

**Fillmore-Houston  
Community Health Service  
Community Health Improvement Plan (CHIP)  
2020**



**Public Health**  
Prevent. Promote. Protect.

Prepared by the Fillmore-Houston Performance Management Team

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Fillmore-Houston CHS Administrator:

*Jason Evenden 2/25/2020*  
*[Signature]*

Fillmore-Houston Joint Board of Health Chairperson:

## **Organization Jurisdiction**

The Fillmore-Houston Community Health Service (FHCHS) covers the entire areas of Fillmore and Houston County. Fillmore and Houston County are located in the very Southeast corner of Minnesota bordering on Wisconsin and Iowa. This area is 1,413.36 square miles and is comprised of 21 cities and 42 townships.

The FHCHS service area encompasses approximately 16,776 households. U.S. Census Data estimates from 2018 indicated that the total population for both counties was 39,636 people with Fillmore County having 21,058 residents and Houston County having 18,578 residents. The population of the Fillmore-Houston CHS services is predominantly white followed by people who define themselves Hispanic or Latino. Fillmore County also has and provides services to three Old Order Amish communities. Approximately 10% of Fillmore County residents live with the Amish community.

As of 2018, approximately 92.8% of Minnesotans over age 25 are high school graduates and 34.8% hold a bachelor degree or higher. Exploration of the U.S. Census Data estimates from 2014-2018 identified that 91.3% of Fillmore County and 94.6% of Houston County residents over age 25 are high school graduates. In Fillmore County 21.1% of adults over age 25 have a bachelor degree or above as compared to 24.0% in Houston County.

Employment, income, and poverty are interrelated economic characteristics that play a role in both individual and community health. Effective December 2019, the seasonally adjusted Minnesota unemployment rate was 3.3% while the Fillmore and Houston County unemployment rates were respectively 3.8% and 3.4%. Minnesota 2018 per capita income based upon U.S. Census estimates was \$36,245. The Fillmore County per capita income was \$29,440 and the Houston County per capita income was \$31,453. The percentage of people whose income was below the poverty level in the past twelve months in Minnesota was 9.6%. Approximately 9.9% of Fillmore County and 8.5% Houston County residents reported living in poverty in the past twelve months. The impact of poverty within the FHCHS is greatest among children of single parent households.

## **Health Equity**

Health equity is the state in which all people have the opportunity to be the healthiest they can be. As defined by the Minnesota Department of Health “health inequity is a difference in health status between more and less social and economically advantaged groups, caused by systemic differences in social conditions and process that effectively determine health. Health inequities are avoidable, unjust, and therefore actionable.” The health inequities identified through the community health improvement process were age, socio-economic status, and culture. The social determinants of health playing a role in these inequities are job opportunities, wages, transportation options, housing, access to health care, and the availability of social support networks. Social determinants of health play a role in priorities selected through the Community Health Improvement Planning Process and require addressing during Community Health Improvement Plan strategy implementation.

## **Community Health Improvement Planning (CHIP) Process**

The Community Health Assessment and Community Health Improvement Process align with Public Health Accreditation Standard (PHAB) Standard 5.2. The process used to complete community health improvement planning for the Fillmore-Houston CHS derived from Community Commons and Mobilizing for Action through Planning and Partnerships (MAPP). This process involved the following six steps.

1. Establishing a team to organize and plan the CHIP process.
2. Create a shared vision for health in the community.
3. Data collection and interpretation.
4. Identification, prioritization, and selection of health issues and assets
5. Establishing goals and strategies for health priorities.
6. Planning, implementing, and evaluating goals and outcomes for health priorities.

## **Community Stakeholders**

Fillmore and Houston County engaged both individuals and organizations in the prioritization process for identifying community health needs. Individual citizens participated in the process by completing a community health assessment while organizations were involved in the prioritization of community health needs, asset identification, and strategy development. Please see Appendix A for a comprehensive listing of participating organizations. Stakeholders invested in this process will continue to support efforts defined in the CHIP by implementing strategies and monitoring and revising the plan annually.

## **Data Collection and Interpretation**

From 2016-2019, Fillmore and Houston County developed and implemented independent community health needs assessment processes. These assessments gathered information from individual participants regarding perceptions of community health, personal health behaviors, demographics, and public health services. Community health needs assessment information was shared with both the public and participants online and through in-person meetings.

In 2016, Fillmore County completed a Community Health Needs Assessment that addressed questions about chronic health conditions, mental health, healthy eating, food access, active living, tobacco use, alcohol use, demographics, and factors that impact equity. This was a randomized survey completed by 498 Fillmore County residents (See Appendix B). Themes noted with room for potential health improvement included vigorous physical activity, tobacco use, binge drinking, nutrition, and chronic disease management.

In 2017, Semcac completed a Community Needs Assessment and Community Action Plan. This assessment placed focus upon factors that impact health equity such as employment, wages, childcare, housing, education, transportation, diversity and acceptance, nutrition, family planning, access to care, resiliency, senior services, and access to technology. Community members within the Semcac Service area completed this voluntary survey. A total of 349 surveys were returned, 72 of which were from Fillmore County. This assessment noted the

need for affordable health care options, affordable and safe housing, affordable vehicle repairs, higher wages, job creation, and access to well-balanced nutritious meals (Semcac, 2017).

Data collection in Houston County was completed using the 2018 United Way COMPASS Now Community Needs Assessment and Houston County Community Health Needs Assessment Survey completed in 2019. COMPASS data was collected through a randomized community survey, focus groups, review of socio-economic indicators, and an inventory of community resources. COMPASS was sent to 450 Houston County Households. Sixty-two households returned completed surveys for an overall response rate of 13.8%. Convenience surveys were completed by WIC participants during WIC Clinics (Compass, 2018).

