

# **Meeker-McLeod-Sibley Community Health Services**

## **Community Health Assessment and Community Health Improvement Plan 2012-2015**

### Mission

Lead efforts to protect and promote the health of the people in Meeker-McLeod-Sibley counties through education, empowerment and provision of essential public health services.



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

---

**Meeker McLeod Sibley**  
**Community Health Services**

## Table of Contents

Executive Summary.....	2
Introduction.....	3
Demographics.....	3
Process.....	4
Guiding Principles.....	5
Organization Assessment.....	5
Community Health Issues.....	6
Community Health Improvement Plan.....	11
Appendix A: Community Health Improvement Plan Action Plans.....	16

Meeker-McLeod-Sibley Community Health Services Strategic Plan was approved and adopted on April 9<sup>th</sup>, 2015 by the MMS Community Health Board.



Meeker-McLeod-Sibley Community Health Board, Chair 2015

## Executive Summary

In the state of Minnesota, Community Health Boards (CHB) are required to complete a community health assessment (CHA) and community health improvement (CHIP) plan every five years according to MN Statute 145A. In Meeker, McLeod and Sibley counties this was a collaborative process with numerous community partners.

In early 2013, Meeker-McLeod-Sibley Community Health Services (CHS), partnered with members of the Meeker-McLeod-Sibley Healthy Communities Leadership Team (CLT) to plan for a comprehensive collaborative community health assessment. Members of the initial planning committee included representation from each of the hospitals in the three counties, assistance from Minnesota Department of Health and independent facilitator from Stratis Health (an independent, nonprofit organization that leads in collaboration and innovation in health care quality and safety).

On May 22 and June 5<sup>th</sup> two half day workshops were held in Hutchinson, MN. Over 55 various community stakeholders attended the workshops. Also present were representation from Meeker Memorial Hospital, Glencoe Regional Health Services, Hutchison Health and Sibley Medical Center. Meeker, McLeod and Sibley Public Health were represented as well.

This collaborative process walked participants through a visioning exercise, review of qualitative and quantitative data, gaps analysis, inventory of current services and a prioritization exercise.

As a result of this Community Health Assessment, three priority areas were identified:

- Mental Health
- Obesity Prevention
- Prevention and Wellness

At the conclusion of the facilitated session next steps were identified. These steps included forming three subcommittees based on the priority areas to further define the problem, set goals, objectives, identify indicators and complete action plans. These subcommittees will report to the Healthy Communities Leadership Team.

## Introduction

Meeker-McLeod-Sibley Community Health Services (MMS CHS) is a Joint Powers Board of Meeker, McLeod and Sibley Counties in Minnesota and was formed in 1980 to provide public health services under Minnesota Statute 145A. Members of the Meeker-McLeod-Sibley Community Health Board are the fifteen county commissioners from Meeker, McLeod and Sibley Counties.

Although MMS CHS is the recognized governing entity in the state of Minnesota, through a delegation agreement each county public health department retains their own identity within their respective county. Each county has a Public Health Agency as a department in their county system and information about the individual county can be obtained at the following websites:

Meeker County website: <http://www.co.meeker.mn.us/>

McLeod County website: <http://www.co.mcleod.mn.us/>

Sibley County website: <http://www.co.sibley.mn.us/>

## Mission

The Mission of the MMS CHS is to lead efforts to protect and promote the health of the people in Meeker-McLeod-Sibley counties through education, empowerment and provision of essential public health services.

## Vision

Healthier people with enhanced quality of life living in Meeker-McLeod-Sibley counties.

MMS CHS has a long and effective history of working together on various public health programs, applying for grants and streamlining public health services. The community health assessment reflects the health status Meeker, McLeod and Sibley residents.

## Demographics

Meeker, McLeod and Sibley Counties are rural counties, with agriculture being the a major business of the three counties. The total population of the three counties is 74,237, predominately Caucasian. Residents of Hispanic/Latino ethnicity make up an average of 5.3% of the three county populations.

