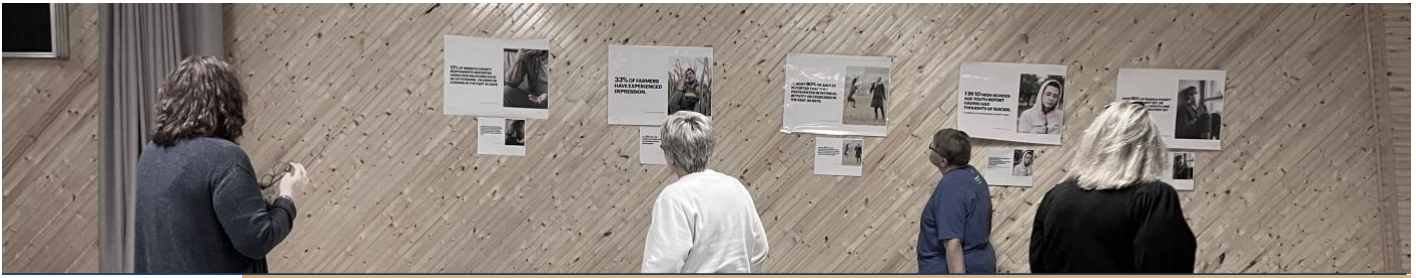
A Few Discussion Points

- Anxiety and depression in teens openly discussed but whether to talk about youth suicide is sometimes debated
- Low access to health providers and medicaid reimbursement is too low
- Some may not feel safe talking about these issues or seeking care
- Need for rekindling social connections post-pandemic
- Employment/work connection to mental health and wellbeing - legacy, sacrifice, identity, succession
- Meat processing shortage means slaughter left to farmers, just one example of increased stress and trauma

Where to invest...

- Building connections throughout the community
- Promote mental health to prevent/delay the onset of mental illness
- Support the schools because they take on so much
- Provide multicultural and multi-lingual programs and services to cultivate belonging

Community Conversations are part of a joint county initiative involving Le Sueur County and Waseca County Public Health in partnership with a third-party engagement consultant/facilitator from Moxxim LLC (Jen Mein) and a research & evaluation consultant from Rise Research LLC (Robin Phinney).



Waseca

Thursday, Sept. 28 | 3:30 – 5:00 PM | Veterans of Foreign Wars

Questions Explored

- What experiences in your life, work, or family inform your thoughts around mental health & wellbeing?
- Where would you like to see resources invested to meet the needs of your community?
- What insights are you taking away from this community conversation?

Complexity. Wish it could all be addressed with 1 solution, but it can't.

If we provide support for marginalized groups, we would help a lot of people.

So sad that we can't talk about mental health and suicide more.

A Few Discussion Points

- When our clinic became part of Mayo Clinic Health System, it became more business-minded than community-focused
- Mental health crisis? ER sees a lot and 911 gets calls when violent. Better solutions needed.
- Farmers are under constant stress, depression is under reported
- Concern for youth - bullying, social media, school shootings, violence against transgender kids

Community Assets

- Grace Lutheran Church Youth Group and Pastor Jillene Gallatin who is passionate about connectedness and mental health
- Waseca County Suicide Prevention Cohort mapping primary, secondary, and tertiary resources

Where to invest...

- Help vulnerable and marginalized populations access mental health supports and services that meet their needs
- Support people in our community in mental health crisis situations

Community Conversation on Mental Health & Wellbeing



Public Health
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Waseca County



Public Health
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Le Sueur County

Virtual Convening

Friday, Sept. 29 | 9:00 – 10:30 AM | Zoom

Questions Explored

- What experiences in your life, work, or family inform your thoughts around mental health & wellbeing?
- Where would you like to see resources invested to meet the needs of your community?
- What insights are you taking away from this community conversation?

Law enforcement deals with mental health issues every day and we're overwhelmed

Starting the hard conversation, "you don't look like you're doing well" and "it's okay not to be okay"

Parents need help. It takes a village, it really does.

A Few Discussion Points

- Less cases of suicide in 2020 and 2021, now they are rising. During pandemic, people were taking time to focus on themselves and their families.
- First responders can only do so much.
- Youth struggle to connect with parents who don't understand or believe them when they talk about their mental health.
- Effective solutions seem scarce.

Community Assets

- Duck Cup Memorial is dedicated to

providing resources for mental health awareness and suicide prevention.

- Waseca County Suicide Prevention Cohort mapping primary, secondary, and tertiary resources to create a pathway to care.

Where to invest...

facilitator from Moxxim LLC (Jen Mein) and a research & evaluation consultant from Rise Research LLC (Robin Phinney).