The Houston County Community Health Needs Assessment Survey, an in depth community health assessment, gathered information about the areas of healthy eating, active living and tobacco. This survey was randomly sent to 1,600 residents in Houston County. Houston County residents returned 660 survey for an overall response rate of 41.3%. Survey results are available in Appendix C.

Fillmore and Houston County supplemented adult survey information with data from the Minnesota Center for Health Statistics and the 2019 Minnesota Student Survey.

### **Community Engagement**

Upon completion of the community health needs assessment, additional data sources local, state, and national resources were gathered to prepare for the prioritization process.

Fillmore County Public Health established two public meetings to address prioritization of community health needs and identify assets. Community partners were provided with either email or in-person invitations requesting their presence at the “Healthy Bluff Country Summit” event. Partners sent this invitation included municipal government, schools, worksites, churches, childcare settings, non-profit organizations, health care organizations, long-term care providers, and the media. An open invitation to the public was provided online and via local newspapers.

Meetings held on January 28, 2020 and January 30, 2020 addressed health priorities within Fillmore County. Both meetings using the same methodology, provided information about Fillmore County Public Health, the Local Public Health Assessment and Planning Process, six Areas of Public Health Responsibility, and data for Fillmore County from local, state, and national sources. Twenty-six attendees, from multiple community sectors, participated in the Fillmore County prioritization process.

Houston County Public Health held a COMPASS 2018 Focus Group Summary on September 20, 2017. The meeting held at Houston County Public Health, consisted of eight participants. The focus group addressed areas of concern/challenge and strategies to address these concerns within the community. Participants also examined economic development, health, safety, education, housing, the needs of vulnerable populations, and social connectedness within the community.

### **Prioritization Process**

In Fillmore County, participants groups experienced a prioritization process for twenty health topics. Fact sheets about each health topic that contained local community health needs assessment data and other local, state, and national data points informed decision-making. Groups evaluated each of the twenty health topics individually based upon size, seriousness, feasibility, and fairness criteria. A total score was assigned to each health topic and the priority rankings for all twenty topics shared at the end of each meeting. Groups verbally identified five priorities based upon prioritization process outcomes and the selection of two health topics they believed most feasible to address in three to five years. Individual participants also participated in a Hazard Vulnerability Assessment of ten disasters rating them based upon probability of occur, magnitude, impact to humans and property, and their impact on public health, medical services, and behavioral health. Groups then proceeded to identify assets and resources within the community to aid in addressing the top ten health priorities. Final evaluation scores from the two meetings identified the top six priorities of community members as listed on Table 1. Tie scores appeared between Access to Health Services and Nutrition and Chronic Health Conditions and Physical Activity.

In Houston County, a Community Stakeholder Meeting occurred in Caledonia on February 27, 2018 and an Advisory Board Meeting on December 17, 2019. The purpose of the meetings was to share data from both COMPASS Now 2018 Community Needs Assessment and Houston Community Needs Assessment to discuss and establish top five concerns and generate community resources to support community needs. Group tabulations created a top five list of priorities (See Table 1).

Table 1. Community Health Assessment Data: Top Six Public Health Issues Prioritization Meeting Data

	<b>Fillmore</b>	<b>Houston</b>
1	Mental Health (123)	Healthy Eating/Nutrition
2	Air Quality (121)	Active Living/Physical Activity
3	Access to Health Services (120)	Mental Health
4	Healthy Eating/Nutrition (120)	Environmental Health
5	Chronic Health Conditions (114)	Access to Dental Care
6	Physical Activity (114)	

## **Health Priority Justification**

The Fillmore-Houston CHS convened a workgroup to review internal and external data resources and prioritization results from both the community health needs assessment and community prioritization meeting process. The work group selected healthy eating/nutrition and air quality as health priorities. Priority selection justification is based upon community health needs assessment results, community prioritization results, other reliable data sources, and community assets. Achievement of Minnesota Priority 2 may occur by increasing healthy surroundings, which shapes the interactions people have with nature and determines access to a healthy environment. Example indicators for Minnesota Priority 2 include radon levels and exposure by income or housing type and distance from places in which to access food. These priorities align with the National Prevention Strategic Direction of Healthy and Safe Community Environments and the Priorities of Tobacco Free Living and Healthy Eating. The Fillmore-Houston CHS and Healthy People 2020 both address nutrition and air quality as health objectives. Eliminating very low food security among children and reducing household food insecurity to reduce hunger are economic stability objectives that address social determinants of health. Other social determinants included in this plan address availability of resources to meet daily needs like safe housing and local food sourcing options.

### **Fillmore-Houston Priority 1: Healthy Eating – Food Access**

A healthful diet reduces the risks of developing chronic disease risk factors, chronic diseases, complications associated with pregnancy, developmental problems, and early death. Results from both the Fillmore and Houston County Community Health Needs Assessments and Minnesota Student Survey note the need for increasing consumption of fruits and vegetables among both adults and youth. Addressing healthy eating via improving access is the primary priority of the Fillmore-Houston Community Health Service. FHCHS Community Health Assessment results indicate that between 21.5% to 23.4% of adults ate no fruit and between 11.8% to 13.4% of adults ate no vegetables in the past day.

An estimated 9.5% of Minnesota households experience food insecurity, which means their access to adequate food is limited by lack of money or other resources and this is linked increased risk for obesity and other preventable chronic diseases (Hunger Solutions, 2020). According to the USDA Food Access Research Atlas (2015), residents living in the southern and western portions of Fillmore County lack transportation access and are more than twenty miles from the nearest supermarket, which puts them at risk for food insecurity. In Houston County, food insecurity is greater in the land tract surrounding Caledonia due to lower income and an urban distance of more than a mile from a supermarket. A convenience sample of 68 Fillmore and 55 Houston County adult residents noted that of survey participants 47.2% stated their ability to meet their family's basic needs for food was poor to fair (Semcac, 2017).

