

Meeker McLeod Sibley
Community Health Services

Community Health Assessment Process

Local Public Health Act (statute):



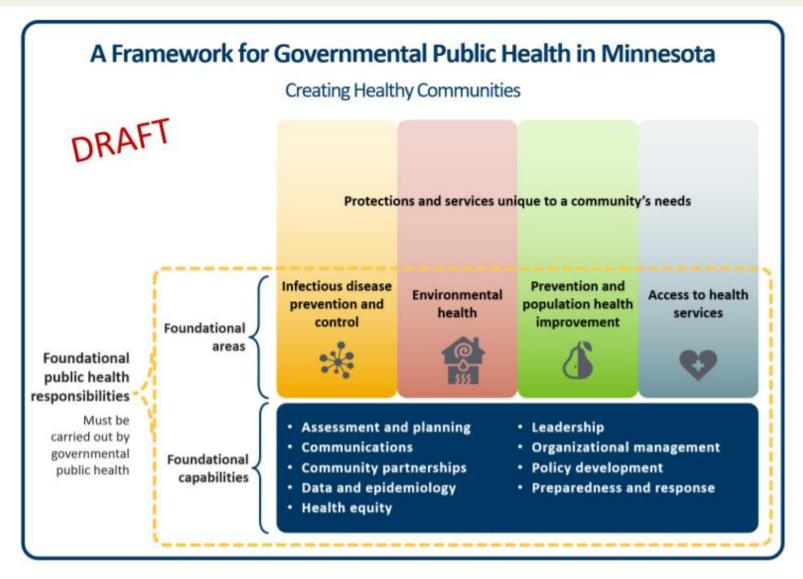
PUBLIC

IS CONTAGIOUS!

- Outlines the shared public health responsibilities of the state and local governments in Minnesota
- Establishes accountability for funding on statewide initiatives
 Provides guidelines for assessment and planning,
- Requires documented progress toward the achievement of statewide goals,
- Assigns oversight of the statewide system to the commissioner of health.

Minnesota Public Health Framework

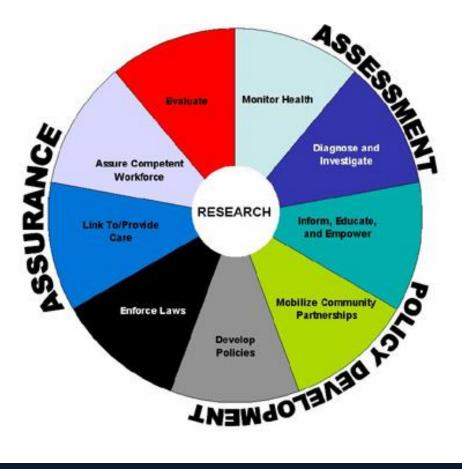




Core Functions of Public Health



- Assessment
 - Knowing what needs to be done
- Assurance
 - Making sure it happens
- Policy Development
 - Being part of the solution

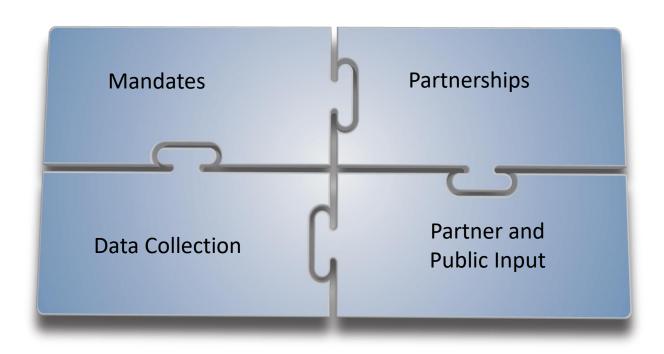


Accreditation





Domain 1: ASSESS	•
Domain 2: INVESTIGATE	①
Domain 3: INFORM & EDUCATE	①
Domain 4: COMMUNITY ENGAGEMENT	①
Domain 5: POLICIES & PLANS	①
Domain 6: PUBLIC HEALTH LAWS	①
Domain 7: ACCESS TO CARE	①
Domain 8: WORKFORCE	①
Domain 9: QUALITY IMPROVEMENT	①
Domain 10: EVIDENCE-BASED PRACTICES	①
Domain 11: ADMINISTRATION & MANAGEMENT	①
Domain 12: GOVERNANCE	①



WHERE DO WE START?

