

# Brown-Nicollet Community Health Board

## Community Health Improvement Plan

Pictures removed for ADA compliance

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## Acknowledgements

**Sincere appreciation is expressed to the following organizations that provided support, participation, & engagement to this effort:**

- **County Boards of Health**
- **New Ulm Medical Center**
- **Heart of New Ulm**
- **Mayo Health Systems – Springfield**
- **Sleepy Eye Medical Center**
- **Yellow Ribbon**
- **Brown County Family Services**
- **New Ulm Public Schools**
- **Rivers Edge Hospital**
- **Mankato Clinic**
- **Nicollet County Family Services**
- **Brown – Nicollet Environmental Health**

### **And sincere appreciation to core team members:**

Brown County Public Health – Karen Moritz Brown County Public Health Director

Staff: Tammy Friendshuh

Melissa Hoffmann

Nicollet County Public Health – Mary Hildebrandt – Nicollet County Public Health Director

Staff: Jen Benson

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## Executive Summary

**Brown and Nicollet are divided by the Minnesota River. The two counties have many differences and similarities. They are governed under one Joint Powers Community Health Board. Both counties have a desire to improve the health status of the community by working together. The people of this community have learned to work together, across county boundaries, for the welfare of their constituents. Agencies are working across the border to affect the health of the population.**

**Rooted in agriculture and small industry, the population has grown older but both counties have a great deal of community effort to prosper and grow. Health has become a more important factor for the communities in the last few years.**

**The MAPP process was followed as these two counties came together to complete a comprehensive community focused health assessment and community health improvement plan. The Community Health Assessment was completed for the counties of Brown & Nicollet and the top ten health issues were identified. Many people contributed to the Community Health Assessment Process. The participants were community partners in healthcare, business, non-profit organizations, other county departments, and the general public. They gave of their time and shared their knowledge and their beliefs. We are grateful for these contributions and hopeful that community health improvement plan is implemented together with our community partners to improve the health status of our communities.**

# The Process

## *Phase I: Organizing*

In July, 2013, the Public Health Directors from Brown and Nicollet Counties decided to partner and complete the Local Public Health Assessment and Improvement Process together for submission to the Minnesota Department of Health in January of 2015.

The model selected by the directors for use was Mobilizing For Action Through Planning and Partnerships (MAPP). This model was developed by NACCHO in partnership with the Centers for Disease Control and Prevention (CDC) Public Health Practice Program Office.

The model has six phases: Organizing, Visioning, The Four Assessments, Identifying Strategic Issues, Formulating Goals and Strategies, and the Action Cycle. The process is cyclical, with each phase informing the next and each assessment's results considered in light of the others. More information on MAPP can be found on the NACCHO website.



## *Phase II: Visioning*

A vision provides the picture of the community in the future. It also sets the structure for the process and a goal towards which to work. On July 16, 2013, twenty stakeholders from Brown and Nicollet County attended a visioning session in New Ulm. A list of attendees is found in Appendix A. The regional nurse consultant from the Minnesota Department of Health, Linda Bauck, was the facilitator.

The session had the participants work in groups and alone to answer 4 key questions:

**How do you define a health community?**

**What community values promote a healthy neighborhood?**

**What kinds of resources are needed to create a healthy neighborhood?**

**Who is responsible for keeping a community healthy?**

Prior to this session the 4 key questions had been sent to a broader group of 100 staff, policy makers & community partners for their thoughts. Those responses were categorized and shared with the participants after the session was complete. The responses were very similar.

In a follow up session with an identified core team, the Brown-Nicollet Community Health Services Vision Statement for Community Health Assessment and Strategic Planning was developed:

*“Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action.”*

The final vision statement was sent to all participants and used to guide the remaining steps of the MAPP process.

### **Phase III: Four MAPP Assessments**

On that same day in the afternoon of July 16, 2014 the twenty stakeholder participants conducted the 1<sup>st</sup> MAPP assessment of **Community Themes & Strengths Assessment**.

The group brainstormed about the concerns and assets of the community, the perceived quality of life, and what created that quality of life for them. The participants then broke into small groups and were assigned a community within each county. They did asset mapping for the assigned community on large maps created by the County GIS department.

The information from this was compiled and used by the core team for the next assessments.

The **Brown – Nicollet Community Health Status Assessment** was completed in several phases to be inclusive of all the community partners and stakeholders in order to get a complete picture of health in the Brown – Nicollet Community.

Both Brown and Nicollet County Public Health Departments participated with the hospital/clinic community health assessments in the summer/fall of 2012.

Brown County Public Health participated with the New Ulm Medical Center in New Ulm, MN, in their Community Health Assessment process that was completed in August of 2012. The health data for Brown County was reviewed and 3 top health issues were identified.

Nicollet County Public Health participated in a Community Health Needs Assessment with River's Edge Hospital and Clinic that was completed November 6, 2012. A total of 114 data points were presented for analysis at the community health status sessions. They identified 10 top health issues and concerns.