When Fillmore County residents were surveyed about food security, 3.4% reported accessing a food shelf in the past 12 months and 11.1% often or sometimes worried about their food running out before they could buy more (Fillmore County, 2016). The Fillmore County Health Equity Data Analysis (HEDA) completed in 2018 noted that income, education, age, and rural living impact access to and consumption of healthier foods like fruits and vegetables.

Based upon results from the 2018 COMPASS, 19% of WIC participants reported poor to fair access to healthy food choices as compared to 4.8% of Houston County residents who completed the randomized survey. When asked about their ability to pay, 38.1% of WIC participants and 16.1% of residents completing the randomized survey noted their ability to pay for healthy food choices was poor to fair. Houston County’s Health Equity Data Analysis (HEDA) 2018 indicated that a majority of emergency food program clients relied monthly upon the food shelf to meet their family’s food needs. The HEDA process also noted food access concerns and the need for education about healthy food selection and meal preparation.

Factors that influence healthy eating include: knowledge and attitudes, skills, food and agricultural policies, food assistance programs, access to retailers who sell healthy foods, having access to healthy, safe and affordable food, and being surrounded by a culture that supports healthy food consumption. Implementation strategies addressing these factors and are described under Appendix D.

**Fillmore Priority 2: Air Quality**

Clean air is an essential element for increasing quality of life and years of healthy living. Breathing healthy air lessens or reduces risks associated with developing asthma, cancer, lung disease, respiratory infections, heart disease, and stroke. Factors that influence air quality include asbestos, carbon dioxide, carbon monoxide, formaldehyde, lead, mold and moisture, radon, tobacco smoke or vapor, and volatile organic compounds. Results from the Fillmore County Community Health Needs Assessment and Minnesota Student Survey note the need for improving air quality. Improving clean air is the primary health priority of Fillmore County Public Health.

Elevated blood lead levels, greater than 5 ug/dL, are linked with learning and behavioral problems in young children. Dust released into the air from chipping, flaking, or peeling paint is the greatest source of lead exposure despite the lead removal from paint that occurred in 1978. Children most at risk of lead exposure are those under age six who reside in older homes and are experiencing poverty. Approximately, 56% of Minnesota homes were built before 1980 and 21.2% before 1950. In Fillmore County, 64.9% of homes were built before 1980 with 39.6% being built before 1950 (Minnesota Department of Health, 2020). According to the United States Census Bureau estimates from 2013-2017, 17.9% of Fillmore County children are living in poverty. Of worthy note is the gap between blood lead screening among Fillmore County children as compared to testing of all Minnesota children under age three. The information in Table 2 illustrates the need to increase blood lead testing among Fillmore County children.

Table 2: Percentage of Fillmore County children under age three receiving blood lead testing. (Minnesota Department of Health, 2015)

	2011	2012	2013	2014	2015
Minnesota	80.5%	80.7%	80.4%	80.6%	81.0%
Fillmore	43.8%	58.9%	47.9%	50.2%	55.5%

Addressing risk for elevated blood lead levels may occur by implementing strategies that remove lead contaminants from the built environment before a child is exposed and screening, educating, and treating children who already have lead exposure.

Radon gas decays into fine radioactive particles that can damaged the lung when inhaled. Long-term radon exposure can lead to lung cancer. The Environmental Protection Agency recommends that indoor radon levels be less than 4 pCi/L to reduce lung cancer risk. In 2019, Fillmore County had an estimated 10,028 housing units. From 2003-2020, Fillmore County distributed 1,532 radon kits to unique building addresses. Radon testing has occurred in about 15% of Fillmore County homes. The county average radon result is 7 pCi/L and 55% of homes tested above 4 pCi/L. To mitigate risk of exposure from radon homeowners may test for radon, build new homes with Radon Resistant New Construction (RRNC), or mitigate existing structures with high radon levels.

Tobacco use is the largest preventable cause of death and disease in the United States. Exposure to smoke and vapor is another measure of air quality. Secondhand smoke increases risk of ear infection and sudden infant death syndrome in children and causes reproductive effects, Type 2 diabetes, and impaired immune function in adults. Since 1964, 2.5 million deaths have occurred among American nonsmokers who died from diseases caused by secondhand smoke exposure (US Department of Health and Human Services, 2014). Community Health Needs Assessment data reveals that 15.9% of adults in Fillmore County are exposed to second hand smoke in their home and 12.1% have been a car with someone smoking in the past seven days. When asked about secondhand smoke in the last seven days, 33% of Fillmore County fifth graders said they had been in a room with a person smoking and 19% were in a car with someone smoking (Minnesota Student Survey, 2019). Although tobacco use and secondhand smoke exposure has been decreasing in Fillmore County, emerging trends note increases in e-cigarette and flavored tobacco product use. Populations more likely to experience second-hand smoke exposure include children, people with lower income, blue-collar, service, and construction workers, and people living in private homes or rental housing where smoking or vaping is allowable.

Factors affecting air quality include: increasing access to testing resources to determine exposure levels, creating safe and affordable housing, expanding tobacco prevention and cessation strategies, controlling access to tobacco products. Implementation strategies addressing air quality are located in Appendix E.

### **Community Health Improvement Plan Implementation**

Fillmore and Houston work with local partners identified within the CHIP to propel efforts forward that will address health eating and air quality. This work occurs with individual partners or small partner workgroups. These partnership contributions assist with service linkages and improving the CHIP priority areas. Implementation plans are available in Appendix D and Appendix E.