	<i>Total Population</i>	<i>% Over Age 65</i>	<i>% Under age 18</i>	<i>% Hispanic</i>	<i>Elderly Ratio</i>
Meeker County*	23,601	17.4%	24.7%	3.3%	60.1%
McLeod County*	36,053	16.4%	24.8%	4.9%	56.9%
Sibley County*	15,123	16.9%	24.7%	7.7%	60.3%

\*According to the 2012 U.S Census Bureau

**Process**

In May-June of 2013, Meeker-McLeod-Sibley Community Health Services (MMS CHS) partnered with community stakeholders, representatives from healthcare facilities in all three counties, and Stratis Health (an independent, nonprofit organization that leads in collaboration and innovation in health care quality and safety) to complete the initial discovery phase of the assessment. The lead consultant, Kim McCoy with Stratis Health, facilitated the initial phase of conducting a comprehensive community health needs assessment. The overall goal of the assessment was to identify the major health needs, service gaps, barriers to access, and health priorities for the community. As part of the assessment, Stratus Health collected quantitative and qualitative information from a broad array of sources. The purpose of gathering the information and statistics was to identify heath disparities in our three counties and recognize the barriers to achieving health in their respective communities.

**Collaboration**

Community Partners in this assessment process included representation from the following:

Allina Health Home Care	Affiliated Community Medical Center	City of Hutchinson	Ecumen	GFW Schools
Glencoe Regional Health Services	Heartland Community Action Agency	Hutchinson Police Dept.	Hutchinson Public Schools	Litchfield Chamber Of Commerce
McLeod County Board of Commissioners	Meeker County Highway Dept.	Meeker County Public Health	Meeker Memorial Hospital	Minnesota Dept. Of Health
Minnesota Rubber and Plastics	New Discoveries-Montessori-Hutchinson	Presbyterian Home	Pro Works MN	Sibley County Board of Commissioners
Sibley East Schools	Sibley Medical Center	Tri-Valley Opportunity Council	Trailblazer Transit	Sibley County Public Health and Human Services
United Way of McLeod County	University of MN Extension	Vivid Image	Kim McCoy MPH,MS Stratis Health Facilitator	McLeod County Human Services



## **Guiding Principles**

Criteria for the Community Health Assessment process included both quantitative and qualitative data. The Meeker-McLeod-Sibley Healthy Community Leadership Team (CLT) initiated, planned and implemented the project. Personnel that participated represent a variety of sectors including public health and medical services, non-profit, social organizations, and the business community. There were many factors guiding the principles of this health assessment for our community, including but not limited to the following;

- Affordability of healthcare
- Impact of programs
- Support in place
- Multiple points of program impact
- Sustainability
- Realistic goals
- Collaborative partnerships available
- Community readiness
- Leadership/legislative support
- Community awareness of change
- Data/ability to measure change

Supporting quantitative data was collected from; the Minnesota Department of Health, Healthy People 2020, United States Center for Disease Control (CDC), County Health Rankings, and local Public Health websites.

## **Organizational Assessment**

There were many program strengths of our CHS identified at this assessment. Collaborations among community partners are strong including; education, healthcare, migrant health, local businesses, Minnesota Department of Health (MDH), U of Minnesota Extension, law enforcement, and other community service organizations. Maternal-Child Health mentoring is prominent through our Help Me Grow, Child and Teen Checkups, and WIC programs. Worksite wellness is a new, yet growing program through our local Statewide Health Improvement Program (SHIP) funding. This is utilized both in the community and our own county agencies. Immunizations are offered in all three counties at a reduced rate. Alcohol, Tobacco, and other Drug (ATOD) awareness and prevention activities are achieved through local partnerships, including MEADA in McLeod County, and Litchfield Area Rural Partners in Prevention (LARRP) in Meeker County. Project Harmony is a successful three-county collaboration to reduce prenatal alcohol use.

The following is a generalization of weaknesses that were identified in this assessment process: Resources in our rural area are limited. Education and awareness of resources that are available need to be strengthened. We struggle with government regulations that restrict our funding use (e.g., target populations, demographics, county boundaries, etc.). Direct service staff in all three counties are not knowledgeable about available resources. There is misinformation regarding social service programs. Lack of staff time results in lack of program time. Funding,

finally, continues to be an issue as MMS CHS struggles to provide minimum services and create additional opportunities for health in our communities.