Starting the Community Health Assessment Process

History and Requirements



•

Meeker McLeod Sibley Community Health Services (MMS CHS) works closely with health care partners during assessment periods, to share data sources, attend stakeholder sessions and work together to help each other complete the required work.

MMS CHS's next assessment will take place in 2022-2023.

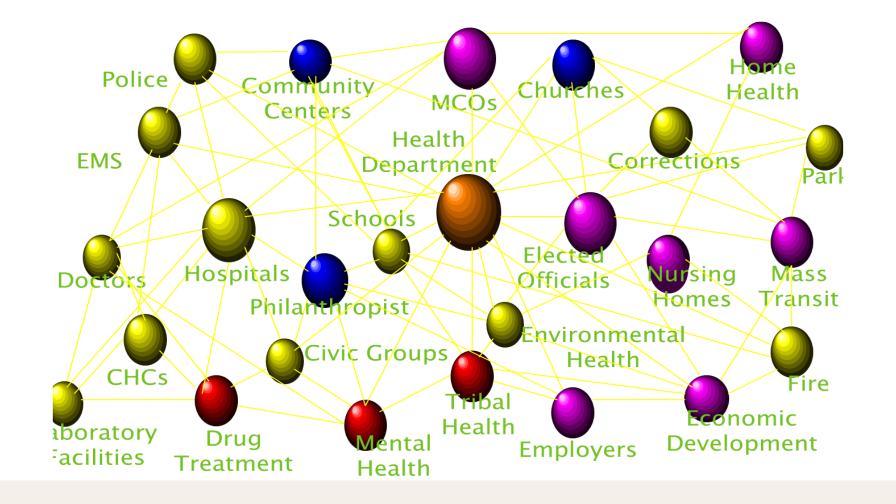


Local Public Health Act reporting/deliverables



- After completing the community health assessment a community health improvement planning team (including both local public health staff and community partners) determines priority health issues.
- Community health boards report these priority health issues instead of submitting a full community health assessment.





Public Health Partnerships

CHA History



Meeker McLeod Sibley Community Health Services (MMS CHS) initiated a joint community health assessment (CHA) process through the MMS Healthy Communities Collaborative.



The major partners in planning included all the hospitals in each of the three counties..

CHA Process Timeline



MN Department of Health staff met with Meeker McLeod Sibley Community Health Services along with hospitals and clinics in early May of 2018 in placing a Community Health Behavior Survey in the field by Fall of 2018.



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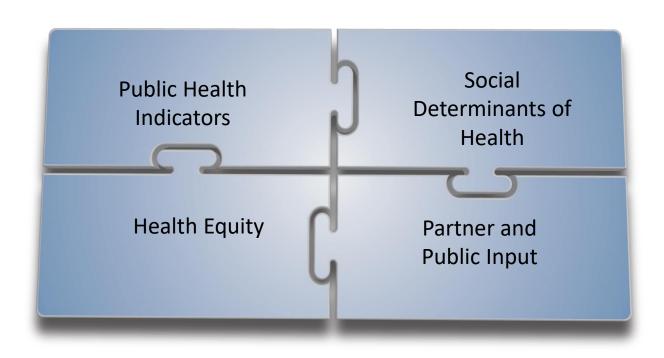
CHA Process Timeline



- Consultation with Minnesota Department of Health's Center of Public Health Practice
- Community Engagement Activity
- Key Informant Interviews
- Focus Groups
- Top 10 Prioritization Exercise
- Public Input



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HOW DO WE GET TO THE TOP THREE PRIORITIES?

Public Health Indicators



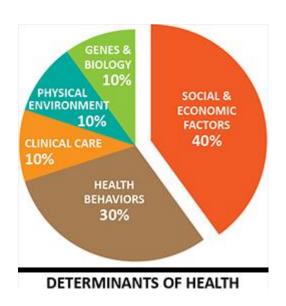
- Are a snapshot of a Population health status and health determinants o Public health system performance
- Provide critical health information essential for decisionmaking
- Provide us with a common set of data across the state for comparison



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Social Determinants of Health





Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SOCIAL DETERMINANTS FACTORS THAT INFLUENCE YOUR HEALTH



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The conditions in which you live, learn, work and age affect your health. Social determinants such as these can influence your lifelong health and well-being.