### **Community Health Improvement Plan Updates**

The plan undergoes annual review and revision by internal performance management teams and external advisory committees and partners working on strategies. Partners working on specific strategies assist by providing current localized data and outcome reports. Updates to the plan occur in both the CHIP and associated appendices, which address strategy implementation, action steps, data updates, outcomes, revisions, and revision justifications. Resources for assessing benchmarks and indicators for both health priorities are located in Appendix F. Sharing of CHIP updates occurs with governing bodies and advisory committees via annual reporting and ongoing programmatic updates. Annual updates are located in Appendix D and Appendix E.

**Appendix A: Fillmore-Houston CHS Community Health Improvement Plan Stakeholders**

<b>Fillmore County Organizations</b>	<b>Houston County Organizations</b>
City of Preston	Caledonia Rotary Club
Fillmore County Attorney's Office	Caledonia School District
Fillmore County CEDA	City of Caledonia
Fillmore County Commissioners	City of Houston
Fillmore County Emergency Management	City of La Crescent
Fillmore County Journal	City of Spring Grove
Fillmore County Public Health	Day Care Centers
Fillmore County Sheriff's Office	Eitzen State Bank
Fillmore County Social Services	Gundersen Health System
Fillmore County SWCD	Houston County Attorney's Office
Fillmore County WIC	Houston County Commissioners
Harmony EMS	Houston County News
Hiawatha Valley Mental Health Center	Houston County Public Health
Hy-Vee HealthMarket Pharmacy - Preston	Houston County Public Health Advisory Board
Kingsland Public Schools	Houston Public School District
Lanesboro EMS	La Crescent Chamber of Commerce
Lanesboro Public Library	La Crescent Food Shelf
Mabel EMS	La Crescent-Hokah School District
Mabel-Canton Public Schools	La Crosse Outdoor Recreation Alliance
Olmsted Medical Center – Preston Clinic	Licensed Childcare
Preston CEDA	Neighbors in Action – La Crescent
Preston Chamber of Commerce	SEMCAAC Food Shelf - Caledonia
Root River Trail Towns	Spring Grove Communications
Semcac	Spring Grove School District
Semcac Food Shelf – Preston	
St. John's Lutheran Church and School	
Workforce Development	

**Appendix B: Fillmore County Community Health Needs Assessment Results 2016**

INSTRUCTION: Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

**1. In general, would you say that your health is:**

Excellent **(15.6%)** Very good **(40.5%)** Good **(33.0%)** Fair **(9.3%)** Poor **(1.6%)**

**2. Have you ever been told by a doctor, nurse, or other health care professional that you had any of the following health conditions?**

	No	Yes	Yes, but only during pregnancy
a. High blood pressure/hypertension or pre-hypertension	67.0%	31.7%	1.4%
b. Diabetes or pre-diabetes	86.2%	12.2%	1.6%
c. Overweight/Obesity	68.7%	31.3%	
d. Cancer	89.2%	10.8%	
e. High cholesterol or triglycerides	69.3%	30.7%	
f. Arthritis	73.9%	26.1%	
g. Depression	83.9%	16.1%	
h. Anxiety or panic attacks	87.2%	12.8%	
i. Other mental health problems	76.4%	23.6%	
j. Asthma	91.6%	8.4%	

**3. With regard to question 2 above, which of the following resources would you find most helpful in managing health conditions?**

- Education about the specific health condition **(43.3%)**
- A print or online resource listing of services to help with health condition management **(40.2%)**
- Health counseling or coaching for nutrition **(28.7%)**
- Health counseling or coaching for physical activity **(28.0%)**
- A support group **(15.3%)**
- Referrals from health care providers to a specialist who works with this health condition **(42.7%)**

**4. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**

- 0 days **(55.6%)**
- 1-9 days **(35.5%)**
- 10-19 days **(4.7%)**
- 20-29 days **(2.4%)**
- All 30 days **(1.9%)**

**5. As far as you are aware, which of the following, if any, many help reduce the risk of a person developing Alzheimer's disease or another form of dementia? (Mark all that apply)**

- Mental activity **(88.1%)**
- Healthy diet **(76.3%)**
- Physical exercise **(73.4%)**
- Social activity or connectedness **(69.1%)**
- Reduce drug or alcohol use **(47.3%)**
- Reduce or quit smoking **(42.5%)**
- Reduce high blood pressure **(30.8%)**
- Reduce high cholesterol **(29.2%)**
- Avoid head injury **(52.0%)**

**6. A serving of fruit is a medium-sized piece of fruit or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday?**

- 0 servings **(23.4%)**
- 1-2 servings **(57.0%)**
- 3-4 servings **(17.5%)**
- 5 or more servings **(2.1%)**

**7. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?**

- 0 servings **(58.1%)**
- 1-2 servings **(35.3%)**
- 3-4 servings **(4.8%)**
- 5 or more servings **(1.8%)**

**8. A serving of vegetables – not including French fries – is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?**

- 0 servings **(13.4%)**
- 1-2 servings **(57.9%)**
- 3-4 servings **(25.4%)**
- 5 or more servings **(3.3%)**

**9. In a typical month, how often do you or others in your household buy or get food from the following places?**

	Never or less than one time per month	About one time per month	About two or three times per month	About one time per week	Two or more times per week
a. Supermarket or large grocery store	8.6%	26.3%	31.9%	26.9%	6.4%
b. Small or local grocery store	4.9%	15.2%	26.0%	36.7%	17.2%
c. Food shelf or food pantry	95.2%	3.4%	0.6%	0.5%	0.2%
d. Some other place	67.2%	13.1%	7.1%	7.3%	5.3%

