

2012-2016

# CHIP 1.0 Final Report

*For the Community Health Boards of Hennepin County:  
Bloomington, Edina, Hennepin, Minneapolis, and Richfield*



**COMMUNITY HEALTH**  
Improving health across Hennepin County, together.  
**IMPROVEMENT PARTNERSHIP**

# Contents

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Introduction	3
CHIP priority areas	5
Nutrition, Obesity, and Physical Activity (NOPA)	5
School readiness	7
Social connectedness	10
Conclusion and next steps	12
CHIP partner organizations	13

# Introduction

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The Hennepin County Community Health Improvement Partnership (CHIP) is a multi-disciplinary collaborative that was founded in 2012. The CHIP collaborative was initiated and supported by the Community Health Boards of Hennepin County, Minneapolis, Bloomington, Edina, and Richfield. It includes representatives from public health, local hospitals, health plans, academic institutions, foundations, and community-based organizations. Its work has been coordinated through a steering committee. This initiative brought together leaders in health to work with community stakeholders from multiple sectors across the county to identify and address important health issues.

Community stakeholders developed a vision and a plan that charted a course and provided guidance for this collaboration. After completing a stakeholder-involved Community Health Assessment and a shared 2012-2015 Community Health Improvement Plan by mid-year 2012, the CHIP partners moved into action. A series of meetings were convened to engage existing and new partners to join action teams to move the shared vision for health forward. More than 60 individuals representing multiple public and private organizations committed to aligning efforts to improve health in the priority areas outlined in the CHIP Plan. The Community Health Improvement Partnership and Community Health Improvement Plan was guided by the following goals:

- Build a shared vision for improving community health across public and private organizations
- Target strategic health issues for collaborative and aligned work
- Align assets and resources to make a difference and gain efficiencies
- Work together to address gaps, needs or policy issues impacting the target health issues
- Establish or strengthen sustained partnerships across organizations and coalitions that are working to improve health

In the fall of 2012, after several planning workshops, three action team priorities were chosen. In addition, three cross-sector teams were established to develop and implement aligned strategies and tactics to impact each of the three targeted CHIP health improvement priorities:

- Nutrition, Obesity, and Physical Activity (NOPA)
- School readiness
- Community and social connectedness

In addition to the selected priorities, action teams were asked to select work that addressed two overarching goals of CHIP:

- Healthcare access
- Social conditions that impact health (now referred to as Social Determinants of Health)

During the first quarter of 2013, these teams developed a greater understanding of the issue they were convened to address, and what their CHIP partners and others were doing in these areas. They explored local and state initiatives, available data, and resources. They identified options for aligned efforts and selected targeted strategies and actions for 2013-2014. The action teams established and implemented work plans to address the CHIP priorities. Action plans and strategies were updated annually, and teams worked under the CHIP plan through 2016.

A data team, composed of representatives from CHIP member agencies, was convened in 2012 to provide technical assistance to the action teams in developing population assessment benchmarks and performance measures for activities. In considering available assessment measures, the data team determined that electronic health records (EHR) should be pursued as a supplementary data source for certain indicators such as obesity, smoking status, and diabetes diagnosis. This work led to a pilot data sharing project with one health provider, and a subsequent workgroup that continues to meet to increase participation to additional health providers and define common community health indicators.

# CHIP priority areas

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## Nutrition, Obesity, and Physical Activity (NOPA)

The CHIP NOPA Action Team was launched in 2013 and focused its work on the following strategies:

- Identifying, supporting, and linking to current efforts focused on obesity reduction, healthy eating, and increased physical activity in order to align efforts, where possible
- Strengthening NOPA partner organizations' internal support of healthy worksite food environments
- Identifying best practices that partner organizations could promote or adopt in a coordinated manner for greater impact

Over the course of the last four years, the team worked on a number of projects related to the priorities listed above. The following activities for the NOPA Action Team have been broken down on a year-to-year basis:

### 2013-2014 activities and outcomes

- SHIP funding
  - Successfully organized to support reauthorization and saw an increase in SHIP funding from \$15 million for the 2012-2013 biennium to \$37 million for 2014-2015
- Worksite food environments
  - Improved member organization worksite food environments through study of best practices and changes to internal policies. Improvements included salad days, more fresh produce and healthier offerings in worksite cafeterias, an on-site health committee, and food guidelines for meetings and catering.

