

Meeker-McLeod-Sibley Community Health Improvement Plan

2016 – 2020

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

Approved by the Community Health Board: July 2017

Background information:

The Meeker-McLeod-Sibley Healthy Communities Leadership Team (CLT) is a coalition of community members that has been in existence over 15 years. The mission of the CLT is to *advance healthy living within our three counties*. Their vision is to *partner with communities to encourage and support efforts to impact environmental change and enhance healthful living*. The coalition is comprised of stakeholders from key sectors including our four local hospitals, University of Minnesota Extension, local planning organizations, and local organizations focusing on health equity to name a few. Meeker-McLeod-Sibley Community Health Services (MMS CHS) provides coordination for the CLT and serves as the fiscal host.

In 2013, the CLT facilitated a joint Community Health Assessment (CHA) that fulfilled the statutory requirements of MMS CHS and IRS requirements for the local hospitals. As a result of the joint CHA, the CLT became the coalition that developed and implemented joint Community Health Improvement Plans (CHIP) for each of the three identified priority areas.

In June of 2016, the CLT facilitated a follow-up “mid-cycle” joint CHA. As a result of the CHA, six priority areas were identified. The CLT again became the coalition coordinating the CHIP, however wanted to use a different model. After researching various models, the CLT decided to implement a Collective Action framework in order to increase efficiencies and decrease duplication. Collective action occurs when organizations agree to coordinate activities in pursuit of shared objectives (Mays, 2010). While community partners are active and engaged with community level initiatives, there are still internal agency priorities. A challenge arises when balancing agency resources and staff capacity between internal and external priorities. Another challenge is the multifactorial root causes of the identified priority areas. A collective action framework attempts to address both of these challenges. The collective action approach requires collaboration and partnerships to work on overarching goals to address the priority areas, while each agency continues to utilize local agency data and work on interventions specific to their agency. Collectively, all the agency interventions contribute to the overall common goal.

From August of 2016 – August of 2017, MMS CHS led the CLT through the development of the collective action framework, which included identifying common goals and indicators for each priority area that aligned with state and national priorities, as well as a document to capture the work each community partner is currently engaged in related to each priority area. The CLT will use this document as a baseline to monitor the progress of the CHIP.

MMS Healthy Community Goals for Collective Action Plan

*as identified through the 2016 Community Health Assessment

Identified priorities are:

1. Obesity
2. Senior Health
3. Mental Health
4. Access to Care
5. Binge Drinking
6. Choices, Behavior, Culture

Priority 1: Obesity

Goal:

Promote health and reduce chronic disease risk through the consumption of healthy diets and achievement of maintenance of healthy body weights.

National/state alignment: aligns with the Healthy People 2020 nutrition and weight status goal

Objectives:

1. Will decrease self-reported adult obesity rate from 33.6% to 30% by December 31, 2020.

Indicator: self-reported adult obesity rate (*Source: MMS Community Health Survey*)

2. Will increase the percentage of adults self-reporting consumption of the recommended fruit and vegetable daily allowance from 32% to 35% by December 31, 2020.

Indicator: adult self-reported consumption of the recommended fruit and vegetable daily allowance (*Source: MMS Community Health Survey*)

Obesity Strategy 1: MMS CHS will provide support and technical assistance to community partners that implement policy, systems and environmental changes related to healthy eating and/or active living.

Objective: Will have a minimum of 5 policy, system, or environmental changes in each sector of: schools, workplaces, healthcare and community in one or multiple partner sites by July 2018.

Policy changes needed: Policies vary depending on sector, but may include worksite wellness policies support opportunities for healthy eating and physical activity during the work day, school wellness policies that create opportunities for healthy eating and physical activity, or community-level policies that allow for the development of infrastructure to make it easier and safer to walk and bike, such as complete street policies.

Responsibility for implementation: The MMS CHS staff members that are members of the MMS Community Health Improvement Team will take lead responsibility for implementing this strategy, in partnership with key stakeholders in the above sectors that ultimately have the final authority to make policy changes.