**10. Where do you most often buy or get fresh fruits and vegetables when they are in season locally? (*Please mark only one*)**

- Grocery store **(66.6%)**
- Convenience store **(3.3%)**
- Farmer’s market **(12.1%)**
- My garden or the garden of someone I know **(33.7%)**
- Other **(2.6%)**
- No one in my household eats fresh fruits or vegetables **(0.2%)**

**11. How far do you usually go to get your groceries?**

- Less than 2 miles **(23.4%)**
- 2-5 miles **(11.0%)**
- 6-10 miles **(8.1%)**
- 11-20 miles **(19.8%)**
- 21-30 miles **(21.7%)**
- Over 30 miles **(19.1%)**

**12. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?**

Often **(3.9%)** Sometimes **(7.3%)** Rarely **(12.3%)** Never **(76.5%)**

**13. During the past 12 months, have you used a community food shelf program?**

Yes **(3.4%)** No **(96.6%)**

**14. During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening, or walking for exercise?**

Yes **(78.3%)** No **(21.7%)**

**15. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing or heart rate.***

- 0 days **(14.1%)**
- 1-4 days **(54.2%)**
- 5-7 days **(31.7%)**

**16. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.***

- 0 days **(40.9%)**
- 1-4 days **(33.2%)**
- 5-7 days **(25.9%)**

**17. If you exercise by walking or biking, where do you usually participate in this activity?**

**Please consider all seasons. (Mark all that apply)**

- City streets **(28.6%)**
- City sidewalks **(30.9%)**
- Rural roads **(27%)**
- Pedestrian trails **(25.3%)**
- Exercise facility **(8.7%)**
- Other **(16.0%)**
- I don't exercise by walking or biking **(20.4%)**

**18. How much of a problem are the following factors for you in terms of preventing you from being more physically active?**

	<b>Not a problem</b>	<b>A small problem</b>	<b>A big problem</b>
a. Lack of time	<b>(32.6%)</b>	<b>(38.3%)</b>	<b>(26.1%)</b>
b. Lack of programs, leaders or facilities	<b>(69.3%)</b>	<b>(19.8%)</b>	<b>(10.9%)</b>
c. Lack of support from family or friends	<b>(80.0%)</b>	<b>(15.8%)</b>	<b>(4.2%)</b>
d. No one to exercise with	<b>(63.3%)</b>	<b>(26.7%)</b>	<b>(10.0%)</b>
e. The cost of fitness programs, gym memberships or admission fees	<b>(54.7%)</b>	<b>(23.7%)</b>	<b>(21.6%)</b>
f. Public facilities (schools, sports fields, etc.) are not open or available at the times I want to use them	<b>(69.5%)</b>	<b>(21.7%)</b>	<b>(8.8%)</b>
g. Not having sidewalks	<b>(76.7%)</b>	<b>(16.3%)</b>	<b>(7.0%)</b>
h. Traffic problems (excessive speed, too much traffic)	<b>(83.4%)</b>	<b>(13.3%)</b>	<b>(3.3%)</b>
i. Long-term illness, injury or disability	<b>(76.8%)</b>	<b>(15.1%)</b>	<b>(8.1%)</b>
j. Fear of injury	<b>(83.8%)</b>	<b>(13.1%)</b>	<b>(3.1%)</b>
k. Distance I have to travel to fitness, community center, parks or walking trails	<b>(70.9%)</b>	<b>(20.8%)</b>	<b>(8.3%)</b>
l. No safe place to exercise	<b>(90.0%)</b>	<b>(8.8%)</b>	<b>(1.2%)</b>
m. The weather	<b>(50.7%)</b>	<b>(43.0%)</b>	<b>(6.3%)</b>
n. I don't like to exercise	<b>(53.6%)</b>	<b>(36.3%)</b>	<b>(10.0%)</b>
o. Lack of self-discipline or willpower	<b>(34.2%)</b>	<b>(44.9%)</b>	<b>(20.9%)</b>
p. I don't know how to get started	<b>(75.5%)</b>	<b>(21.2%)</b>	<b>(3.3%)</b>
q. Other reasons	<b>(82.8%)</b>	<b>(12.1%)</b>	<b>(5.0%)</b>

**19. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)**

**20. Do you now smoke cigarettes every day, some days, or not at all?**

- Every day **(13.1%)**
- Some days **(26.9%)**
- Not at all **(60.0%)**

**21. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?**

Yes **(31.1%)** No **(68.9%)**

<b>22. In general, how often do you...</b>	<b>Currently Using</b>	<b>Not Using</b>
a. Smoke cigars, cigarillos, or little cigars?	<b>9.4%</b>	<b>90.6%</b>
b. Smoke pipes?	<b>0.3%</b>	<b>99.7%</b>
c. Use snuff, snus or chewing tobacco?	<b>7.9%</b>	<b>92.1%</b>
d. Use e-cigarettes?	<b>1.1%</b>	<b>98.9%</b>
e. Use any other type of tobacco product?	<b>2.4%</b>	<b>97.6%</b>

**23. During the past 7 days, how many days did anyone (including yourself) smoke cigarettes, cigars or pipes anywhere inside your home?**

- 0 days (**95.0%**)
- 1 day (**0.3%**)
- 2 days (**0.3%**)
- 3 days (**0.5%**)
- 4 days (**0.0%**)
- 5 days (**0.3%**)
- 6 days (**0.0%**)
- 7 days (**3.6%**)

**24. During the past 7 days, have you been in a car or other vehicle with someone who was smoking?**

Yes (**12.1%**) No (**87.9%**)

**25. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?**

Yes (**61.5%**) No (**38.5%**)