Both Brown and Nicollet Public Health also partnered with Mayo Health Systems – Southwest Region to conduct a regional health survey. The results of that survey were reviewed for inclusion in the Brown – Nicollet Community Health Status Assessment.

Brown County has one additional hospital/clinic facility, so Brown County Public Health completed a more county wide community health assessment session that was held October 13, 2013. There were 18 people from a broad section of stakeholders in attendance for this session. There were 103 data points displayed on a power point. It

was reviewed by the group in categories, and the top health issues were identified. The data was also reviewed by the Brown County Advisory Committee which is made up of community members from around the county. They identified similar top 10 health issues.

All the participants involved in the MAPP process are listed in Appendix A.

The **Local Public Health System Assessment** was completed in March of 2013 and again in March of 2014 through the Minnesota Department of Health's statewide Local Public Health Planning and Performance Measurement Reporting System (LPH PPMRS). This annual assessment evaluates the Community Health Board's capacity to meet Minnesota chosen 35 priority National Public Health Standards. Brown- Nicollet CHB reports fully meeting most of the standards. See Appendix B for the results of the capacity reporting.

The Brown – Nicollet Community Health Core MAPP team decided not to complete the **Forces of Change Assessment**. A process similar to this is completed with the Strategic Planning process.

### *Phase IV: Identify Strategic Issues*

On October 30, 2014 fifteen public health staff and community partners from both Brown & Nicollet County came together to look at data that supported 28 identified health issues identified previously in each county community health status assessments.

The Hanlon Method for Prioritization of Health Issues was used – See Appendix C

#### *Top 10 Identified Issues*

Low Physical Activity	Mental Health
Increased Suicide Rates	MVA r/t Alcohol
Chronic Disease – Heart Disease & Diabetes	Sex at a younger age
Obesity Rate	Unprotected Sex
Smoking while pregnant	Elevated Radon Levels

After the top health issues were identified using the Hanlon method, the PEARL test was applied to the top issues and 4 strategic issues were identified by the group on which to develop Community Health Improvement Action Plans. – See Appendix A

#### *Top 4 Issues to develop strategies:*

Chronic Disease/Low Physical Activity/Obesity

Mental Health/Increasing Suicide Rates

MVA with Alcohol/Binge Drinking

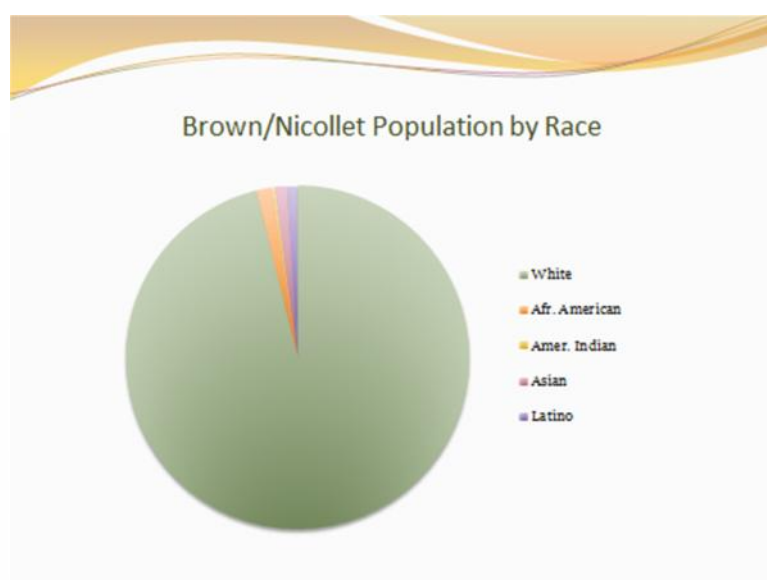
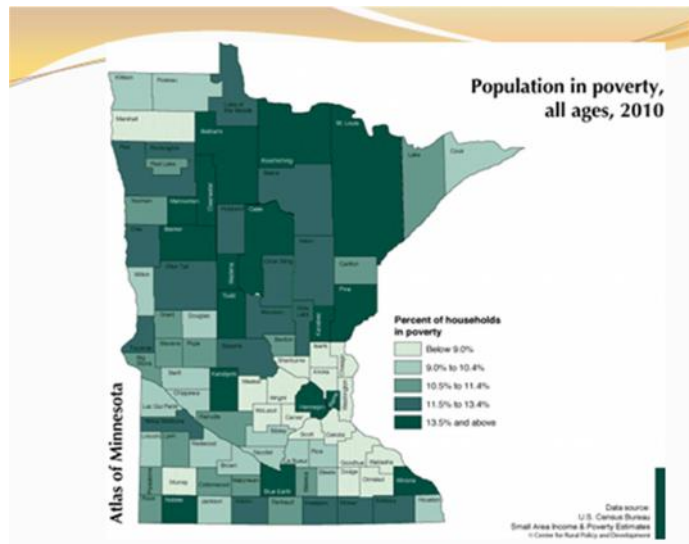
Unprotected Sex/Sex at a Younger Age



# Health Inequities & Social Determinants of Health

Brown & Nicollet Counties have a low level of racial diversity and a fairly low level of poverty but certainly the population that is experiencing housing, transportation, & low income levels are likely not able to reach their full wellness potential. The strategic issues and strategies developed will be developed to reach out to all populations and focus on populations experiencing disparities.