Performance Measures/Health Outcomes: The health outcome is to decrease the obesity rate. This will not be measured again locally until we repeat our community behavior survey. The activities being implemented for this objective are evidence-based and part of the Minnesota Statewide Health Improvement Partnership. To ensure we are on track, we will monitor:

- # of partner sites,
- # of meetings,
- # of PSE changes

In addition, we will monitor changes in health behaviors in specific sites when possible.

Monitoring of the performance measures will be done by the MMS Community Health Improvement Team.

Obesity Strategy 2: Breastfeeding decreases the risk of obesity. MMS will collaborate with community partners and provide leadership to the Crow River Breastfeeding Coalition. The mission of the coalition is to protect, support and promote breastfeeding through a variety of strategies.

Objective: Increase access to environmental spaces that support breastfeeding practices.

Policy changes needed: Policies that create spaces for breastfeeding, as well as workplace policies that allow mothers the flexibility in their schedule to pump while at work

Responsibility for implementation: The MMS CHS staff members that are members of the Crow River Breastfeeding Coalition will take lead responsibility for implementing this strategy, in partnership with other members of the coalition and key stakeholders in the above sectors that ultimately have the final authority to make policy changes.

Performance Measures/Health Outcomes:

- # community partners implement new or enhanced BF policies and practices.
- # Partner organizations attending BF Coalition meetings

Monitoring of the performance measures will be done by the MMS Community Health Improvement Team.

Priority 2: Senior Health

Goal:

Improve the health, function, and quality of life of older adults while addressing rising healthcare cost of the older population.

National/state alignment: reflects the Healthy People 2020 older adults goal to improve the health, function, and quality of life of older adults while addressing rising healthcare cost of the older population.

Objectives:

1. Decrease the health care costs of older adults

Indicator: average health care costs of older adults in MMS (*Source: All Claims Payer Data base?*)

Senior Health Strategy 1: MMS will implement strategies to keep seniors independent and safe living in their preferred environment. MMS will train staff to provide chronic disease management classes and falls prevention classes. Develop and promote local partnerships and community engagement to provide a network of services/programs and resources for the senior population.

Objective 1: A minimum of 50 seniors living in Meeker, McLeod and Sibley Counties fully participating in an evidence-based class by July 2018.

Policy changes needed: No direct policy changes needed for this strategy. Supplement policy changes could be related to organizations hosting and offering classes, and health care organizations making internal policy and systems changes to make it easier to refer patients to these classes.

Responsibility for implementation: The MMS Community Health Improvement Team members are taking the lead responsibility for ensuring continuity of classes are being offered in MMS, with additional responsibility by the MMS and community partner staff that are trained to teach the classes.

Performance Measures/Health Outcomes: These classes are evidence-based, with evaluation components built in. Indicators vary based on the specific class offered, but may include number of falls, changes to eating habits, and compliance with health care provider's instructions. To ensure we are on track, we will also monitor:

- # chronic disease classes offered
- # of attendees
- % of participants reporting increased knowledge and confidence with self-care.

Monitoring of the performance measures will be done by the MMS Community Health Improvement Team.

Objective 2: MMS staff will participate and be engaged in a minimum of 6 community-based initiatives.

Policy changes needed: No specific policy changes needed.

Responsibility for implementation: The MMS Community Health Improvement Team members will be responsible for implementation of this objective and may delegate agency participation to another staff member within MMS based on the specific activity.

Performance Measures/Health Outcomes: The purpose of these community-based initiatives is to better serve our seniors at a population level, through coordination of services and other opportunities that enhance resources available to seniors. Progress of this objective will be monitored through:

- # staff participating in community-based initiatives
- # of meetings attended
- % of community based initiatives meeting their outcomes.

Monitoring of the performance measures will be done by the MMS Community Health Improvement Team.

Priority 3: Mental Health

Goal:

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

National/state alignment: aligns with the Healthy People 2020 goal to improve mental health status through prevention and by ensuring access to appropriate, quality mental health services.

