



Meeker, McLeod, Sibley

Healthy Communities

2017 Community Health Improvement Plan

USING A COLLECTIVE ACTION MODEL



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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 Hutchinson Health, Ridgeview Sibley Medical Center, Meeker Memorial Hospital, Glencoe Regional Health Services, University of Minnesota Extension, local planning organizations, and other local organizations focusing on health equity. 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.

Collective Action

MMS Healthy Communities CLT has agreed to use 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 multi-factorial 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. **Diagram A** represents a visual of the collective action approach created by The Centers for Disease Prevention and Control (CDC).

Diagram A



This approach will allow each partnering agency to identify their contribution (if any) towards the identified priority areas. This will allow agencies to share information, resources and coordination of services that will result on a larger impact on the community. (Mays, 2010).

Obesity

National Goals

One goal for Healthy People 2020 is to increase the proportion of adults who are at a healthy weight from 30.8% of persons aged 20 years and older who were at a healthy weight in 2005-2008, to 33.9% in 2020. (*Healthy People 2020*)

Another goal for Healthy People 2020 is to reduce the proportion of adults who are obese from 33.9% of persons aged 20 years and older who were obese in 2005-2008, to 30.5% in 2020. (*Healthy People 2020*)

State Goal(s)

In 2010, 38% of adults in Minnesota were at a healthy weight (adults age 18 and older reporting a BMI less than 25). The target for Healthy Minnesota 2020 is to increase that baseline percentage to 47% of adults who are at a healthy weight. (*Healthy Minnesota 2020*)

National/State Alignment

Aligns with the Healthy People 2020 nutrition and weight status goal.

Meeker-McLeod-Sibley Goal(s)

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

Objective(s)

1. Will decrease self-reported adult obesity rate from 33.6% to 30% by December 31, 2020 (*MMS Community Health Survey*)
 - i. **Indicator:** self-reported adult obesity rate (*Source: 2014 MMS Community Health Survey; anticipated to repeat in 2019*)
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 (*MMS Community Health Survey*)
 - i. **Indicator:** adult self-reported consumption of the recommended fruit and vegetable daily allowance (*Source: 2014 MMS Community Health Survey; anticipated to repeat in 2019*)



Senior Health

National and State Goal(s)

National and State goals vary immensely within the category of senior health. A few objectives identified in Healthy People 2020 include indicators reflective of preventative services, diabetes self-management benefits, engagement in physical activity, increase workforce capacity to address geriatric concerns, and increase services to help older adults stay in their home.

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.

Meeker-McLeod-Sibley Goal(s)

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

Objective(s)

1. Increase the number of chronic disease self-management classes offered from 3 classes to 5 classes by December 31, 2020
 - i. **Indicator:** Number of classes as reported by CLT members
2. Increase the number of ACT on Alzheimer's initiatives moving to the next phase from 3 groups with 1 moving to phase 2 to 3 groups moving to phase 2 by December 31, 2020
 - i. **Indicator:** ACT on Alzheimer Coordinator's reporting on current status of phase development



Mental Health

National Goals

In 2008, the baseline percent of adults aged 18 years and older who experienced a major depressive episode was 6.5%. The Healthy People 2020 target is to lower this number to 5.8%. *(Healthy People 2020)*

In 2008, 65.7% of adults aged 18 years and older with serious mental illness (SMI) received treatment. Healthy People 2020 has a goal to increase this number to 72.3%. *(Healthy People, 2020)*

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.

Meeker-McLeod-Sibley Goal(s)

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

Objective(s)

1. Decrease the percentage of people self-reporting a delay in mental health services from 9.6% to 8% by December 31, 2020 *(MMS Community Health Survey)*
 - i. **Indicator:** Percentage of people self-reporting a delay in mental health services *(Source: 2014 MMS Community Health Survey; anticipated to repeat in 2019)*
2. Decrease the percentage of people self-reporting 1 – 9 poor mental health days in a 30 day period from 33%.4% to 31% *(MMS Community Health Survey)*
 - i. **Indicator:** Percentage of people self-reporting 1 – 9 poor mental health days in a 30 day period *(Source: 2014 MMS Community Health Survey; anticipated to repeat in 2019)*



Access to Care

National Goals

Healthy People 2020 has a goal to increase the percentage of people with a source of ongoing care (all ages) from 86.4% in 2008 to 95.0% in 2020. (*Healthy People, 2020*)

Healthy People 2020 has a goal to decrease the percentage of households with a food insecurity from 14.6% in 2008 to 6% in 2020. (*Healthy People, 2020*)

State Goals

In 2010, 78.9% of adults in Minnesota had a dental visit (adults age 18 and older reporting a BMI less than 25). The target for Healthy Minnesota 2020 is to increase that baseline percentage to 82.8% of adults who had a dental visit. (*Healthy Minnesota 2020*)