The mental wellness strategies will specifically target social determinants of health. The ACE training will be conducted for a wide variety of people that touch the lives of children and adults with health inequities. The Healthy Together SHIP project currently underway in Brown-Nicollet Counties is focusing on community and school strategies in communities and schools with low income.



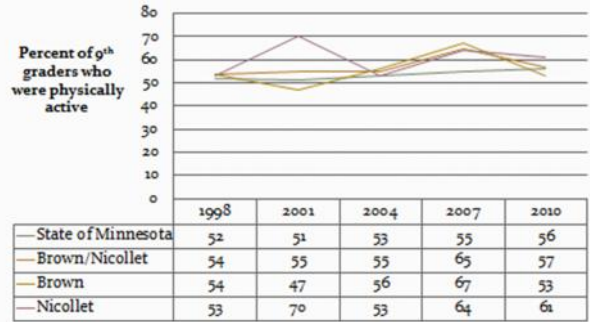
# The Strategic Issue Indicators:

## Chronic Disease/Low Physical Activity/Obesity

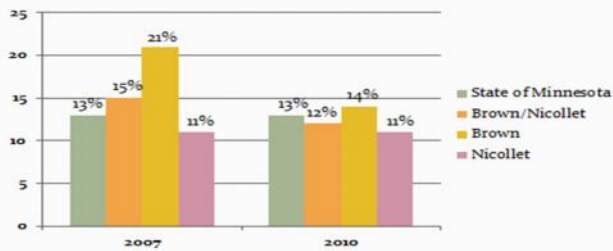
Percent of adults who are overweight or obese according to BMI

2010	Brown	Nicollet
Overweight	38.9	39.8
Obese	28.4	24.9

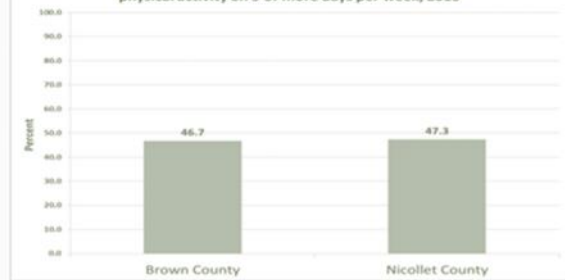
Percent of 9<sup>th</sup> graders who were physically active for 30 minutes or more on at least five of the last seven days



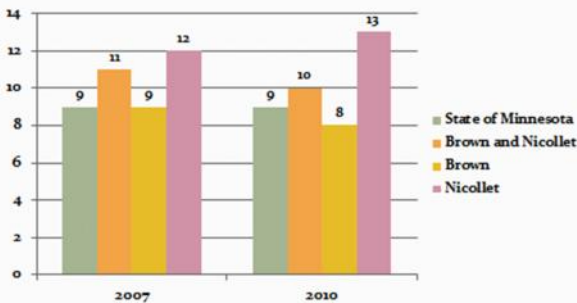
Percent of 9<sup>th</sup> graders who are overweight but not obese according to BMI



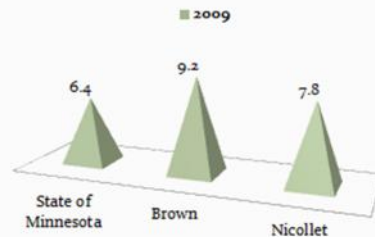
Percent of adults who report getting 30+ minutes of moderate physical activity on 5 or more days per week, 2010