### 2014-2015 activities and outcomes

- 5210 health goals
  - 5210 health improvement goals include encouragement of five fruits and vegetables a day, two hours or less of recreational screen time, one hour or more of physical activity, and zero sugary drinks. Reduction of sugary beverages in park environments and park programs was a focus for the group. Policies, systems, and environmental barriers that make it difficult to follow the 5210 advice were identified and addressed.
- Health metrics
  - Improved the collection of BMI and other 5210-related metrics: Hennepin County and Bloomington Public Health run their respective WIC programs, and reports from MDH are jurisdiction-specific (Minneapolis Health Department contracts with Hennepin County for its WIC program, and Edina and Richfield contract with Bloomington). In an effort to comprehensively report on the weight status of children on WIC in Hennepin County, regardless of jurisdiction, a workgroup was formed with staff from the three health departments and MDH to develop processes for sharing client-level data between the departments. The project is currently underway with comprehensive data sets for 2012 – 2016 available in fall/winter of 2017.



- **Healthy parks work**
  - Presented to the West Metro Park Leadership Group in July 2014 (resulted in 15 park directors/managers committing to work on reducing sugary beverages on park system grounds). Hennepin County provided technical dietetic and program support to all interested park systems that committed. After this meeting, Hennepin County staff worked with Three Rivers Park District to conduct a detailed assessment of food and beverage products that were being offered within the system and to assist them in adopting a system-wide nutrition standard. Health Promotion staff are now working with Three Rivers' food service to implement the standards across their many cafeterias, vending machines, and concessions. Early in 2016, Three River's food vendor contract was up for renewal, providing an opportunity to integrate the nutrition standards into their contract requirements. The initial assessment in early 2016 showed that none of the 13 parks Hennepin County staff was working with met the new standards. By December 2016, 10 of the 13 met the standards adopted by Three Rivers.
  - Developed a technical assistance brochure, "[From Small Steps to Big Leaps: Promoting Healthy Food & Beverage Choices in Parks and Recreation Facilities](#)" with Public Health Law Center.

## 2015-2016 activities and outcomes

- **Healthy partners work**
  - Presented at the Parks and Trails Council of Minnesota annual conference in October 2015, "Building a Path to Healthy Food through Parks and Recreation."
- **Healthy hospitals work**
  - Using funds from the Hennepin County Community Transformation Grant provided by CDC, a consultant was hired to design and administer a hospital food and beverage assessment for hospitals located in Hennepin County. This was a joint project of the Hennepin County, Minneapolis, and Bloomington public health departments. In 2015, data was collected for all Hennepin County hospitals, and a master results grid was developed showing de-identified data on facilities and where they were in relation to the assessment factors. At the completion of this process, the consultant presented this data at each facility to show them where they sat in relation to the other hospitals within Hennepin County. This competitive comparison and results presentation process directly helped to drive food and beverage policy and access change in at least three Hennepin County healthcare systems, including significant reduction or elimination of sugary beverages, as well as removal of a very busy fast food restaurant at an urban hospital located within a food desert. In late 2016, a subgroup was convened to conduct the next round of this assessment and to continue to measure change. Though CHIP did not hire the consultant, results from this assessment were used by CHIP to help drive change.



- Hosted a Healthy Healthcare Food and Beverage Leadership Summit for Hennepin County hospitals to promote food and beverage policy changes, December 2015.
- Hosted Hospitals Helping Community networking dinner, December 2015. Convened healthy hospitals workgroup to address issues that were raised at the Healthy Healthcare Food and Beverage Leadership Summit. Results included that every hospital implemented policies to improve the nutrition environment. The scope and depth varied by hospital, with drivers of this change ranging from hospital administrators, to clinicians, to Human Resources departments.
- Identifying and aligning NOPA work
  - Convened a series of information sharing sessions around the topics of Met Council Comprehensive Planning, food access and insecurity, use of parks by underserved populations, improving food and beverage environments, and population level health assessments.

The NOPA Action Team was successful in gaining a better understanding of the NOPA-related work that was being done in Hennepin County, and finding ways of aligning partner organizations to that work for collective impact. Concurrently, many partner organizations adopted healthy food policies. Also, many of the partner organizations were able to build new working relationships as they learned about each other's work. Through their work, the team came to the conclusion that CHIP can be an effective catalyst for advocacy and policy change. Nutrition, Obesity, and Physical Activity continue to be areas of need in Hennepin County, which are best approached through a collaborative effort. As CHIP 1.0 wraps up and CHIP shifts to new focus areas, the work of this action team around hospital food environments and the disparities in the parks will continue outside of CHIP, and a group of NOPA partners is working on a post-food environment assessment for hospitals with the help of an intern.