### **List of Community Health Issues**

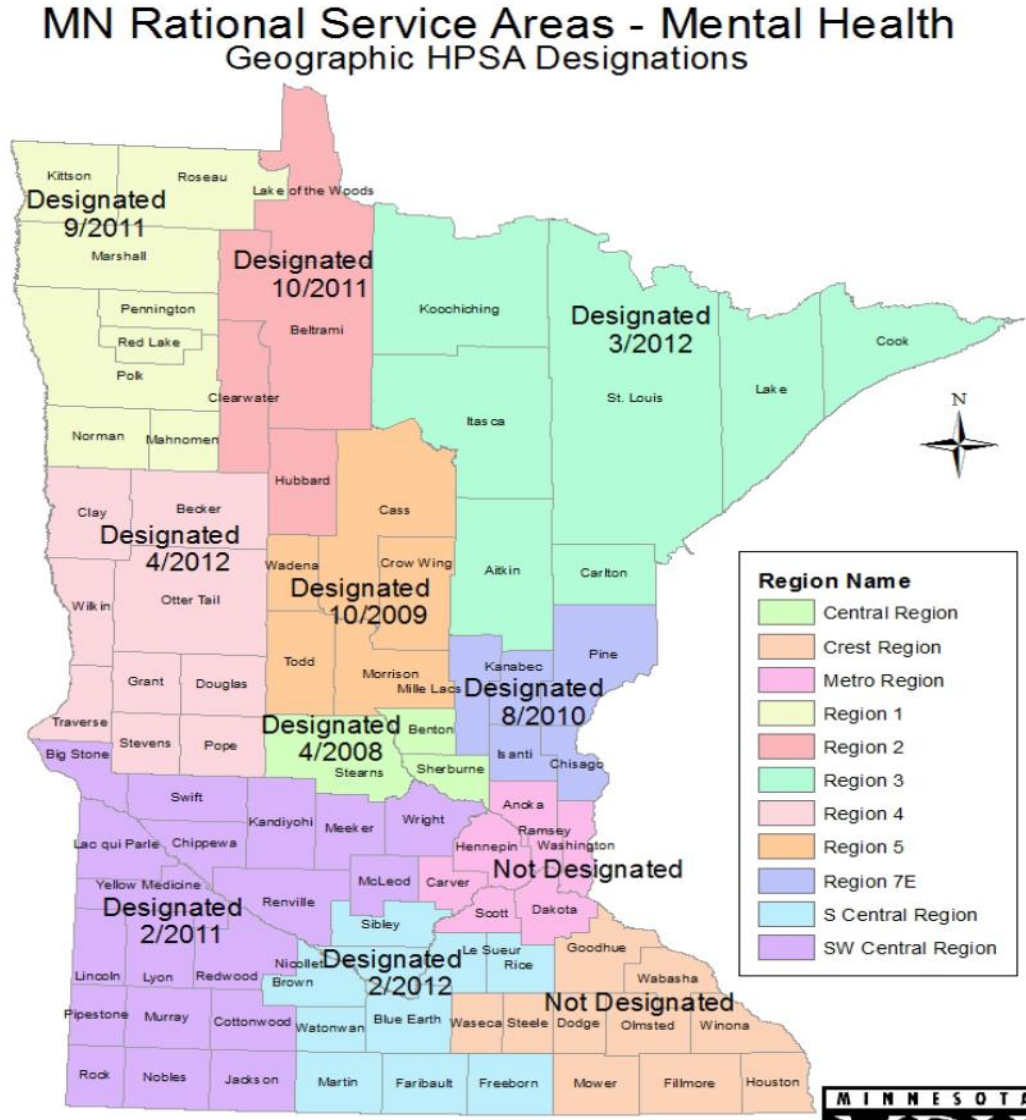
The completed Community Health Assessment brought forth a list of the ten most important health issues in our three counties. These identified issues echo issues identified by the State of Minnesota and the federal government through Healthy People 2020.

#### **The top ten issues identified include:**

1. Lack of Mental Health Providers
2. Limited access to available mental health providers, especially pediatric
3. Obesity Prevention in school-aged children
4. Societal change regarding nutrition habits in general
5. Cost-effective nutrition options for low-income people
6. Routine screening for chronic disease
7. Wellness/prevention activities for the elderly
8. Lack of adequate/low-cost transportation
9. Binge drinking among 25-45 (Substance abuse)
10. Cost-effective dental care for all/Lack of dentist in rural area

**Mental Health- lack of providers and limited access- See Map Below**

In Meeker-McLeod-Sibley residents struggle with an on-going lack of mental health providers. Often mental health care provided by family physicians. There is also limited access to those mental health providers that are available.