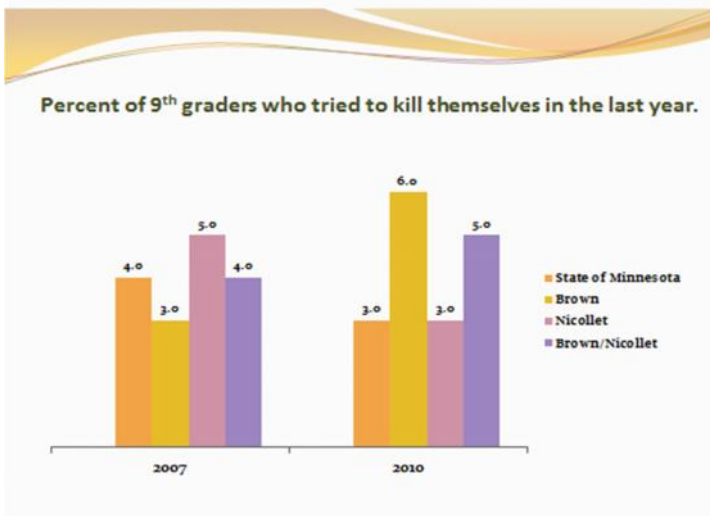
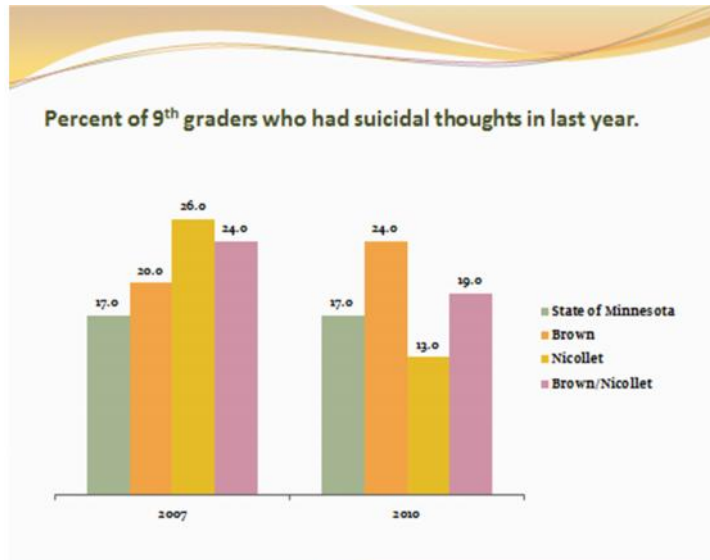
Percent of 9<sup>th</sup> graders who are obese according to BMI



Percent of diabetes prevalence among adults aged >20 years



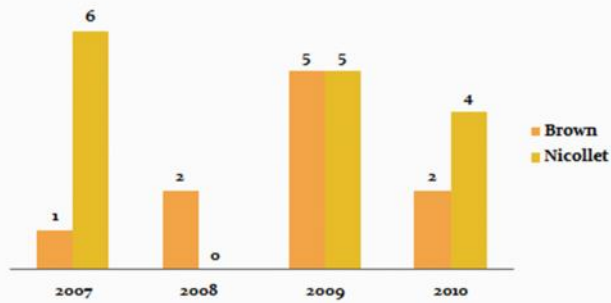
## Mental Wellness/Increasing Suicide Rates



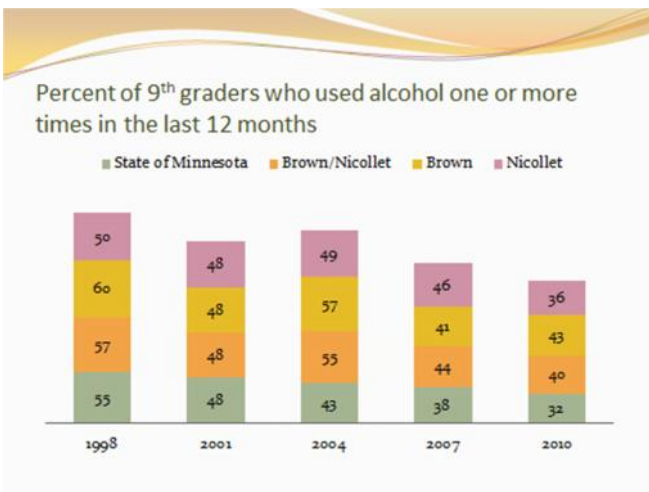
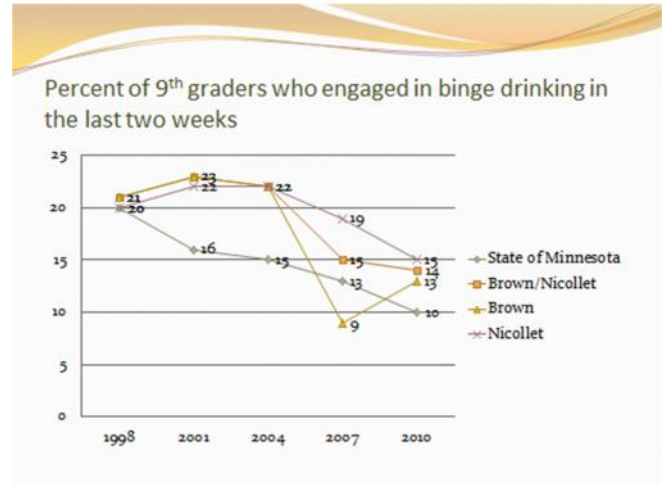
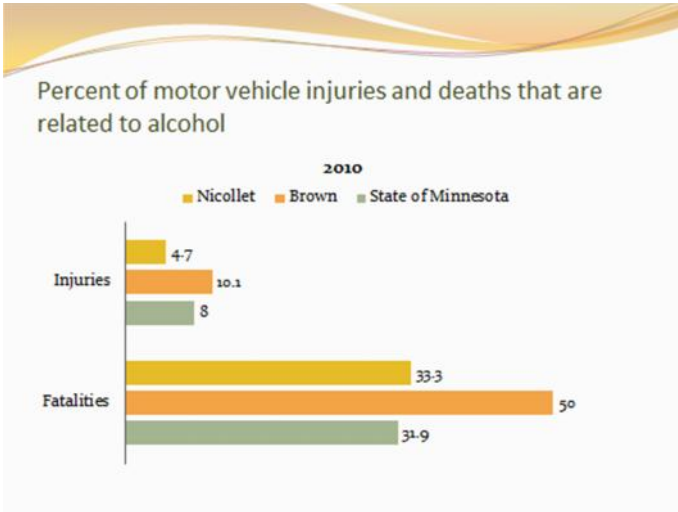
Rate of child maltreatment per 1,000 children aged 0-17, 2011.