Objectives:

1. Decrease the percentage of people self-reporting a delay in mental health services from 9.6% to 8% by December 31, 2020.

Indicator: Percentage of people self-reporting a delay in mental health services (*MMS Community Health Survey*)

2. Decrease the percentage of people self-reporting 1 – 9 poor mental health days in a 30 day period from 33%.4% to 31%.

Indicator: Percentage of people self-reporting 1 – 9 poor mental health days in a 30 day period (*Source: MMS Community Health Survey*)

Strategy: The MMS Mental Health Task Force is being convened by MMS staff. The purpose of this task force is to reduce the negative impacts of mental health issues facing the community. The task force will focus on barrier to access of mental services related to stigma. The first strategy will be to implement a media blitz/campaign and the second strategy is to implement an on-going community education/awareness campaign.

Objective 1: Implement a media blitz/campaign to start September of 2017 and run through March 2018.

Policy changes needed: No specific policy changes are directly tied to this objective, but long-term, it could lead to policy changes within healthcare organizations.

Responsibility for implementation: The MMS CHS staff members that coordinate and lead the task force will take primary responsibility for implementing this strategy in collaboration with the task force members.

Performance Measures/Health Outcomes: The long-term health outcome is better mental health. By addressing stigma, this media campaign/blitz can positively impact access to mental health service. To ensure we are on track, we will monitor media communications such as:

- # of billboards
- press releases
- facebook posts

Monitoring will be done the MMS Mental Health Task Force and the Community Health Improvement Team.

Objective 2: Implement an on-going community education/awareness campaign including Mental Health First Aid (MHFA) starting September 2017 through December 2019.

Policy changes needed: No direct policy changes are tied to this objective, however providing these trainings may lead to organizations developing policies that increase their organization's capacity to respond to events and provide MHFA.

Responsibility for implementation: The MMS CHS staff members that coordinate and lead the task force will take primary responsibility for implementing this strategy in collaboration with the task force members.

Performance Measures/Health Outcomes: The long-term health outcome is better mental health for people that experience a traumatic event. They will benefit from the key personnel that they encounter after the event who are trained in MHFA and able to better address their needs. To ensure we are on track, we will monitor:

- # MMS staff trained in MHFA
- # of MHFA presentations
- # of community events
- pre/post survey of participants attending events/classes, etc.

Monitoring will be done the MMS Mental Health Task Force and the Community Health Improvement Team.

Objective 3: Increase educational efforts through twice a year presentations and monthly newsletters for public health staff, other county staff in Meeker, McLeod, Sibley and other interested worksites.

Policy changes needed: To meet this objective, policy changes needed could include policies related to workforce develop to ensure adequate training opportunities are available.

Responsibility for implementation: The MMS CHS staff members that coordinate and lead the task force will take primary responsibility for implementing this strategy in collaboration with the task force members.

Performance Measures/Health Outcomes: Health outcomes can include better personal mental health for the people receiving education, them being better able to respond to others' mental health issues, ultimately leading to better mental health for clients, community members and others we serve. To ensure we are on track, we will monitor:

- # of people receiving newsletter
- pre/post survey
- # of events
- # of outreach efforts

Monitoring will be done the MMS Mental Health Task Force and the Community Health Improvement Team.

Priority 4: Access to Care

Goal:

Improve access to all services that promote a healthy life through policy, system, and environmental changes and programing.

National/state alignment: aligns with Healthy People 2020 goals to increase the proportion of insured persons with coverage for clinical preventive services; increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care; reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines; reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care and reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care.