## School readiness

The CHIP School Readiness Action Team was launched in 2013 and focused its work on the following strategies:

1. Increasing early identification of and linkage to services for children ages birth to five who have physical, developmental, or social-emotional delays or concerns
2. Promote early child screening – particularly screening at age three
3. Increasing referrals from medical providers to early childhood early intervention services for children ages birth to five
4. Meeting with state policy leaders from the MN Department of Education (MDE), MN Department of Health (MDH), and the MN Department of Human Services (DHS) to address inefficiencies in early childhood screening practices

Over the course of the last four years, the team has worked on a number of projects related to the priorities listed above. The following activities for the School Readiness Action Team have been broken down on a year-to-year basis:

## 2013-2014 activities and outcomes

- Screen at 3 messaging
  - Made recommendations to community providers to ensure that early screening for socio-emotional or mental health concerns and exposure to traumatic events was a routine component of well-child care and early childhood screenings
  - Health plan partners placed articles in their provider newsletters
  - School districts serving Hennepin County children received a survey about early childhood screening services across the districts. Results determined that screening practices and policies varied significantly across school districts.
- The Assuring Better Child Health and Development Initiative (ABCD) Close the Loop project
  - CHIP partners aligned to establish the Close the Loop quality improvement effort in three communities: Minneapolis, South Hennepin, and North West Hennepin, and developed a fourth pilot in a school district in the Western suburbs. Rather than implement the pilot, the district developed a strategy for referral and feedback and hired an early childhood outreach specialist.
  - Six clinics, six school districts, three health departments, one hospital, and a family services collaborative worked on the pilot to review and strengthen the referral and feedback loop between the partner clinics and their local school district(s)
  - A Close the Loop kick-off event was held in September 2013, for more than 100 medical, social services, and school providers.

Created and distributed more than 30,000 "Screen at 3" outreach cards in seven languages (English, Hmong, Oromo, Russian, Spanish, Somali and Vietnamese) at libraries, clinics, and nonprofits across the county.



## 2014-2015 activities and outcomes

- Screen at 3 messaging
  - As a result of the survey completed above, CHIP hosted meetings for school nurses and other early childhood personnel working in Hennepin County on Screen at 3 and Close the Loop in February 2014
  - Assisted Aaron Sojourner of the University of Minnesota in the development of a project that uses texting to promote early childhood screening to the families of young children. This turned into the [Think Small Parent Powered Texts](#) initiative.
- ABCD Close the Loop project
  - Coordinated with Generation Next and United way to promote the Close the Loop project and find funding to continue the quality improvement project aimed at Screen at 3
- MN Early Childhood Screening Practices
  - The Action Team analyzed existing state policy and practices around early screening
  - Met with state policy leaders from the MN departments of Education, Human Services and Health around early childhood screening policies and practices in March 2015



## 2015-2016 activities and outcomes

- Screen at 3 messaging
  - United Way funded Screen at 3 Initiatives in Minneapolis, Bloomington, Richfield, and Osseo schools
  - Screen at 3 community engagement materials were adopted and distributed by Region 11 Interagency Early Intervention Committee and statewide Help Me Grow
  - Through 2016, more than 30,000 cards were distributed countywide
  - During the 2013-2014 to 2015-2016 school years, 80% of Hennepin County school districts increased the number of children screened before the age of four
- ABCD “Close the Loop” project
  - ABCD was launched in Park Nicollet Health Partners System
- MN Early Childhood Screening Practices
  - Partnered to author a proposal to the Legislative Audit Commission to review the legislative policies around early childhood screening
  - The Office of the Legislative Auditor accepted the proposal and is currently conducting a program evaluation of the eight State of Minnesota Early Childhood Programs: Child Care Assistance Program, Early Childhood Family Education, Early Childhood Screening, Early Learning Scholarships, Family Home Visiting, Head Start, School Readiness, and Voluntary Prekindergarten
  - Presented early childhood screening proposals around data sharing needs to the Focus under 5 Senate Workgroup.