National/State Alignment

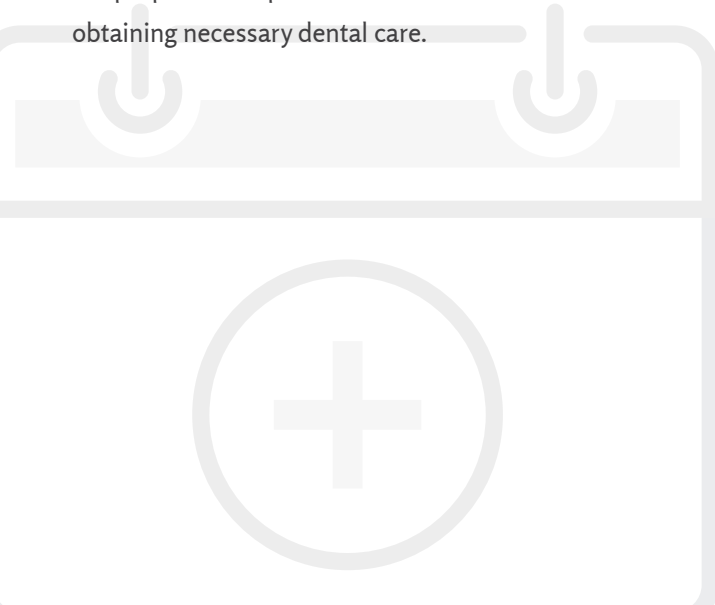
Aligns with Healthy People 2020 goals to increase the proportion of insured persons with coverage for clinical preventive services; increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care; reduce the proportion of persons who are unable to obtain 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.

Meeker-McLeod-Sibley Goal(s)

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

Objective(s)

1. Decrease the percentage of people self-reporting a delay in medical care from 23.7% to 21% by December 31, 2020 (*MMS Community Health Survey*)
 - i. **Indicator:** Percentage of people self-reporting a delay in medical care (*Source: 2014 MMS Community Health Survey; anticipated to repeat in 2019*)
2. Decrease the percentage of people self-reporting a delay in dental care from 20.6% to 18% by December 31, 2020 (*MMS Community Health Survey*)
 - i. **Indicator:** Percentage of people self-reporting a delay in dental care (*Source: 2014 MMS Community Health Survey; anticipated to repeat in 2019*)



Binge Drinking

National Goal(s)

Goal for Healthy People 2020 is to decrease the proportion of adults (ages 18 and older) engaging in binge drinking during the past 30 days from 27.1% in 2008 to 24.4% in 2020.

(Healthy People 2020)

State Goal(s)

Goal for Healthy Minnesota 2020 is to decrease the baseline percentage from 17.2% in 2010 to 15.5% in 2020.

(Health Minnesota 2020)

National/State Alignment

Aligns with the Healthy People 2020 goals related to decreasing alcohol use by adolescents.

Meeker-McLeod-Sibley Goal(s)

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

To build awareness on the hazards of binge drinking.

Objective(s)

1. Decrease the percentage of people self-reporting binge drinking from 30.7% to 28% by December 31, 2020 *(MMS Community Health Survey)*
 - i. **Indicator:** Percentage of people self-reporting binge drinking *(Source: 2014 MMS Community Health Survey; anticipated to repeat in 2019)*
2. Decrease the percentage of students reporting that they used alcohol in the past year from 18% to 16% by December 31, 2020 *(MMS Community Health Survey)*
 - i. **Indicator:** Percentage of students reporting that they used alcohol in the past year *(Source: 2014 MMS Community Health Survey; anticipated to repeat in 2019)*



Choice/Behavior/Culture

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.

Meeker-McLeod-Sibley Goal(s)

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

Objective(s):

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 by December, 2018
 - i. **Indicator:** A communication work plan, approved by the CLT
2. Will conduct on-going research and analysis on population based data related to health equity (HEDA) and implement evidence based strategies based on gaps identified through data analysis by December, 2018
 - i. **Indicators:** Results of HEDA and action plan of potential strategies adopted by members of the CLT



Meeker-McLeod-Sibley Community Health Services



Public Health
Prevent. Promote. Protect.
Meeker McLeod Sibley
Community Health Services

Obesity



- ✓ Implementation of SHIP (Statewide Health Improvement Partnership) grant
 - ▶ **Objective 1:** Will have a minimum of 5 PSE changes in each sector of: schools, workplaces, healthcare and community in one or multiple partner sites by July 2018
 - ▶ **Objective 2:** Increase access to environmental spaces that support breastfeeding practices

Senior Health



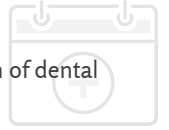
- ✓ Decrease health care costs of older adults by providing education and resources to help manage chronic illness
- ✓ Develop and promote local partnerships and community engagement to provide a network of services/programs and resources for the elderly population
 - ▶ **Objective 1:** Want a minimum of 50 seniors living in Meeker, McLeod and Sibley Counties fully participating in classes by July 2018
 - ▶ **Objective 2:** MMS staff will participate and be engaged in a minimum of 6 community based initiatives