Objectives:

1. Decrease the percentage of people self-reporting a delay in medical care from 23.7% to 21% by December 31, 2020.

Indicator: Percentage of people self-reporting a delay in medical care
(*Source: MMS Community Health Survey*)

2. Decrease the percentage of people self-reporting a delay in dental care from 20.6% to 18% by December 31, 2020. (*Source: MMS Community Health Survey*)

Indicator: Percentage of people self-reporting a delay in dental care (*Source: MMS Community Health Survey*)

Strategy: MMS CHS has a strong commitment to increasing access to preventative services, especially for our population ages 0-21. The Child and Teen Check-Up Team, which includes the Dental Varnishing nurse, works to increase opportunities for our population ages 0-21 to have access to preventative medical and dental care

Objective 1: Will provide dental outreach to increase utilization of dental benefits among the Medicaid population ages 0-21

Policy changes needed: Policy changes needed include changes to Medicaid reimbursement so there are more dentists that accept a higher volume of Medicaid clients.

Responsibility for implementation: Primary responsibility for implementation will be MMS CHS staff working in the Child and Teen Check-up Outreach Program and Dental Varnishing program, with assistance from the MMS Community Connector Team.

Performance Measures/Health Outcomes: Primary health outcomes will be better dental health for children in MMS with Medicaid. To ensure we are on track, we will monitor the percentage of PrimeWest and SCHA participants utilizing dental benefits.

Monitoring will be done the C&TC Team and the Community Health Improvement Team.

Objective 2: Will increase the % of Medical Assistant participants receiving a C&TC exam by 5% by December 2018.

Policy changes needed: Needed policy changes include internal health care policy changes for all children coming in to receive a well-child exam or sports physical to receive a complete Child and Teen Check-Up. An additional policy change includes enhancements to the reimbursement process for providers that bill for complete Child and Teen Check-Up exams.

Responsibility for implementation: Primary responsibility for implementation will be MMS CHS staff working in the Child and Teen Check-up Outreach Program with assistance from the MMS Community Connector Team.

Performance Measures/Health Outcomes: Primary health outcomes will be better overall health and early intervention of health concerns for children in MMS with Medicaid. To ensure we are on track, we will monitor:

- # of exams reported in Catch Data base
- # of outreach efforts to participant
- # of outreach efforts to providers

Monitoring will be done the C&TC Team and the Community Health Improvement Team.

Objective 3 Increase the number of MMS clients receiving dental varnishing by 10% by July 2018.

Policy changes needed: Policy changes needed include internal MMS policies that allow for easier billing of dental varnishing services.

Responsibility for implementation: Primary responsibility for implementation will be the nurse that runs the dental varnishing program, with assistance from the Child and Teen Check-up team.

Performance Measures/Health Outcomes: Primary health outcomes will be better dental health and fewer dental caries for children in MMS with Medicaid. To ensure we are on track, we will monitor:

- # of no-duplicated clients,
- # of sites dental varnishing is offered

Monitoring will be done the C&TC Team and the Community Health Improvement Team.

Binge Drinking

Goals:

To implement an education awareness campaign for school age kids across Meeker-McLeod-Sibley counties

To build awareness on the hazards of binge drinking

National/state alignment: Aligns with the Healthy People 2020 goals related to decreasing alcohol use by adolescents

Objectives:

1. Decrease the percentage of people self-reporting binge drinking from 30.7% to 28% by December 31, 2020.

Indicator: Percentage of people self-reporting binge drinking (*Source: MMS Community Health Survey*)

2. Decrease the percentage of students reporting that they used alcohol in the past year from 18% to 16% by December 31, 2020. (*Source: MMS student survey*)

Indicator: Percentage of students reporting that they used alcohol in the past year (*Source: MMS student survey*)

Strategy: MMS does not directly work on strategies addressing binge drinking, but rather will participate in local coalitions when opportunities arise. MMS will increase awareness on the dangers of binge drinking through established media efforts.

Objective 1: Increase MMS presence at local coalitions to build a stronger more consistent relationship with community partners.

Policy changes needed: The policy goals of the local coalitions include social host ordinances, policies related to checking IDs and serving, and school alcohol policies for students caught drinking.

Responsibility for implementation: Primary responsibility for implementation will be MMS CHS staff that sit on the local coalitions, with assistance from the other coalition members.

