A Call for Community Action and Collaboration

Improving the Health of the Community

June 2nd, 2016
Hutchinson Event Center
Welcome
“Healthy citizens are the greatest asset any country can have.”

Winston Churchill
Thank you to the planning committee!

**Glencoe Regional Hospital** - Jon Braband

**Hutchinson Health** - Dr. Steve Mulder and Amy Martin

**Meeker Memorial Hospital** - Lori Rice

**Ridgeview Sibley Medical Center** - Todd Sandberg

**Minnesota Department of Health** - Linda Bauck Todd, Sarah Smalls and Mia Robillos

**Meeker-McLeod-Sibley CHS** - Rhonda Buerkle, Allie Freidrichs
Meeting Aims

Develop a shared vision of health in our community by:

Expanding the understanding of what creates health
Meeting Aims

Develop a shared vision of health in our community by:

Using population health data to inform a conversation about what we see and know about our community’s health
Meeting Aims

Develop a shared vision of health in our community by:

Begin articulating how we as a community partners all play a role in improving our community’s health
What Creates Health

Who plays a role in building a healthy community?
What Creates Health
What Creates Health

What can we do to ensure that everyone has the opportunity to be healthy?
What Creates Health

- Implement a Health in All Policies Approach With Health Equity as the Goal
- Expand Our Understanding of What Creates Health
- Strengthen the Capacity of Communities to Create Their Own Healthy Future

Triple Aim of Health Equity

Implement Health in All Policies

Strengthen Community Capacity

Expand Understanding of Health
How to Create Health and A Shared Vision

Mobilizing for Action through Planning and Partnership (MAPP)

- Communities drive the process
- Provides a framework
- Strengthens local systems
MMS Healthy Communities Collaborative

Healthy Communities-Community Leadership Team (CLT)

- Emergency Preparedness Subcommittee
- Mental Health Subcommittee
- Prevention and Wellness Subcommittee
- Obesity Prevention Subcommittee
MMS Healthy Communities Collaborative

Objectives
*Where do we want to be?*

Measurement
*How will we know?*

Performance Management

Quality Improvement
*How will we improve?*

Monitoring and Communicating Progress
*How well are we doing?*
Mental Health:
By 12/31/17, we will increase the number of Mental Health Referrals by 10% for persons in Meeker, McLeod, Sibley counties.

Successes: great partner engagement and enthusiasm, recently leveraged a grant for mental health training

Challenges: Difficult identifying data source to measure this objective. Does it measure how “anyone is better off?”
Obesity Prevention and Control:
Complete a pilot referral process between health care and community education organizations by April, 2016.

Successes: engagement of community education and health care, short-term measurable indicators, leveraged funding from CLT

Challenges: low referral and utilization rates, pilot timeline extended
Prevention and Wellness:
By December 2017 will increase the number of cardiovascular disease screenings by 5% for men ages 50-65

Successes: able to identify heart disease

Challenges: difficult to identify measurable objective, broad issue, not enough data analysis, difficult to recruit community partners
Population Data

New data sources:

• Meeker-McLeod-Sibley Community Health Survey 2014
• All Payer Claims Data Base Report
• Focus Groups Results
Organized by Categories:

- Who
- Behavior
- Access
- Outcomes
Population Data

Data Background

• Left column for MMS tri county area, except when not available
• Data is for 2014 or the most recent year available prior to 2014
• Data is from almost ten different sources, large portion from MMS community health survey and a large statewide survey
• Year available varies
• Frequency of data collection varies
Data Analysis

Both state and local survey data analyzed to be representative of the entire population in each geography

- Margin of error
- Analyzed using STATA
- Minnesota Student Survey - almost a census
Data Analysis

Comparability

• Questions are sometimes asked differently between local and state survey
• Different data collection modes
• Minnesota Student Survey
Additional demographic breakdowns, by county, age, gender, education level and income available

Local survey underrepresents Hispanic/Latino population in tri-county area

Data in surveys self-reported and therefore subject to some biases such as exaggerated response and inaccurate recall
Highlights of Data Indicators

Who
- Elderly dependency ratio 27.4%
- Child dependency ratio 32.3%

Behavior
- Exercise habits 24.1%
- Binge drinking 30.7%

Outcomes
- Overweight 74%
- Mental health concerns 26.4%
Highlights of Data Indicators

Access (provider ratios)
Mental Health
Dental Health
Healthcare
Access to Health Care

Physicians, 2011

Atlas of Minnesota

Physicians per 10,000 residents:
- Fewer than 6
- 6 to 8
- 9 to 11
- 12 to 15
- 16 and above

Data source:
Board of Medical Practices, as prepared by Minnesota Department of Health
Office of Rural Health and Primary Care
© Center for Rural Policy and Development
Access to Health Care

Dentists, 2011

Atlas of Minnesota

Data source: Minnesota Department of Health, Office of Rural Health and Primary Care © Center for Rural Policy and Development
Access to Health Care

MN Rational Service Areas - Mental Health
Geographic HPSA Designations

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

Other indicators of significance:

- Diabetes: 15.3%
- Heart trouble: 7.3%
- High cholesterol: 29.5%
- Shingles Vaccine: 17.3%
Highlights of Data Indicators

Chlamydia Rate Per 100,000 from 2008-2014 (With MN Rate)

- McLeod
- Meeker
- Sibley
- MN

Rate per 100,000

- 0
- 50
- 100
- 150
- 200
- 250
- 300
- 350
- 400

2008 2009 2010 2011 2012 2013 2014
Highlights of Data Indicators

Pertussis Cases from 2008-2014

- McLeod
- Sibley
- Meeker


Cases:
- 0
- 5
- 10
- 15
- 20
- 25
- 30
- 35
- 40

Graph shows the number of pertussis cases over the years from 2008 to 2014, with peaks and trends for each location indicated.
Audience Participation
Ice Breaker Activity

Considering all the data indicators, including those not presented, what would you prioritize as the top three health issues?
World Café Activity

To create a collaborative dialogue around health issues facing our community
Opportunities for improving the health of our community
Next Steps

What next steps do we need to take to harness today’s energy and move forward?
Next Steps

The CLT will use information to revise and implement community health improvement plans.
Next Steps

Upcoming CLT Meetings:

August 3rd  9:30-11:00
October 5th  9:30-11:00*
November 2nd  9:30-11:00
Next Steps

How does your organization want to contribute to building a healthy community?
Thank you for your active participation!
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www.mmshealthycommunities.org

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