**26. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?**

**27. During the past 30 days, on the days when you drank, about how many drinks did you drink on average? (One drink is equivalent to a 12-oz. beer, a 5-oz. glass of wine, or a drink with one shot of liquor.)**

- No drinking or not heavy drinking (**90.0%**)
- Heavy drinking (**10.0%**)

**28. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...**

- No drinking or no binge drinking (**68.1%**)
- Any binge drinking (**31.9%**)

**29. Are you: Male (**49.1%**) Female (**50.9%**)**

**30. Your age group:**

- 18-24 (22.9%)
- 25-34 (14.6%)
- 35-44 (19.9%)
- 45-54 (17.3%)
- 55-64 (11.6%)
- 65 or older (13.7%)

**31. Including yourself, how many adults live in your household?**

**32. How tall are you without shoes? (Used to determine BMI in question 33)**

**33. How much do you weigh? (without shoes)? (Used to determine BMI in question 33)**

- Not overweight (30.7%)
- Overweight (34.6%)
- Obese (34.7%)

**34. What is the highest level of education you have completed?**

- Less than high school (5.7%)
- High school graduate or GED (27.7%)
- Some college/vocational school (28.2%)
- Associate degree (12.7%)
- Bachelor's degree (17.9%)
- Graduate/Professional degree (7.8%)

**35. What was your household's total income from all earners and all sources in 2013?**

Less than \$20,000 (9.8%)	\$50,000 - \$74,999 (27.3%)
\$20,000 - \$34,999 (17.8%)	\$75,000-\$99,000 (16.9%)
\$35,000- \$49,999 (13.8%)	\$100,000 or more (14.4%)

**36. Are you currently...** (Please mark all that apply.)

- Employed (52.5%)
- Self-employed or farmer (22.8%)
- Unemployed or out of work (1.3%)
- A homemaker or stay-at-home parent (4.6%)
- A student (1.4%)
- Retired (22.0%)
- Unable to work because of a disability (2.3%)

**37. Does your employer have a worksite wellness program?**

- Yes (44.3%)
- No (43.8%)
- Not sure (11.9%)

**38. Are there wellness activities that could be expanded or added at your worksite?** (*Mark all that apply*)

- Encouraging healthy eating **(30.8%)**
- Providing opportunities for physical activity **(32.1%)**
- Adopting tobacco-free policies **(12.7%)**
- Providing support for breastfeeding **(10.1%)**
- Other **(13.5%)**

**Appendix C: Houston County Community Health Needs Assessment Results 2019**

INSTRUCTION: Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

**1. In general, would you say that your health is:**

Excellent (13.2%) Very good (46.3%) Good (30.2%) Fair (8.5%) Poor (1.7%)

**2. Have you ever been told by a doctor, nurse, or other health care professional that you had any of the following health conditions?**

	No	Yes	Yes, but only during pregnancy
a. High blood pressure/hypertension or pre-hypertension	32.6%	64.8%	2.6%
b. Diabetes or pre-diabetes	90.0%	7.0%	3.0%
c. Overweight	66.7%	33.3%	
d. Cancer	88.4%	11.6%	
e. Chronic lung disease	96.5%	3.5%	
f. Heart trouble or angina	92.3%	7.7%	
g. Stroke	96.6%	3.4%	
h. High cholesterol or triglycerides	71.9%	28.1%	
i. Arthritis	76.3%	23.7%	
j. Depression	85.1%	14.9%	
k. Anxiety or panic attacks	86.9%	13.1%	
l. Other mental health problems	97.7%	2.3%	
n. Obesity	89.3%	10.7%	
m. Asthma	91.2%	8.8%	

**3. Do you currently have any of the following types of health insurance?**

Yes (97.0%) No (3.0%)

**4. Does anything prevent you from getting the health care you think you need? Please explain.**

**5. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**

- 0 days (64.8%)
- 1-9 days (27.6%)
- 10-19 days (4.1%)
- 20-29 days (2.4%)
- All 30 days (1.2%)

**6. A serving of fruit is a medium-sized piece of fruit or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday?**

- 0 servings (21.5%)
- 1-2 servings (59.0%)
- 3-4 servings (17.1%)
- 5 or more servings (2.4%)

**7. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?**

- 0 servings (67.7%)
- 1-2 servings (28.2%)
- 3-4 servings (3.3%)
- 5 or more servings (0.8%)

**8. A serving of vegetables – not including French fries – is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?**

- 0 servings (11.8%)
- 1-2 servings (58.2%)
- 3-4 servings (24.7%)
- 5 or more servings (5.3%)

**9. How often did you drink the following beverages in the past week?**

	Never or less than on time per week	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 or more times per day
a. Fruit drinks	79.3%	9.5%	6.8%	1.9%	1.8%	0.5%	0.3%
b. Sports drinks	82.7%	10.9%	4.7%	0.7%	0.5%	0.5%	0.0%
c. Regular soda or pop	47.9%	17.0%	18.4%	4.1%	5.9%	5.1%	1.6%
d. Energy Drinks	96.4%	3.0%	3.2%	0.0%	0.3%	0.1%	0.0%
e. Water	0.5%	0.1%	3.7%	3.8%	4.7%	27.5%	59.6%

**10. During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening, or walking for exercise?**

Yes (79.4%) No (20.6%)

**11. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing or heart rate.***

- 0 days (11.3%)
- 1-4 days (56.7%)
- 5-7 days (32.1%)

**12. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.***

- 0 days (37.8%)
- 1-4 days (36.1%)
- 5-7 days (26.1%)