	Child Pop. Age 0-17	Total	Family Assessment	Investigation Alleged	Investigation Determined
		Rate per 1,000	Rate per 1,000	Rate per 1,000	Rate per 1,000
Minnesota	1,277,526	17.7	12.4	5.8	3.5
CHB - Brown, Nicollet	12,842	20.4	15.4	5.1	3.4
Brown	5,573	30.3	24.6	5.9	3.8
Nicollet	7,269	12.8	8.4	4.4	3.2

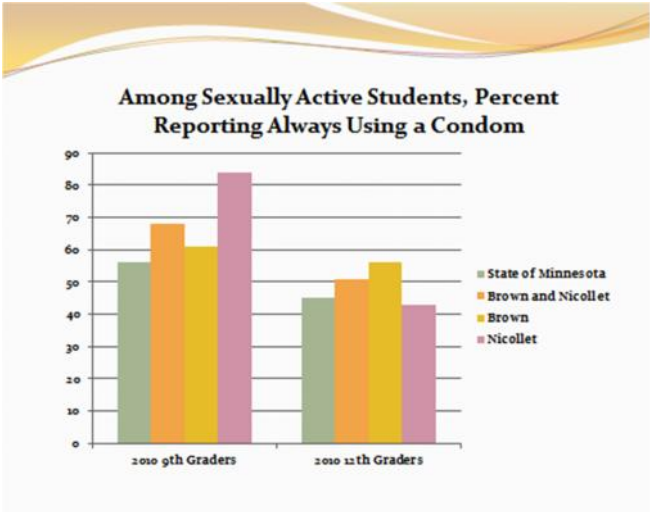
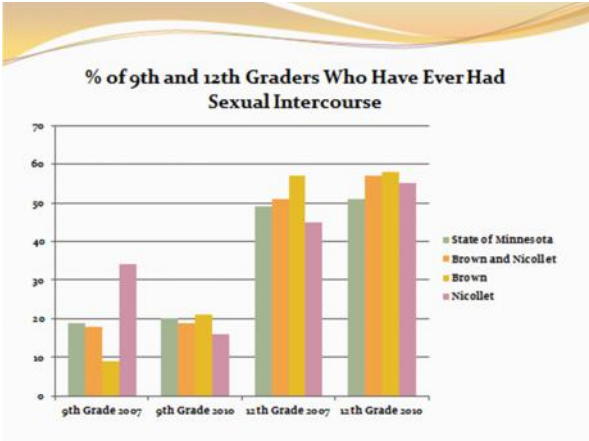
Deaths by Suicide



## MVA with Alcohol/Binge Drinking



# Unprotected Sex/Sex at a Younger Age



## Community Health Improvement Plan – Strategies and Goals

Priority: **Low Physical Activity/Obesity/ Chronic Disease**

Goal: **Reduce obesity, improve physical activity & reduce the rate of chronic disease (diabetes & cardiovascular disease)**

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### *HEALTHY PEOPLE 2020*

**Physical Activity Objective** - *Reduce the proportion of adults who engage in no leisure-time physical activity*

**Obesity Objective** - *Prevent inappropriate weight gain in youth and adults*

**Chronic Disease Objective** - *Reduce the annual number of new cases of diagnosed diabetes in the population*

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OBJECTIVES	STRATEGIES	COMMUNITY PARTNERS	INDICATORS	EVIDENCE BASED/PROMISING PRACTICES	Date Started	Date Completed
Reduce the percent of obese/overweight adults and children by 1%	Partner and engage in the activities of the Heart of New Ulm	Heart of New Ulm staff, New Ulm Medical Center Occupational Health department, NUMC clinic providers, Brown county residents	% of obesity and overweight among adults and children will decrease by 1% in 5 years  Annual Heart of New Ulm Report - activities, policies/ systems & environmental changes made.	Promising practice	9/2014	
Reduce the rate of chronic disease	Partner and engage in the SHIP implementation plan –	Healthy Together SHIP project staff, Brown & Nicollet County SHIP grantees, Brown & Nicollet County residents	The rate of diabetes prevalence among adults will decrease in 5 years.  SHIP project evaluation - activities, policies/ systems & environmental changes made	SHIP strategies have been identified as evidence based.	9/2014	
	Participate and support the CASHS coalition policy work for active living	CASHS (Coalition for Active Safe and Healthy Streets) coalition members, City of New Ulm	CASHS meeting minutes, Collaborative projects completed. activities, policies/ systems & environmental changes made	Change Policy, Systems, & Environment activities are evidence based	9/2014	
	Participate and support the Safe Routes to school Planning Grant in New Ulm	District 88 school district, Region 9 Planning	Completed Safe Routes to School Plan Application for Implementation Grant by the City of New Ulm	Evidence based	9/2014	
	Partner with and support the Springfield Community Wellness Committee's activities –	Springfield Community Wellness Committee	Annual report - activities, policies/ systems & environmental changes made	Promising practice	9/2014	
	Partner and participate in the NUMC Community Engagement activities –	NUMC Community Engagement Committee chair and staff.	Annual report of activities funded and promoted policies, systems & environmental changes influenced		9/2014	