Conversation on Community Health & Wellbeing



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Janesville

Wednesday, Oct. 4 | 6:00 – 7:30 PM | The Purple Goose Eatery and Saloon

Questions Explored

- What experiences in your life, work, or family inform your thoughts around physical and mental health & wellbeing?
- Where would you like to see resources invested to meet the needs of your community?
- What insights are you taking away from this community conversation?

Mental health of youth and farmers is a major concern

Substance abuse, addiction, and mental health are often strongly connected

Our self sufficiency keeps us from seeking help or accepting support that can improve our lives

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A Few Discussion Points

- Power of community is strong here
- Four active faith communities collaborate
- Curbs on main street are too high for those needing mobility assistance, historic library is also not accessible
- Loss of service clubs and businesses
- Once had three grocery stores now zero; little access to fresh fruit & veggies
- Lack of transportation to medical appointments and grocery stores

Community Assets

- Volunteer Fire Department
- City parks, trails and safe routes to school
- S.A.I.L. (Stay Active Independent Living) exercise program in the park
- Bowling, golf course, pool, fitness center

Where to invest...

- Strengthen connections throughout the community
- Community health programs that promote healthy behaviors (community garden, safe places to exercise, etc)
- Help vulnerable populations access mental health supports and services
- Increase focus on substance use prevention, treatment, and recovery

Conversation on Community Health & Wellbeing



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Le Center

Thursday, Oct. 5 | 6:00 - 7:30 PM | Le Sueur Clubhouse

Questions Explored

- What experiences in your life, work, or family inform your thoughts around physical and mental health & wellbeing?
- Where would you like to see resources invested to meet the needs of your community?
- What insights are you taking away from this community conversation?

Need for easier, timely access to affordable mental health services

Disseminate available services and information to communities so they are easy to find when people are in crisis

We need more people and organizations who care and help people

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A Few Discussion Points

- Value and need for skilled nurse visits to homes, a source of pride for the county as 1 of 6 counties in MN that has been providing this service
- Desire for transparency and community input around public health decisions
- Support for caregivers through respite and adult day care programs
- A guide with a listing of local home makers, home health aids, meal programs would be a valuable resource

Community Assets

- Cleveland Church of Christ Backyard Mission volunteers providing visits, rides, meals, yard & home services, and more
- Toys for Tots, Santanonymous, Best Christmas Ever programs
- Cleveland Food Shelf

Where to invest...

- Help vulnerable populations access mental health supports and services
- Strengthen connections throughout the community
- Invest in community health programs that promote healthy behaviors (community garden, safe places to exercise, etc)
- Increase public health presence in communities

Conversation on Community Health & Wellbeing



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New Richland

Thursday, Oct. 12 | 3:30 – 5:00 PM | New Richland Public Library

Questions Explored

- What experiences in your life, work, or family inform your thoughts around physical and mental health & wellbeing?
- Where would you like to see resources invested to meet the needs of your community?
- What insights are you taking away from this community conversation?

We all need to step forward and lend support to our youth and elders

In today's world, it feels like no one can retire because social security is not enough to live on

Building connections in community helps the givers and the receivers of resources

A Few Discussion Points

- Lack of access to timely mental health appointments for children and youth, in one case, it took about a year to get in for an autism assessment
- Process to get aid and support requires persistence and assistance to navigate all the paperwork
- Transportation to enhance interconnectedness, make appointments, and get healthy food is a critical need
- Reliance on family and friends to help out

Community Assets

- Food Shelf (Larry & Pam) serving more seniors and offering some deliveries
- Meals on Wheels program and volunteers
- The Shepherd's Robe FREE clothing & household items ministry offered by Vista Covenant Church
- MN Valley Action Council Home Repair facilitator from Moxxim LLC (Jen Mein) and a research &

Conversation on Community Health & Wellbeing



Waldorf

Tuesday, Oct. 24 | 6:00 – 7:30 PM | Waldorf Community Center

Questions Explored

- What experiences in your life, work, or family inform your thoughts around physical and mental health & wellbeing?
- Where would you like to see resources invested to meet the needs of your community?
- What insights are you taking away from this community conversation?



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A Few Discussion Points

- Need for transportation, senior housing, affordable housing, child care, and sustainable businesses to support growth and development of Waldorf
- Waldorf residents come together and support each other in times of need
- Fundraising underway for a Waldorf Veteran's Memorial Park
- Lack of trust in government, unfair tax rates, decreasing SNAP benefits
- Importance of expressing gratitude and recognizing volunteers

Community Assets

- Community Center and Post Office is a hub for connection and communication
- Mayor and others are working to secure grants and financing for major infrastructure improvements ~ sewer, water, public safety building, high speed internet
- Friends & Co program connecting volunteers with older adults facing loneliness and isolation via phone and in-person

Where to invest...