**13. What prevents you from being more physically active? *Please mark ALL that apply.***

	No	Yes
a. Lack of time	50.3%	49.7%
b. Lack of programs, leaders or facilities	92.8%	7.2%
c. I don't know how to get started or where to go	96.0%	4.0%
d. The cost of fitness programs, gym memberships or admission fees	85.3%	14.7%
e. I don't want to	77.6%	22.4%
f. Other reasons	71.4%	28.6%

**14. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)**

**15. Do you now smoke cigarettes every day, some days, or not at all?**

- Every day (8.0%)
- Some days (24.0%)
- Not at all (68.0%)

**16. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?**

Yes (47.8%) No (52.2%)

**17. Are you: Male (49.6%) Female (50.4%)**

- 18. Your age group:**
- 18-34 **(22.0%)**
  - 35-44 **(13.7%)**
  - 45-54 **(17.9%)**
  - 55-64 **(21.0%)**
  - 65-74 **(13.6%)**
  - 75 or older **(11.8%)**
- 19. Including yourself, how many adults live in your household?**
- 20. How tall are you without shoes? (Used to determine BMI in question 33)**
- 21. How much do you weigh? (without shoes)? (Used to determine BMI in question 33)**
- Not overweight **(34.3%)**
  - Overweight **(36.0%)**
  - Obese **(29.8%)**
- 22. Are you of Hispanic or Latino/Latina origin?**
- 23. Which of the following best describes you? *Please mark ALL that apply.***
- American Indian
  - Asian or Pacific Islander
  - Black or African American, or African
  - White **(98.1%)**
  - Other
  - Non White **(1.9%)**
- 24. What is the highest level of education you have completed?**
- High school graduate, GED, or less **(22.5%)**
  - Associate degree or some college **(39.7%)**
  - Bachelor's degree **(28.0%)**
  - Graduate/Professional degree **(9.8%)**
- 25. What was your household's total income from all earners and all sources in 2013?**
- |                                    |                                    |
|------------------------------------|------------------------------------|
| Less than \$20,000 <b>(7.1%)</b>   | \$50,000 - \$74,999 <b>(24.9%)</b> |
| \$20,000 - \$34,999 <b>(10.3%)</b> | \$75,000-\$99,000 <b>(20.5%)</b>   |
| \$35,000- \$49,999 <b>(13.5%)</b>  | \$100,000 or more <b>(23.7%)</b>   |
- 26. Do you have access to at least one working car or other vehicle to use when you need to?**
- Yes **(98.7%)** No **(1.3%)**

**Appendix D: Fillmore-Houston Health Priority 1 – Healthy Eating 2020-2021**

**Goal:** Improve access to and consumption of healthy food in Fillmore and Houston County.

**Objective 1:** By February 2021, work with at least two emergency food programs within Fillmore and Houston County to increase food security.

**Objective 2:** By February 2021, work with at least two emergency food programs or retailers within Fillmore and Houston County to increase fruit and vegetable consumption while decreasing saturated fat, sodium, and added sugar consumption.

Evidence Based Actions	Partnership Sectors	Assets and Resources	Policy, System, or Environment (PSE) Change Implementation	Health Outcomes	Progress Benchmarks <sup>B</sup> or Indicators
Partner to increase access to healthy and affordable foods.	Childcare and Education Community Gardens Elected Officials Emergency Food Programs Faith Farmer’s Markets Food Retailers Libraries Public Health Semcac Social Services U of MN Extension WIC	Back Pack Programs Food Shelves Homestyle direct Meals on Wheels Mom’s Meals Senior Dining SHIP SNAP U of MN Extension WIC	Develop and share a local food resource guide.  Incorporate SuperShelf standards at food shelves.  Institute healthy food donation, handling, storage, and transport guidelines with emergency food programs.	Increased food security.  Increased fruits and vegetable consumption.  Reduced consumption of sodium, saturated fat, and added sugar.	Work with at least two partners instituting nutrition PSE changes. <sup>B</sup>  Types of food access and healthy food intake PSE changes.  FHCHS Community Health Assessments  Food Access Research Atlas USDA Mapping  Minnesota Food Shelf Survey Results
Help residents to identify healthy food and beverages choices.	Emergency Food Programs Food Retailers Public Health Social Services WIC	Clinics Food Shelves SHIP SNAP U of MN Extension WIC	Counsel clients to maximize food access, healthy choice selection, and preparation.  Institute healthy nutrition prompts at points of purchase.	Increased food security.  Increased fruits and vegetable consumption.  Reduced consumption of sodium, saturated fat, and added sugar	Minnesota Student Survey  MN EAT Assessments  WIC Fruit and Vegetable Annual Summary Reports

**Appendix D: Progress Report for Fillmore-Houston Health Priority 1 – Healthy Eating 2020-2021**

**Goal:** Increase the proportion of Fillmore and Houston residents who have access to and consume healthy food.

**Objective 1:** By February 2021, work with at least two emergency food programs within Fillmore and Houston County to increase food security.

**Objective 2:** By February 2021, work with at least two emergency food programs or retailers within Fillmore and Houston County to increase fruit and vegetable consumption awhile decreasing saturated fat, sodium, and added sugar consumption.

**Benchmark 1-2:** Work with at least two partners instituting nutrition PSE changes.

**Indicator Update and Analysis:**

Health Priority Strategies	Strategy/Action Steps	Strategy/Action Progress	Revision Description	Revision Rationale
Partner to increase access to healthy and affordable foods.	Develop and share a local food resource guide.  Incorporate SuperShelf standards at food shelves.  Institute healthy food donation, handling, storage, and transport guidelines with emergency food programs.			
Help residents to identify healthy food and beverages choices.	Counsel clients to maximize food access, healthy choice selection, and preparation.  Institute healthy nutrition prompts at points of purchase.			