HOUSING



HEALTHY FOOD

6.5 million children live in low-income neighborhoods that are more than a mile from a supermarket.



LITERACY



INCARCERATION

The incarceration rate in the U.S. grew by more than 220% between 1980 and 2014, though crime rates have fallen.



ENVIRONMENT



ACCESS TO CARE



POVERTY



GRADUATION



HEALTH COVERAGE



More than 89% of U.S. adults had health coverage in 2014. But 33 million Americans still lacked insurance.

Health Equity



Creating health equity requires a comprehensive solution that includes but goes beyond targeted grants and access to health care. Locally, MMS needs to address health disparities as part of a broad spectrum of public investments in housing, transportation, education, economic opportunity and criminal justice.

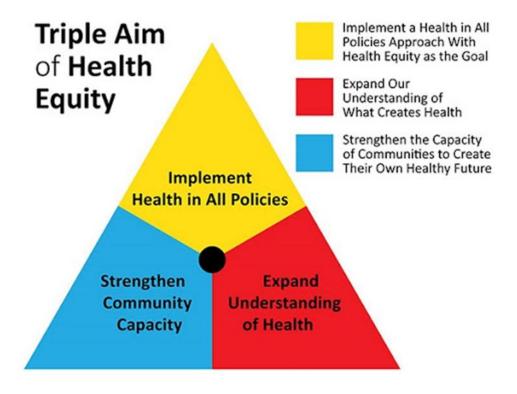




Health Equity



Health in All Policies (HiAP) institutionalizes the consideration of health, eliminating disparities, and sustainability into decision-making across all sectors and at all levels to improve the health of communities and people).



Top Ten Priorities



Community health boards will report up to 10 priority health issues to MDH as a deliverable

Top Ten Health Concerns



Adult Mental Health



Youth Mental Health



Adult Obesity



Adolescent Tobacco and E-cigarette Use



Youth Obesity



Dental Care



Driving While Intoxicated



Adult Diabetes



Poverty



Youth Suicide

Top Three Health Priorities



- After further discussions and reviewing the data sources, Meeker McLeod Sibley Community Health Services determined the top three health priorities that will be the focus of the Community Health Improvement Plan during 2019 through 2022.
- The top three concerns are:
 - Mental Well-being
 - Obesity
 - Alcohol Tobacco and Other Drug Use/Misuse

Progress between then and now



While we've identified obesity, mental well-being and alcohol, commercial tobacco and other drug use as priorities, it's important to note indicators in these areas where we've seen progress between the 2014 and 2018 iterations of the MMS Healthy Communities survey.



Mental Wellbeing



In the youth and adult indicators we included for this assessment, there was not improvement shown in any of the mental health indicators, rather they signified increases in the percent of people experiencing mental health issues.



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OBESITY







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 Access to various resources and facilities in their communities where they can participate in physical activity.

Food insecurity



Alcohol

• Between 2014 and 2018, the percent of those who reported binge drinking changed from 30.7% in 2014 to 28.3% in 2018 (this change was significant at a 90% level of confidence but not at 95%, p=.08).

• Furthermore, the percent of MMS adults who reported having at least one drink in the past 30 days decreased

significantly by 3.0%.



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Commercial Tobacco Use

Between 2014 and 2018 the percent of current smokers among adults decreased by over three percent and remains lower than the overall rate for Minnesota adults, which was 15.1% in 2018 compared to 11.2% in MMS.

Likewise, any use of tobacco products (including cigarettes, cigars, pipes, chewing tobacco and e-cigarettes) among adults decreased by 7.0% from 2014 to 2018.



Exposure

Therefore, it is notable that between 2014 and 2018, there was a large reduction (34.3%) in the percent of renters in apartments and multifamily buildings reporting anyone smoking in the apartments in their building.



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Other Drugs

Past 30-day marijuana use among 8th, 9th and 11th graders in Sibley County also declined from 13.7% in 2016 to 10.8% in 2019.



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Community health boards will send their community health improvement plans to MDH as a deliverable.

NEXT STEP: Community Health Improvement Plan



Meeker McLeod Sibley Community Health Services

Questions?



Meeker McLeod Sibley Community Health Services

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