Source: Minnesota Department of Health  
Office of Rural Health, Jan 2013  
HPSA designations 1\_2013.mxd





**Routine screening for chronic disease.** Heart disease, for instance, is still the leading cause of death in all three counties. *See charts below.*

**McLeod County**

**Mortality Table 4: Minnesota's 15 Leading Causes of Death by Age Group by State and County, 2011**

Cause	All Ages		Age Group							
	Rank	Number	0-4	5-14	15-24	25-44	45-54	55-64	65-74	75+
Alzheimer's Disease	10	3	0	0	0	0	0	0	0	3
Cancer	1	90	0	0	0	2	6	13	21	48
Cirrhosis	11	2	0	0	0	0	1	1	0	0
Chronic lower respiratory dis.	4	17	0	0	0	0	0	1	5	11
Diabetes	6	9	0	0	0	0	0	1	1	7
Heart Disease	2	62	0	0	0	0	1	1	7	53
Hypertension	11	2	0	0	0	0	0	0	1	1
Nephritis	7	4	0	0	0	0	0	0	0	4
Parkinsons	11	2	0	0	0	0	0	0	0	2
Pneumonia and Influenza	11	2	0	0	0	0	0	1	0	1
Pneumonitis due to solids/liquid	7	4	0	0	0	0	0	0	1	3
Septicemia	11	2	0	0	0	0	0	1	0	1
Stroke	3	29	0	0	0	0	1	1	4	23
Suicide	7	4	0	0	0	2	0	2	0	0
Unintentional Injury	5	15	0	1	2	1	1	1	3	6

Source: Minnesota Department of Health, Center for Health Statistics

**Meeker County**

**Mortality Table 4: Minnesota's 15 Leading Causes of Death by Age Group by State and County, 2011**

Cause	All Ages		Age Group							
	Rank	Number	0-4	5-14	15-24	25-44	45-54	55-64	65-74	75+
Alzheimer's Disease	7	6	0	0	0	0	0	0	0	6
Cancer	1	53	0	0	0	2	2	10	13	26
Cirrhosis	13	1	0	0	0	0	1	0	0	0
Chronic lower respiratory dis.	3	12	0	0	0	0	3	1	2	6
Diabetes	8	5	0	0	0	0	0	0	2	3
Heart Disease	2	37	0	0	0	0	2	1	2	32
Hypertension	6	7	0	0	0	0	1	1	1	4
Nephritis	9	4	0	0	0	0	0	0	0	4
Parkinsons	10	3	0	0	0	0	0	0	0	3
Pneumonia and Influenza	14	0	0	0	0	0	0	0	0	0
Pneumonitis due to solids/liquid	14	0	0	0	0	0	0	0	0	0
Septicemia	11	2	0	0	0	0	0	1	1	0
Stroke	3	12	0	0	0	0	1	1	0	10
Suicide	11	2	0	0	0	0	2	0	0	0
Unintentional Injury	3	12	0	0	3	1	3	0	0	5

Source: Minnesota Department of Health, Center for Health Statistics

**Sibley County**

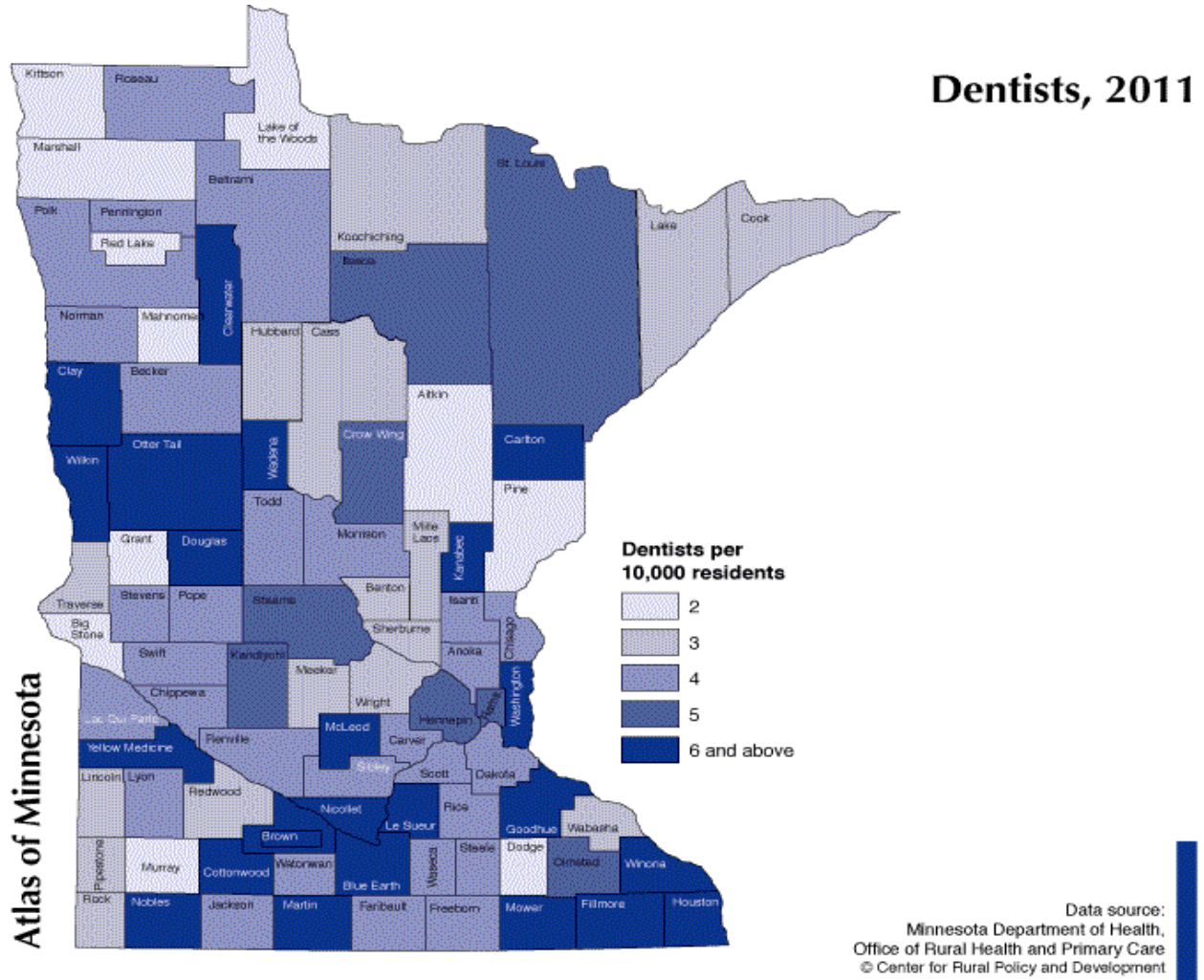
**Mortality Table 4: Minnesota's 15 Leading Causes of Death by Age Group by State and County, 2011**