Priority: Mental Wellness/ Increasing Suicide Rates

Goal: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

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*HEALTHY PEOPLE 2020 – Mental Health*

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*Reduce the suicide rate*

*Increase the proportion of adults with mental health disorders who receive treatment*

*Increase depression screening by primary care providers*

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OBJECTIVES	STRATEGIES	COMMUNITY PARTNERS	INDICATORS	EVIDENCE BASED/PROMISING PRACTICES	Date Started	Date Completed
Reduce the # of suicides/Reduce the # of youth reporting thoughts of suicide or suicide attempts	ACES training for school staff, providers, parents and other stakeholders	Three Counties for Kids Collaborative Brown County Family Services, Schools	Reduction of suicides and youth reporting thoughts of suicides or suicide attempts	Promising practice	10/2014	
	Provide and support the schools to institute the Yellow Ribbon suicide prevention program in the schools or use the SAMSHA Suicide prevention tool kit	Yellow Ribbon staff, schools, hospitals	Schools implementing suicide prevention work	Evidence based		
Raise the awareness of mental health in the community	Organize and hold a Let's Talk About It Event & Speaker Events	Public Health, Yellow Ribbon staff, Sioux trails, Brown & Nicollet County Family Services	Attendance at event	Promising Practice		
	Develop and implement a "Make It OK" campaign	Public Health, NUMC Community Engagement Committee, NUMC mental health, Greater Mankato Area Collaborative Network, Nicollet County Mental Health Work Group		Promising practice		
Increase the awareness & identification of mental health issues among residents	Increase community depression screening through worksite wellness programs	NUMC Occupational Health Department, Area businesses, chamber of commerce, SHIP staff working on worksite wellness	Worksite wellness programs including depression screening	Promising Practice		
	Promote PHQ2 screenings in the clinics with a method to expand to the PHQ9	Clinics in Brown and Nicollet County	Established practice in the clinics	Evidence based screening	11/2014	
Provide Resources to Youth related to mental wellness	Promote the Allina "Change to Chill" program	NUMC Community Engagement Committee and staff	Number of individuals/organizations reporting the promotion or use of it	Promising Practice	9/2014	

Provide resources to at risk groups to increase mental wellness	Promote resources and tools focusing on middle aged men in worksite wellness etc. – eg: <a href="#">Worksite wellness URL</a>	Yellow Ribbon staff	Reported use of this tool at worksites or other organizations	Promising practice		
Improve communication and coordination of care for Mental Health Consumers	Participate in the Greater Mankato Collaborative Care Network	Mankato Clinic, Nicollet County and Blue Earth County	Established practices	Promising practice	8/2012	

Priority: MVA with Alcohol/Binge Drinking

Goal: Reduce Alcohol Related MVA accidents and the incidence of binge drinking

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*HEALTHY PEOPLE 2020 – Substance Abuse*

*Increase the proportion of adolescents never using substances*

*Reduce the proportion of persons engaging in binge drinking of alcoholic beverages*

*Decrease the rate of alcohol-impaired driving*

OBJECTIVES	STRATEGIES	COMMUNITY PARTNERS	INDICATORS	EVIDENCE BASED/PROMISING PRACTICES	Date Started	Date Completed
Reduce the number of alcohol related MV fatalities	Promote and support the work of USAC – obtain grant funding to continue coalition activities and support an executive director position for the coalition	Brown County Underage Substance Abuse Coalition, law enforcement	Reduction in the number of alcohol related MV fatalities  USAC work plan activities completed	SAMSHA Drug Free Coalition oversight to determine evidence based strategies used.	10/2014	
Reduce the reported substance abuse by youth.	Promote and support Project Northland or similar curriculum in Brown & Nicollet County Schools – train teachers  Integrate substance abuse recognition into worksite wellness program	Brown County Family Services, NUMC CD outpatient staff, USAC	Reduction in youth reporting substance abuse per the MN Student Survey  Project Northland or similar curriculum integrated into area schools	Evidence Based curriculum		
Reduce easy access to drugs & alcohol	Promote and support the Take it to the Box program – one community wide event held annually	Law Enforcement, USAC coalition, HCHY, Nicollet County Environmental Services	Students reporting a reduction in easily accessed prescription medication  Take It to the Box events held	Evidence based		
Reduce the reported binge drinking rate	Develop a communication plan around Responsible Alcohol Use	Public Health, NUMC Community Engagement Committee and staff	Reduction in the binge drinking rate  Communication plan developed and initiated.			