The School Readiness Action Team was successful in addressing the four focus strategies that they had laid out. Policy alignment across sectors was difficult to accomplish. The team was able to gain support from multiple school districts around early childhood Screen at 3. Public school district screenings at age three rose from 31 percent in 2013-2014 to 37 percent in 2015-2016. In addition, the team built a strong network of allies for this upstream work within CHIP and external agencies. In addition, the team learned lessons around message clarity and alignment including how to build trust within the team to do the harder work of aligning direct services and policy agendas. They were able to see the tangible benefit of cross-sector partnerships in advancing both organizational and population level outcomes, and making it easier for families. Finally, they built a strong case that it is effective and efficient to advance health and education outcomes concurrently.



# Social Connectedness

The CHIP Social Connectedness Action Team was launched in 2013 and focused its work on the following strategies:

1. Establishing a common understanding of social connectedness and how it relates to health
2. Raising community and provider awareness about the important link between social connectedness and physical and mental health
3. Engaging health and social services providers to integrate conversations about social connectedness into direct services with their clients

Over the last four years, the team has worked on a number of projects related to the stated priorities. The activities of the Social Connectedness Action Team have been broken down on a year-to-year basis:

## 2013-2014 activities and outcomes

- Defining social connectedness
  - Reviewed social connectedness reports, promising practices, and links to health outcomes in order to establish a common understanding of and working definition for social connectedness across the partners
- Social connectedness screening tool and pilot
  - Researched/developed a potential questionnaire to measure social connectedness levels of clients and residents who interact with a variety of organizations. The questionnaire was piloted at 10 sites.
  - Developed informational brochures for providers and handouts for direct service clients to promote awareness of the importance of social connectedness, including a short provider information sheet with resources and links, and a client information handout
  - Piloted the tools at 10 partner sites

Based on feedback from the pilot sites, the questionnaire was put on hold. The team decided that there needed to be more work put into finding and learning about resources for people who scored low in social connectedness. Broad distribution of the handouts was also put on hold at this time because the team wanted to gain more insight into best practices for helping individuals in need to engage with people and resources. Handouts were shared electronically for use by action teams' organizations and were later used as handouts

at community forums (also known as CHIP In events). The team also circulated handouts periodically with new Social Connectedness Action Team members to introduce them to this work — and with the group as a whole as they explored roles and next steps at various points post-2013.



## 2014-2015 activities and outcomes

- Social connectedness promotion
  - Built a common understanding among team members of social connectedness and its links to health
  - Pursued the adoption of screening for social connectedness as a best practice by Accountable Care Act agencies/Health Care Homes
  - Several organizations increased the use of the term “social connectedness” and the goals of the team in in-services and staff trainings
- Social connectedness screening tool and pilot
  - Pursued adoption of social connectedness screening as a quality measure — reportable to the Minnesota Department of Health or Department of Human Services
  - Explored establishment of a wellbeing measures project to move toward regional shared population-level measures. Strategy was not pursued by the group as it decided to focus efforts on hosting forums (CHIP In events).

## 2015-2016 activities and outcomes

- Social connectedness promotion
  - Developed a new strategy of convening a series of CHIP forums to highlight existing efforts in Hennepin County that created or provided social connectedness. The forums engaged local community groups, organizations, and institutions to share their learnings and methods as well as provide opportunities to discuss emerging issues and future plans. These forums created a network of organizations that engaged in information and resource sharing and collaborated on projects that promoted social connectedness. The topics and presenting organizations for these forums were as follows:
    1. Introduction to Social Connectedness – University of Minnesota’s Center for Spirituality and Healing
    2. Social Connectedness through the arts – Kairos Alive!
    3. Social Connectedness in health care – Hennepin Health
    4. Social Connectedness in neighborhoods – The Backyard Initiative

The Social Connectedness Action Team struggled in the beginning to understand the scope and focus of its work. Elevating the concept to a level that resulted in the operationalization of tools and widespread implementation was not possible. The barriers included a lack of resources to educate, train, and market the concept. The team also learned of the challenges to define, educate, and implement social connectedness concepts across cultural, ethnic, and language differences. In 2016 the team made several paradigmatic changes to their approach. The first was to acknowledge that social connectedness is a large amorphous concept that is fundamental to individual and collective wellbeing and mental health. The second change was realizing that the role of the team was not to provide expertise, but rather to learn, collect, and share tools and resources around social connectedness.