Cause	All Ages		Age Group							
	Rank	Number	0-4	5-14	15-24	25-44	45-54	55-64	65-74	75+
Alzheimer's Disease	10	1	0	0	0	0	0	0	0	1
Cancer	2	35	0	0	0	1	1	1	11	21
Cirrhosis	10	1	0	0	0	0	1	0	0	0
Chronic lower respiratory dis.	6	7	0	0	0	0	0	0	1	6
Diabetes	7	6	0	0	0	0	0	0	1	5
Heart Disease	1	39	0	0	0	0	1	2	5	31
Hypertension	3	10	0	0	0	0	1	1	2	6
Nephritis	10	1	0	0	0	0	1	0	0	0
Parkinsons	14	0	0	0	0	0	0	0	0	0
Pneumonia and Influenza	14	0	0	0	0	0	0	0	0	0
Pneumonitis due to solids/liquid	10	1	0	0	0	0	0	0	1	0
Septicemia	8	4	0	0	0	1	0	0	0	3
Stroke	3	10	0	0	0	0	0	0	2	8
Suicide	9	2	0	0	0	0	0	2	0	0
Unintentional Injury	5	9	0	1	0	2	1	1	1	3

Source: Minnesota Department of Health, Center for Health Statistics

## Dental Providers

Dental providers for the medical assistance population continues to be an issue. Due to reimbursement issues, missed appointment, lack of transportation. Dental services are lacking in Meeker, McLeod and Sibley Counties. The map below shows the ratio of dentist per population. While McLeod County has a higher percentage of dentists per population, there is a significant issue with dentist willing to take medical assistance as a form of payment.



# Community Health Improvement Plan

In the summer of 2013, Meeker-McLeod-Sibley Community Health Services (CHS), partnered with members of the Meeker-McLeod-Sibley Healthy Communities Leadership Team (CLT) to plan for a comprehensive collaborative community health assessment. Members of the initial planning committee included representation from each of the hospitals in the three counties, assistance from Minnesota Department of Health and independent facilitator from Stratis Health (an independent, nonprofit organization that leads in collaboration and innovation in health care quality and safety).

As a result of this collaborative process for the Community Health Assessment, three priority areas were identified:

- Mental Health
- Obesity Prevention
- Prevention and Wellness

## **Action Plan**

At the conclusion of the Community Health Assessment sessions, initial action steps were established by the participants in the sessions. The community partners together reached a consensus that they would like to form 3 subcommittees – one for each priority area listed above. It will be the responsibility of the subcommittees to further define the issue, set objectives and develop action plans. The subcommittees will report to the Meeker-McLeod-Sibley Healthy Communities Leadership Team (CLT).