- Help vulnerable populations access mental health supports and services
- Transportation to/from appointments and grocery stores
- Improve communication about programs

Conversation on Youth Health & Wellbeing

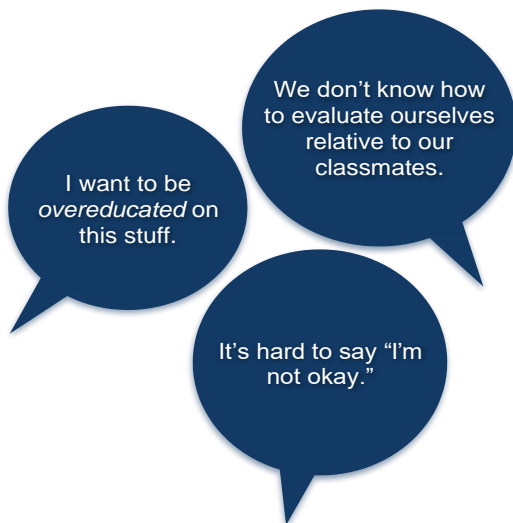


Youth Focus Group

November 2023 | Waseca County

Overview

- What health topics do you or your peers think a lot about?
- Where do you get information about health topics in your community?
- What would you like more information on? What would be the best way to get you that information?



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Key Themes

- **Mental health is a prominent concern.**
- Mental health concerns are related to stress from academics, social dynamics, and sports.
- Mental health impacts other health behaviors and outcomes, such as healthy eating or social isolation.
- Youth have limited time to decompress.
- **Statistics - even from anonymous surveys - likely understate the true extent of mental health challenges.**
- Youth want more information on mental health - don't know how to evaluate what is an "okay" level of stress and mental distress.
- Youth want more information and general education about women's health.
- Parents can be hard to open up to about mental health.
- There are limited resources for mental health, and those that exist are a "last resort" resource.

Ideas for Providing Info and Support

- Restructure required health classes to be more timely and less technical.
- Embed mental health check-ins and instruction into school curriculum and practices.
- Provide a gathering space in the community for youth to congregate without the expectation of being involved in something.

Appendix 3: Voting Results

<u>Healthcare Access</u>	5	4	3	2	1
Relevance		X			
Appropriateness	X				
Impact					X
Feasibility				X	
Average			3		

Relevance- Magnitude, severity, and evidence of worsening trends over time: community concern: community rates worse than the state average

Appropriateness- Public attitudes and values; human rights considerations; disproportionate impact on low-income and or black/indigenous, and people of color communities

Impact- Opportunity to build on or impact existing efforts.

Feasibility- community and resource capacity to foster change; political will; socio-cultural considerations.

<u>Transportation</u>	5	4	3	2	1
Relevance		X			
Appropriateness		X			
Impact					X
Feasibility					X
Average				2.5	

Relevance- Magnitude, severity, and evidence of worsening trends over time: community concern: community rates worse than the state average

Appropriateness- Public attitudes and values; human rights considerations; disproportionate impact on low-income and or black/indigenous, and people of color communities

Impact- Opportunity to build on or impact existing efforts

Feasibility- community and resource capacity to foster change; political will; socio-cultural considerations

<u>Substance Abuse</u>	5	4	3	2	1
Relevance		X			
Appropriateness	X				
Impact			X		
Feasibility		X			
Average		4.0			

Relevance- Magnitude, severity, and evidence of worsening trends over time: community concern: community rates worse than the state average

Appropriateness- Public attitudes and values; human rights considerations; disproportionate impact on low-income and or black/indigenous, and people of color communities

Impact- Opportunity to build on or impact existing efforts

Feasibility- community and resource capacity to foster change; political will; socio-cultural considerations

<u>Mental Health</u>	5	4	3	2	1
Relevance	X				
Appropriateness		X			
Impact			X		
Feasibility				X	
Average			3.5		

Relevance- Magnitude, severity, and evidence of worsening trends over time: community concern: community rates worse than the state average

Appropriateness- Public attitudes and values; human rights considerations; disproportionate impact on low-income and or black/indigenous, and people of color communities

Impact- Opportunity to build on or impact existing efforts

Feasibility- community and resource capacity to foster change; political will; socio-cultural considerations

<u>Social Connectedness</u>	5	4	3	2	1
Relevance	X				
Appropriateness	X				
Impact				X	
Feasibility					X
Average			3.25		

Relevance- Magnitude, severity, and evidence of worsening trends over time: community concern: community rates worse than the state average

Appropriateness- Public attitudes and values; human rights considerations; disproportionate impact on low-income and or black/indigenous, and people of color communities

Impact- Opportunity to build on or impact existing efforts

Feasibility- community and resource capacity to foster change; political will; socio-cultural considerations