**Next Steps:**

**Appendix E: Fillmore County Public Health Priority 2 – Air Quality 2020-2021**

**Goal:** Improve the air that Fillmore County residents breathe.

**Objective 3:** By February 2021, collaborate with health-based organizations to increase biomonitoring rates among Fillmore County children aged birth to 6 years.

**Objective 4:** By February 2021, increase the number of homes in Fillmore County that have completed initial radon testing.

**Objective 5:** By February 2021, institute at least one social or environmental change that addresses tobacco use among Fillmore County residents.

Evidence Based Actions	Partnership Sectors	Assets and Resources	Policy, System, or Environment (PSE) Change Implementation	Health Outcomes	Progress Benchmarks <sup>B</sup> or Indicators
Address childhood biomonitoring rates for chemicals that influence air quality such as metals, pesticides, phthalates, and phenols.	Childcare and Education Clinics Families Head Start Public Health Rental Property Owners Semcac	Clinical Labs Clinical Partnerships Housing Programs School Partnerships MDH Testing Equipment	Participate in a biomonitoring project with partners.  Conduct a quality improvement project striving to increase lead testing rates.	Determination of biomonitoring rate baseline for children.  Increased number of children receiving blood testing and follow-up.	Number of children participating in biomonitoring testing and follow-up. <sup>B</sup>  Healthy People 2020  MDH Childhood Lead Exposure Data Access
Provide radon testing and mitigation resources.	Financial Institutions Public Health Real Estate Agencies Rental Property Owners Semcac	MDH Radon Kits Mitigation Resources SWCD	Offer radon kits in areas with lower testing rates and conduct follow-up for homes with radon levels above 4 pCi/L.	Increased number of homes tested for radon.  Increased number of homes above 4 pCi/L that mitigate radon.	Number of initial radon tests. <sup>B</sup>  FCPH Radon Database  MDH Radon Data Access
Reduce secondhand smoke exposure.	City and County Officials Education Public Health Law Enforcement	ALA/ANSR Public Health Law Center (PHLC)	Implement tobacco-free environment and control policies.	Decreased access to tobacco products and tobacco smoke and vapor exposure.	Number of changes enacted to address tobacco use. <sup>B</sup>  FCPH Community Health Assessment  Minnesota Student Survey

**Appendix E: Fillmore County Public Health Priority 2 – Air Quality 2020-2021**

**Goal: Improve the air that Fillmore County residents breathe.**

**Objective 3:** By February 2021, collaborate with health-based organizations to increase biomonitoring rates among Fillmore County children aged birth to 6 years.

**Objective 4:** By February 2021, increase the number of homes in Fillmore County that have completed initial radon testing.

**Objective 5:** By February 2021, institute at least one social or environmental change that addresses tobacco use among Fillmore County residents.

**Benchmark 3:** Number of children participating in biomonitoring testing and follow-up.

**Benchmark 4:** Number of initial radon tests and self-reported radon mitigations.

**Benchmark 5:** Number social and environmental changes enacted to address tobacco use.

**Indicator Update and Analysis:**

Health Priority Strategies	Strategy/Action Steps	Strategy/Action Progress	Revision Description	Revision Rationale
Address childhood biomonitoring rates for chemicals that influence air quality such as metals, pesticides, phthalates, and phenols.	<p>Determination of biomonitoring rate baseline for children.</p> <p>Increased number of children receiving blood testing and follow-up.</p>			
Provide radon testing and mitigation resources.	<p>Increased number of homes tested for radon.</p> <p>Increased number of homes above 4 pCi/L that have radon mitigation systems.</p>			
Reduce secondhand smoke exposure.	Decreased access to tobacco products and tobacco smoke and vapor exposure.			

**Next Steps:**

**Appendix F: Fillmore-Houston CHIP Progress Benchmark and Indicator Resources**

Progress Indicators or Benchmarks	Data Resource
County Health Rankings and Roadmaps	<a href="https://www.countyhealthrankings.org/">https://www.countyhealthrankings.org/</a>
Fillmore-Houston Community Health Service Community Health Needs Assessment	Records on file. Current assessments provided as Appendices B and C.
Food Access Research Atlas USDA Mapping	<a href="http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx">http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx</a>
Healthy People 2020 – Environmental Health Objectives	<a href="https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health/objectives">https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health/objectives</a>
Healthy People 2020 – Nutrition Objectives	<a href="https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives">https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives</a>
Healthy People 2020 – Tobacco Objectives	<a href="https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives">https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives</a>
Minnesota Department of Health Minnesota Public Health Data Access Portal – Air Quality, Biomonitoring, Childhood Lead Exposure, Poverty and Income, Radon, Secondhand Smoke, and Smoking	<a href="https://data.web.health.state.mn.us/web/mndata">https://data.web.health.state.mn.us/web/mndata</a>
Minnesota Food Shelf Survey	<a href="https://www.supershelfmn.org/2019-statewide-survey">https://www.supershelfmn.org/2019-statewide-survey</a>
Minnesota Student Survey – Nutrition and Tobacco	<a href="https://www.health.state.mn.us/data/mchs/surveys/mss/countytables/index.cfm">https://www.health.state.mn.us/data/mchs/surveys/mss/countytables/index.cfm</a>
MN EAT Assessments	Available via the Counter Tools Store Audit Center <a href="https://assess.countertools.org/">https://assess.countertools.org/</a>
WIC Fruit and Vegetable Annual Summary Reports	<a href="https://www.health.state.mn.us/people/wic/localagency/reports/foodbenefits/annual/index.html">https://www.health.state.mn.us/people/wic/localagency/reports/foodbenefits/annual/index.html</a>

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