## **Mental Health**

The MMS CHS action plan will begin with Mental Health. A meeting of leadership and stakeholders will be initiated in 2014. Leadership for this committee will begin with the CLT, consequently to be taken over by an elected chair and team members. The purpose of this group will be to discuss core topics and available current services. The team will then define outcomes using SMART objectives, with the overall goal to be determined utilizing the information presented at the initial and subsequent meetings. The timeframe for this objective is to complete the first meeting by March 31, 2014, and hold quarterly meetings thereafter until identified results are achieved.

- Baseline Data and Indicators: *will be identified by June 2014 by subcommittee*
- Goals and Objectives: *will be identified by fall of 2014 by subcommittee*
- Action Plans: *will be developed by Jan 2015 by subcommittee*

The mental health subcommittee decided to implement a mental health awareness campaign as a way to increase awareness of mental health and resources available, leading to an increase in referrals. The action plan outlining activities is attached in the Appendix.

*SMART objective identified:* By 12/31/17, we will increase the number of Mental Health Referrals by 5% for persons in Meeker, McLeod, Sibley counties.

*Performance measures selected:* 5% increase in mental health clients by 12/31/17.

*Policy change needed to accomplish the identified health objectives:* Still in development.

*Individuals and organizations that have accepted responsibility for implementing strategies outlined in the attached action plan:*

- All 5 major health care systems located in Meeker, McLeod and Sibley Counties
- Various mental health providers and care coordination/case management organizations throughout Meeker, McLeod and Sibley Counties
- Various mental health advocacy organizations in Meeker, McLeod and Sibley Counties
- Meeker-McLeod-Sibley Community Health Services as the initial chair of the subcommittee and fiscal host of Meeker-McLeod-Sibley Healthy Communities, which is the collaborative overseeing the subcommittees and providing the initial funding for the vouchers during the pilot program
- All of the members of the Meeker-McLeod-Sibley Healthy Communities Collaborative

### **Obesity Prevention**

The next action objective will be obesity. MMS CHS will assist in the development of a subcommittee of community stakeholders by June of 2014. Identification of subcommittee members will be joint effort with MMS CHS and the CLT through a Strategic Planning Workshop in April of 2014. CHS will continue to actively pursue this objective through use of WIC, CT & C, and other current programs. CHS will also continue to utilize SHIP initiatives to generate results with both existing and potential partners.

- Baseline Data and Indicators: *will be determined in the 3<sup>rd</sup> qtr. of 2014 by CLT subcommittee*
- Goals and Objectives: *will be determined in the 4<sup>th</sup> qtr. of the 2014 by CLT subcommittee*
- Action Plans: *will be determined in the 4<sup>th</sup> qtr. of 2014 by CLT subcommittee*

The obesity prevention subcommittee decided to create a pilot program called *Rx for Health* which is a referral program between health care providers and local Community Education programs. The action plan outlining activities is attached in the Appendix.

*SMART objective identified:* Complete a pilot referral process between health care and community education organizations by April, 2016.

*Performance measures selected:*

- 30% of vouchers issued redeemed for a Community Education healthy eating or physical activity class/program/activity
- 50 % of returned surveys of participants that redeemed a voucher indicate they have started to make healthier choices

*Policy change needed to accomplish the identified health objectives:* Policies within the health care and community education organizations to make referrals and accept the vouchers.

*Individuals and organizations that have accepted responsibility for implementing strategies outlined in the attached action plan:*

- All 5 major health care systems located in Meeker, McLeod and Sibley Counties
- All 9 Community Education programs located in Meeker, McLeod and Sibley Counties
- Meeker-McLeod-Sibley Community Health Services as the initial chair of the subcommittee and fiscal host of Meeker-McLeod-Sibley Healthy Communities, which is the collaborative overseeing the subcommittees and providing the initial funding for the vouchers during the pilot program
- All of the members of the Meeker-McLeod-Sibley Healthy Communities Collaborative

### **Wellness and Prevention**

The third subcommittee that will be developed under the CLT will be the Wellness and Prevention subcommittee. Identification of subcommittee members will be joint effort with MMS CHS and the CLT through a Strategic Planning Workshop in April of 2014.

Current prevention activities will continue to be targeted on an on-going basis in Meeker, McLeod, and Sibley counties. Measurable outcomes for this objective will be developed through use of the SHIP grant through the end of 2015 and longer as SHIP funding allows. Expected results will produce chronic disease reduction rates.