Performance Measures/Health Outcomes: Health outcomes include fewer incidents and health issues from binge drinking. To ensure we are on track, we will monitor:

- # coalition meetings
- 1-2 identified staff tasked to attend coalition meetings.

Monitoring of the performance measures will be done by the MMS Community Health Improvement Team.

Objective 2: Increase media visibility regarding binge drinking by July 2018

Policy changes needed: The policy goals of the local coalitions include social host ordinances, policies related to checking IDs and serving, and school alcohol policies for students caught drinking.

Responsibility for implementation: Primary responsibility for implementation will be MMS CHS staff that sit on the local coalitions, with assistance from the other coalition members.

Performance Measures/Health Outcomes: Health outcomes include fewer incidents and health issues from binge drinking. To ensure we are on track, we will monitor:

- # *press releases*
- # *social media posts*

Monitoring of the performance measures will be done by the MMS Community Health Improvement Team.

Objective 3: Will offer a minimum of 2 community presentations on binge drinking by July of 2018.

Policy changes needed: The policy goals of the local coalitions include social host ordinances, policies related to checking IDs and serving, and school alcohol policies for students caught drinking.

Responsibility for implementation: Primary responsibility for implementation will be MMS CHS staff that sit on the local coalitions, with assistance from the other coalition members.

Performance Measures/Health Outcomes: Health outcomes include fewer incidents and health issues from binge drinking. To ensure we are on track, we will monitor:

- # of presentations
- # of attendees
- % reporting increase of knowledge and awareness

Monitoring of the performance measures will be done by the MMS Community Health Improvement Team.

Choice/Behavior/Culture

Goal:

To increase community awareness and understanding of the Social Determinants of Health and health equity across Meeker-McLeod-Sibley communities.

National/state alignment: aligns with 11 goals of Healthy People 2020 related to the social determinants of health and the Healthy Minnesota 2020 Statewide Health

Improvement Framework, which has a strong focus of health equity and changing the narrative to provide opportunities for all to experience health.

Objectives:

1. Will develop a long-term communication plan to provide on-going and consistent education and community outreach on health equity, including social determinants of health.
2. Will conduct on-going research and analysis on population based data related to health equity (HEDA)

Strategy: MMS recognizes the need to increase education and awareness on health equity issues for the community, staff and local elected officials. MMS CHS will encourage a health in all policies approach with all programs and service areas. MMS will continue to explore emerging professions in the public health field that work with populations experiencing health inequities. MMS staff will strive to improve the narrative around health equity and encourage unbiased opinions.

Objective 1: Will offer 2 communities workshops/town hall meetings on the Social Determinants of Health and Health Equity by December 31, 2020.

Policy changes needed: When policymakers enact new or updated policies, this strategy will encourage them to take a health in all policies approach.

Responsibility for implementation: The MMS CHS Community Health Worker will take lead responsibility for implementing this strategy, in partnership with members of the MMS Community Health Improvement Team.

Performance Measures/Health Outcomes: This strategy will work to decrease health disparities and create opportunities for health equity. To ensure we are on track, we will monitor:

- *pre/post survey of community presentations*
- *# in attendance*

Monitoring of the performance measures will be done by the MMS Community Health Improvement Team.

Objective 2: Will provide on-going and consistent education to MMS staff and CHB members on the impact of health equity issues.

Policy changes needed: When policymakers enact new or updated policies, this strategy will encourage them to take a health in all policies approach.

Responsibility for implementation: The MMS CHS Community Health Worker will take lead responsibility for implementing this strategy, in partnership with members of the MMS Community Health Improvement Team.

Performance Measures/Health Outcomes: This strategy will work to decrease health disparities and create opportunities for health equity. To ensure we are on track, we will monitor:

- *# of staff trainings/workshops*
- *IDI scores*
- *# of CHB presentations/education efforts*
- *Pre/post survey of CHB members*

Monitoring of the performance measures will be done by the MMS Community Health Improvement Team.