Priority: Unprotected Sex/Sex at a Younger Age

Goal: Promote healthy sexual behaviors among youth

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*HEALTHY PEOPLE 2020 – Sexually Transmitted Diseases*

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*Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections*

*Increase the proportion of female adolescents aged 15 to 17 years who have never had sexual intercourse*

*Increase the proportion of male adolescents aged 15 to 17 years who have never had sexual intercourse*

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OBJECTIVES	STRATEGIES	COMMUNITY PARTNERS	INDICATORS	EVIDENCE BASED/PROMISING PRACTICES	Date Started	Date Completed
Increase the number of adolescents who have never had sexual intercourse by age 18	Partner with Mankato/N. Mankato School District #77 "Project for Teens" to expand peer education/service learning program to St. Peter School District #508	Project for Teens Advisory committee, School districts #77 and #508,	MN Student Survey will show decreasing trends in sexual activity	Evidence based	November 2014	
Reduce the proportion of adolescents and young adults with Chlamydia infections	Partner with "Project for Teens" to expand from ISD #77 to ISD #508	Project for Teens Advisory Committee, ISD #77 and #508 Family Planning Staff	Reduction in Chlamydia rates	Evidence based	November 2014	
Explore ways to encourage healthy behaviors and lifestyles in adolescents	Develop Community Adolescent work group	River's Edge Hosp. and clinic, Mankato Clinic, Mayo Clinic Health systems, Schools, County and St. Peter City partners, GAC	Annual report will describe activities		Fall 2013	

# Appendix A

## Thank you to everyone who contributed to the Brown-Nicollet CHB Community Health Status Assessment and Planning

Sandra Renor, RN – Nicollet County Public Health (NCPH)

Sue Wear, PHN – NCPH

Mary Hildebrandt, Director – NCPH

Sylvia Perron, Senior Coordinator – NCPH

Jen Harman, PHN – NCPH

Karen Swenson, Director – Brown-Nicollet Environmental Health

Kristin Schultz, RN – Rivers Edge Hospital (REH)

Colleen Spike, Administrator - REH

Peggy Carlson - REH

Jennifer Donkin, RD – REH

Paula Meskan, RN – REH

Mary Kramer, Exercise Physiologist – REH

Linda Bauck- Minnesota Department of Health Nurse Consultant

Kim McCoy – Stratis Health

Amy Baack – University of MN Extension

Adam Ellefson – Living Land Farm

Linda Nelsen, Administrator - Benedictine Living (SNF)

Jayne Anderson, Manager – Benedictine Court Assisted Living

Joan Steinhaus, RN – Ecumen Sand Prairie Assisted Living (ESP)

Mary Olson, Manager – ESP

Cassandra Hrdlicka, RN – Good Samaritan Home Care

Tom McNeely – Counseling Services of Southern Minnesota

Anthony Walters – Community Behavioral Health Hospital

Heather Dale, PA – Gustavus Adolphus College Health Service

Nancy Helgeson – St. Peter Area Food Shelf



Todd Prafke, City Administrator – City of St. Peter

Anders Ringdahl-Mayland, Director- St Peter Chamber of Commerce

Tami Skinner – St. Peter Community Education

Dick Seeboth – Brown Co Commissioner

Darcy Beranek – Brown Co Public Health (BCPH)

Diane Evers – BCPH

Kim Beecher – MCHS St Peter

Cindy Winter – NUMC

Jen Maurer – NUMC

Jim Berg – Brown Co Commissioner

Dave Haackl – Nicollet Co Commissioner

Linda Bauck – MDH

Jen Harman – NCPH

Jen Quiring – MCHS St Peter

Emily Goetzke – Mankato Clinic

Peter Pytlak – Mayo Clinic Health System

Sandy Domeier – SEMC

Scott Thoreson - MCHS Springfield

Diane Evers – BCPH

Melissa Hoffmann – BCPH

Linda Carruthers – MCHS Springfield

Susan Klossner – BCPH

Kim Janke – USAC

Jen Maurer – NUMC

Melissa Dallenbach – Golden Home Care (RN)

Martha Cashman – Mayo Clinic

Thank you to everyone who contributed to the Brown-Nicollet CHB Community Health Status Assessment and Planning