- Baseline Data and Indicators: *will be determined in the 3<sup>rd</sup> qtr. of 2014 by CLT subcommittee*
- Goals and Objectives: *will be determined in the 4<sup>th</sup> qtr. of the 2014 by CLT subcommittee*
- Action Plans: *will be determined in the 4<sup>th</sup> qtr. of 2014 by CLT subcommittee*

The prevention and wellness subcommittee decided to narrow the focus to cardiovascular screening since heart disease is the leading cause of death in Meeker, McLeod and Sibley Counties. The action plan outlining activities is attached in the Appendix.

*SMART objective identified:* By December 2017 will increase the number of cardiovascular disease screenings by 5% for men ages 50-65

*Performance measures selected:* Rates of screenings by defined data sources. Still working on identifying them.

*Policy change needed to accomplish the identified health objectives:* Still in development.

*Individuals and organizations that have accepted responsibility for implementing strategies outlined in the attached action plan:* Still in development.

- 3 major health care systems located in Meeker, McLeod and Sibley Counties

- Meeker-McLeod-Sibley Community Health Services as the initial chair of the subcommittee and fiscal host of Meeker-McLeod-Sibley Healthy Communities, which is the collaborative overseeing the subcommittees and providing the initial funding for the vouchers during the pilot program
- Litchfield Chamber of Commerce
- All of the members of the Meeker-McLeod-Sibley Healthy Communities Collaborative

Within MMS-CHS, this overall CHIP action plan of using the subcommittee model will be utilized to give our health board direction. SHIP team work continues in alliance with the Minnesota Department of Health. This assessment will provide guidance in accomplishing a healthier community by identifying our priorities in order to take next steps.

### **Linkages**

All of the priority areas align with Healthy Minnesota 2020 assessment and community health improvement plan. A coordinated effort between state and local is essential to have a collective impact of the health of the population. The priorities of Healthy Minnesota 2020 are to have a healthy start for all, an equal opportunity for health, and communities creating health. All three of the identified local priorities and action plans support the state priorities by having the community take ownership and create partnerships and initiatives that address health issues locally, as well as provide an equal opportunity to be healthy for everyone. All of the priority areas also align with the National Prevention Strategy (NPS). The obesity prevention and prevention and wellness subcommittee work align with the NPS priorities of healthy eating and active living. The work of the mental health subcommittee aligns with the NPS priority area of mental and emotional well-being.

### **Performance Management**

Each subcommittee will follow the performance management cycle of setting objectives, determining measures, monitoring and communicating and quality improvement. Objectives will be set within each subcommittee with direction and guidance from the MMS Healthy Communities Leadership Team (CLT). Measures or Indicators will be chosen based on the ability to show progress towards the objectives and ease of data collection. The subcommittees will monitor and progress on the objectives on an annual basis as a minimum. Based on the indicators more frequent monitoring may be feasible. The subcommittees will report back to the CLT on a bi-annual basis to report on progress towards objectives and completion of action plans. Quality Improvement projects will be initiated if objectives are not being met. Potential QI projects will be brought to the MMS CHS QI team for discussion and planning. The MMS QI team will assign additional resources to the subcommittees if necessary.

A collaborative community health assessment process will be completed every three years based on the hospitals IRS requirements. The community health improvement plan will then be updated to reflect any major changes in the health status of Meeker, McLeod and Sibley County residents.

## **Communication/Dissemination**

MMS CHS will distribute CHA findings, the CHIP and CHIP progress reports and updates to partner organizations, key stakeholders and other target audiences. The progress updates will be done on at least an annual basis. The community at large will also have an opportunity to review and provide feedback on the CHA/CHIP results. This will be done through several venues, including the MMS CHS website [www.mmspublichealth.org](http://www.mmspublichealth.org).

## **Frequency of CHA/CHIP**

Local Public Health is required to complete the Community Health Assessment at least every 5 years. Per IRS requirements, the hospitals are required to complete the Community Health Assessment every 3 years. Because MMS CHS works so closely with our health care partners, we will be following their timeline to continue conducting joint community health assessments. Therefore, the next assessment will be completed in 2016.