Out of this new perspective, the team focused on hosting a series of forums intended to expand the team’s understanding of the topic, and offering new and innovative approaches to addressing social isolation. Following each forum, the action team met to evaluate the event, discuss community connections that were made, and collect/catalog any resources discovered. A master distribution list was created for promoting future forums, and those forums are continuing as of the fall of 2017.

# Conclusion and next steps

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The initial Hennepin County CHIP plan – CHIP 1.0 – was concluded in December 2016, although the action teams continued to meet and wrap up their work through the spring of 2017. It must be noted that the action teams were where much of the success and learning occurred during CHIP 1.0. These teams spent countless hours from 2012-2016 learning together, planning, testing, and carrying out their work. A celebration of CHIP 1.0 was held June 14, 2017, during which each action team shared the learning, challenges and successes found in this report. The data team also played a key role throughout CHIP 1.0 and produced an updated report detailing changes to performance measures and community health indicators relevant to each workgroup. This was presented to the CHIP Steering Committee in March 2016.

While the action teams were wrapping up their work in 2016, a CHIP 2.0 planning team was commissioned to establish a timeline for CHIP 2.0 and determine the process to be used to engage the steering committee and action teams in establishing priorities for the next five years – CHIP 2.0. A Community Health Assessment team consisting of data analysts from each of the participating local public health agencies also was convened to help coordinate this work. And because data was foundational to the determination of strategies, the timing of the public health departments' Community Health Assessments was intentionally delayed until the majority of the area hospitals completed their Community Health Needs Assessments (CHNAs). The combined analysis of the CHNAs plus the CHAs created a more complete and robust picture of the state of the county's health and enabled more solid recommendations to unfold.

CHIP partners were brought together in January 2017 to review the data from the aggregated assessments and identify new priorities for collaboration. And, seeing that most, if not all, CHNAs prioritized mental health and wellbeing as a key health concern, it validated the conclusions drawn by the CHIP planning team, steering committee, and action teams. Over a series of meetings from January through April 2017, the CHIP partners selected mental health and wellbeing as the priority for the collaborative, with housing as a key social determinant to explore under the mental health and wellbeing umbrella. A foundational workshop on historical trauma and ACEs (Adverse Childhood Experiences) was held in July 2017 to lay the groundwork for our planning for CHIP 2.0. Workshops to clarify the focus under mental health and wellbeing and also housing are being held in the fall of 2017, after which a CHIP 2.0 plan will be developed.

As this report demonstrates, CHIP 1.0 laid the foundation for health leaders in the public, private, and non-profit sectors to work with community stakeholders from multiple sectors across the county. The relationships forged through the collaborative work and resource sharing of CHIP 1.0 will continue and will strengthen the strategic direction and concrete actions developed for CHIP 2.0.

# CHIP partner organizations

- Advance Consulting
- African Challenges Corporation
- Allina Health
- American Cancer Society
- Bloomington Public Schools
- Blue Cross and Blue Shield of Minnesota
- Bridging
- Children’s Hospitals and Clinics of Minnesota
- Collaboration Catalyst
- Domestic Abuse Project
- Fairview Health Services
- Generation Next
- Greater Minneapolis Council of Churches;  
Minnesota Food Share
- Headway Emotional Health Services
- HealthPartners
- Hennepin County Early Childhood Services
- Hennepin County Fire Chiefs
- Hennepin County Health Works
- Hennepin County Medical Center
- Hennepin Health
- Impetus- Let’s Get Started
- Institute for Clinical Systems Improvement
- Intermediate School District 287
- Maple Grove Hospital
- Medica
- Minneapolis Public Schools
- Minneapolis Youth Coordinating Board
- Minnesota Visiting Nurses Association
- Neighborhood Health Care Network
- Canvas Health New Generations
- North Memorial Healthcare
- Northwest Hennepin Family Service  
Collaborative
- Osseo area schools
- Park Nicollet
- PICA Head Start
- Presbyterian Homes
- Public Health Law Center
- Rainbow Health Initiative
- Resource Charaka Program
- St. David’s Center
- Stratis Health
- Think Small
- Three Rivers Park District
- University of Minnesota Office of Community  
Engagement for Health
- University of Minnesota School of Public  
Health
- Walk-In Counseling Center
- Wayzata School District 284
- Wilder Research
- YMCA of the Greater Twin Cities