Julie Kloeckl – BCPH

Tom Henderson – Brown Co Family Services

Donna Lambrecht – United Way

Carisa Buegler – NUMC

Lori Nelson – SCHA

Verna Walters – 3M

Tim Anderson – Brown Co Public Health Advisory Committee

Megan Olson – Brown Co Public Health Advisory Committee

Levi Wick – Brown Co Public Health Advisory Committee

Karen Moritz – BCPH Director

Dr Ellen Vancura – Brown Co Public Health Advisory Committee

Gary Poortvliet – Brown Co Public Health Advisory Committee

Kathy Wellmann – Brown Co Public Health Advisory Committee

Barb Dietz – Brown Co Public Health Advisory Committee

Beth Sturm – Brown Co Public Health Advisory Committee

Emily Bode – Nursing Student



# Appendix C

## BROWN-NICOLLET COUNTY PUBLIC HEALTH COMMUNITY HEALTH STATUS ASSESSMENT PRIORITIZATION OF HEALTH ISSUES

The Hanlon Method: Sample Criteria Rating

Rating	Size of Health Problem	Seriousness of Health Problem	Effectiveness of Potential Interventions
<b>9 or 10</b>	<b>&gt;25%</b>	<b>Very serious</b>	<b>80-100% effective</b>
<b>7 or 8</b>	<b>10% - 24.9%</b>	<b>Relatively Serious</b>	<b>60%-80%</b>
<b>5 or 6</b>	<b>1% - 9.9%</b>	<b>Serious</b>	<b>40%-60%</b>
<b>3 or 4</b>	<b>.1% - .9%</b>	<b>Moderately Serious</b>	<b>20%-40%</b>
<b>1 or 2</b>	<b>.01% - .09%</b>	<b>Relatively Not Serious</b>	<b>5%-20%</b>
<b>0</b>	<b>&lt; .01%</b>	<b>Not Serious (teen acne)</b>	<b>&lt;5%</b>

HEALTH ISSUE	SIZE OF HEALTH ISSUE	SERIOUSNESS OF HEALTH ISSUE	EFFECTIVENESS OF INTERVENTIONS	Total
<b>PEOPLE &amp; PLACE</b>				
<b>N -Aging population</b>	<b>10</b>	<b>7</b>	<b>3</b>	<b>20</b>
<b>CHRONIC DISEASES &amp; CONDITIONS</b>				
<b>B /N- Increased rate of Chronic Disease ie: Diabetes &amp; Heart Disease</b>	<b>10</b>	<b>10</b>	<b>5</b>	<b>25</b>
<b>N - Elevated Cancer Incidence</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>13</b>
<b>B/N - High Obesity Rates</b>	<b>10</b>	<b>10</b>	<b>4</b>	<b>24</b>
<b>HEALTHY LIVING</b>				
<b>B -Increased tobacco use among youth</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>17</b>
<b>B -Increased marijuana use in youth</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>17</b>
<b>B -Increased prescription drug abuse among youth</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>20</b>
<b>B - High per capita retail sales of alcohol</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>8</b>
<b>B – Increased rate of binge drinking</b>	<b>9</b>	<b>9</b>	<b>3</b>	<b>21</b>
<b>N – Adolescent Bullying</b>	<b>8</b>	<b>9</b>	<b>5</b>	<b>22</b>
<b>B - 9<sup>th</sup> graders that tried to commit suicide doubled</b>	<b>10</b>	<b>10</b>	<b>6</b>	<b>26</b>
<b>B – Suicide rate increased</b>	<b>10</b>	<b>10</b>	<b>6</b>	<b>26</b>

<b>N – Mental Health Concerns</b>	<b>10</b>	<b>10</b>	<b>4</b>	<b>24</b>
<b>B/N - Elevated preterm birth rate</b>	<b>6</b>	<b>4</b>	<b>8</b>	<b>18</b>
<b>B/N – Births to unmarried women</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>13</b>
<b>B - Tobacco use among pregnant women</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>22</b>
<b>N -% of infant deaths</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>7</b>
<b>B - Sexual activity at a younger age</b>	<b>9</b>	<b>8</b>	<b>6</b>	<b>23</b>
<b>N – Unprotected Sexual Activity</b>	<b>9</b>	<b>9</b>	<b>6</b>	<b>24</b>
<b>B - High per capita fast food restaurants</b>	<b>7</b>	<b>8</b>	<b>5</b>	<b>20</b>
<b>B – Elevated level of sugar sweetened beverages consumption</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>21</b>
<b>B /N -Low rates of meeting physical activity thresholds</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>28</b>
<b>INFECTIOUS DISEASE</b>				
<b>OPPORTUNITIES FOR HEALTH</b>				
<b>N – Access to Healthcare</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>12</b>
<b>B - Increasing number of free/reduced lunches</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>16</b>
<b>B- Decreasing HS graduation rate</b>	<b>5</b>	<b>4</b>	<b>7</b>	<b>16</b>
<b>B - Low College education rate</b>	<b>10</b>	<b>2</b>	<b>2</b>	<b>14</b>
<b>B – Increased Radon levels</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>25</b>
<b>UNINTENTIONAL INJURY &amp; VIOLENCE</b>				
<b>B – High motor vehicle death rate related to alcohol</b>	<b>7</b>	<b>9</b>	<b>9</b>	<b>25</b>