<b>Strategic Priority: MENTAL HEALTH</b>		Goal (desired result related to the strategic priority): Increase Mental Health Awareness in Meeker, McLeod, and Sibley counties.		
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame) By 12/31/17, we will increase the number of Mental Health Referrals by 10% for persons in Meeker, McLeod, Sibley counties.				Status of Objective
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status of action steps w/dates
1. Invite Susan Abderholden from NAMI to meeting 1/20/15 to generate discussion of Best Practices.	1/30/15		Rhonda	Complete.
2. Identify potential barriers/Root cause, for obtaining Mental Health referrals in Meeker, McLeod, and Sibley counties	9/30/15	Key Informant Interviews, Survey, Focus group	Allie/Pam	
3. Develop Mental Health Awareness Campaign to be conducted during Mental Health Awareness month.	5/31/16	Information of existing Mental Health resources located in all three counties and surrounding areas.	MH Team	
4. Healthcare Providers in Meeker, McLeod, and Sibley counties will be educated about available resources.	12/31/16	Identify existing resource guides from each county.	MH Team	
5. Number of Mental Health referrals from Providers will be tracked from Meeker, McLeod, and Sibley county Healthcare.	6/30/17	Tracking tool. Agreement to track referrals from different Sioux Trails Mental Health, Woodlands, Crow River Mental Health, Hutch Mental Health Outpatient quarterly beginning 3/31/15 and ending 9/30/17.	Allie/Pam	

#2 Objective: By 12/31/15 we will engage and recruit two new active Mental Health subcommittee members.				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
1. Partners in Meeker, McLeod, Sibley counties will be identified.	Ongoing.	List of all potential partners in all three counties.	MH Team	Complete.
2. Each current MH subcommittee member will ask one potential new member to attend next meeting.	9/30/15	List of all meeting dates for 2015-2017.	Rhonda	
3. MH subcommittee Acton Plan will be finalized.	12/31/14	SMART objectives, list of obtainable goals.	MH Team	Complete.

<b>Strategic Priority: Prevention and Wellness</b>		Goal (desired result related to the strategic priority): <b>Reduce number of deaths caused by heart disease in Meeker, McLeod, Sibley Counties</b>		
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame) <b>By December 2017 will increase the number of cardiovascular disease screenings by 5% for men ages 50-65</b>		Indicators (how you know you are making a difference) <b>Rates of screenings by defined data sources</b>		
Action Steps (Deliverables)	Timeframe	Rationale	Lead Person	Status of action steps w/dates
1. Identify screening measures	1 <sup>st</sup> qtr. 2015	<i>Screening definition: Use of BP, and blood cholesterol screenings, according to American Heart Association</i>		
2. Identify potential data sources		<i>MMS Community Survey, Clinic data Worksite data</i>		
3. Obtain baseline measure		<i>Individual vs combine databook</i>		
4. Identify barriers for obtaining screenings	2 <sup>nd</sup> qtr 2015	<i>Root cause analysis, survey, key interviews, focus groups, etc</i>		
5. Identify work being done promoting screenings	2 <sup>nd</sup> qtr 2015			
6. Identify evidence based strategies to increase screenings	2 <sup>nd</sup> -3 <sup>rd</sup> qtr. 2015	<i>Research/ national campaign, statewide campaign, evidence based interventions</i>		
7. Develop workplan for implementation of strategies and implementation of strategies	3 <sup>rd</sup> qtr 2015			

## Obesity Prevention Subcommittee

SMART Objective: *Complete a cycle of a pilot referral process between health care and community education organizations by April 2016.*

	Dec. 2014	Jan. 2015	Feb. 2015	March 2015	April 2015	May 2015	Quarter 4 Oct. – Dec. 2015	Quarter 1 Jan. – March 2016
<b>Logistics</b>	Develop flow chart  Set measures for evaluation	Identify challenges & steps to overcome them	Develop referral form  Develop coupon	Develop tracking system for referrals  Develop system for coupon payment				Revise system based on results and feedback from pilot program
<b>Outreach</b>	Identification of subpopulations targeted	Identify system to cross promotion offerings						
<b>Health Care</b>	Identify missing HC partners	Receive HC letters of support  Identify point of contact person for each HC facility  Secure HC organization support for coupon funding	Identify HC champions to participate in pilot referrals	Target subpopulations  Train/orient HC champions	Begin referral process			
<b>Community Education</b>	Discuss subpopulations	Contact CE partners not at table (one-on-one mtgs)	Assess current class availability  Receive CE	Create cross promotional system  Approval of			Eval/check-in with CE to see how system is working	

		Assess support Create standard identification symbol of approved items (HC logo?)	letters of support	universal referral form and coupon Train/orient CE partners not formally on committee				
<b>Planning for Expansion</b>				HC champion pre-survey?			HC champion post-survey eval of pilot	All HC pre-survey