Mental Health



- ✓ Provide Mental Health First Aid to various civic groups, law enforcement, and faith based organizations
- ✓ Implement an anti-stigma campaign within MMS counties
 - ▶ **Objective 1:** Implement a media blitz/campaign to start September of 2017 and run through March 2018
 - ▶ **Objective 2:** Implement an on-going community education/awareness campaign start, including Mental Health First Aid (MHFA) September 2017 through December 2019
 - ▶ **Objective 3:** Increase educational efforts through twice a year presentations, monthly newsletter, for public health staff, county staff in Meeker, McLeod, Sibley and other interested worksites

Access to Care



- ✓ Will provide dental outreach to increase utilization of dental benefits among the Medicaid population 0 – 21
 - ▶ **Objective 1:** Will provide dental outreach to increase utilization of dental benefits among the Medicaid population ages 0-21
 - ▶ **Objective 2:** Will increase the % of Medical Assistant participants receiving a CTC exam by 5% by December 2018

Binge Drinking



- ✓ Provide community education and outreach on the impacts of binge drinking
- ✓ Participate in local ATOD community coalitions
 - ▶ **Objective 1:** Increase MMS presence at local coalitions to build a stronger more consistent relationship with community partners
 - ▶ **Objective 2:** Increase media visibility regarding binge drinking by July 2018
 - ▶ **Objective 3:** Will offer a minimum of 2 community presentations on binge drinking by July of 2018

Choice/Behavior/Culture



- ✓ Offer community workshops/town hall meetings on the Social Determinants of Health and Health Equity
- ✓ Provide on-going and consistent education to MMS staff and CHB members on the impact of health equity issues
 - ▶ **Objective 1:** Will offer 2 community workshops/town hall meetings on the Social Determinants of Health and Health Equity by December 31, 2020
 - ▶ **Objective 2:** Will provide on-going and consistent education to MMS staff and CHB members on the impact of health equity issues

Meeker Memorial Hospital



MEEKER MEMORIAL
HOSPITAL
Care as it should be.

Obesity



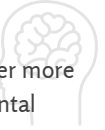
- ✓ Supporting community food access and trail development in Meeker County
- ✓ Worksite Wellness SHIP initiatives promote: on-site healthy food options and vending, hospital garden, onsite physical activity - Phase III E & a lactation friendly workplace
- ✓ Healthy Living Inside & Out campaign shares wellness programs into community to promote healthy food access and active living with partners in the community

Senior Health



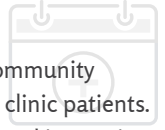
- ✓ Community-base Fall Prevention - working to provide a continuum to reduce the risks for falls in the Meeker County area for seniors
- ✓ OTAGO, in home exercise program delivered by physical therapists. OTAGO is a 7 month program Matter of Balance and Living with Chronic Conditions classes for community partnering with MNRAAA through program offerings
- ✓ Tai Chi Juan – Fall 2017
- ✓ Bone Builders exercise program site with RSVP
- ✓ ACT on Alzheimer's Dementia Friendly Community initiatives - focusing on awareness building and increasing the number of resource tools and support services through grant efforts and community building activities
- ✓ Partnering with Litchfield Chamber Meeker County Economic Development and MN Extension Office in community planning efforts to support seniors in rural MN

Mental Health



- ✓ Collaboration with NAMI and community partners to offer more mental health activities to area residents supporting mental health goals for MMS Healthy Communities

Access to Care



- ✓ Supporting transportation services with Central Community Transit (CCT) to increase access to seniors and OB clinic patients. Focus will be aimed at improving OB patient visits and increasing senior healthy eating or active living

Binge Drinking



- ✓ Collaboration with Litchfield Area Rural Partners in Prevention (LARPP) and local Towards Zero Deaths groups to support education and prevention activities

Choice/Behavior/Culture

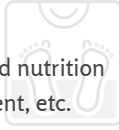


- ✓ Supporting the development of worksite wellness consortium for Meeker and McLeod Counties or region in collaboration with Public Health, Chamber and other partnering organizations
- ✓ Provides Lactation Consultation services and supports breastfeeding friendly workplaces and services in Meeker County area

Hutchinson Health



Obesity



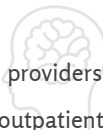
- ✓ Partnership with Heart of Hutch Initiatives – Dedicated nutrition staff time for food tastings, healthy recipes development, etc.
- ✓ Hutchinson Health employee wellness – offers biometric screenings, healthy food demos, measured walking routes, challenges and other health activities
- ✓ Partners with local Food Shelf for healthy food drive, Hunger Free McLeod to provide healthy protein for kids
- ✓ Partnership/supports Hutch Farmers Market and provides staff time for Power of Produce program
- ✓ Provides community education on nutrition

Senior Health



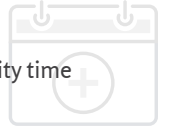
- ✓ Living Well with Chronic Conditions program
- ✓ Partnership/supports Senior Expo – community education for the senior population 55+
- ✓ Team based care model with Connector RN
- ✓ Healthcare Homes – works with seniors living with chronic conditions
- ✓ Fall Prevention education

Mental Health



- ✓ Ongoing recruitment effort for additional mental health providers
- ✓ Autism Clinic – internal collaboration process between outpatient Mental Health and pediatric to increase early diagnosis/screening model for individuals on that spectrum
- ✓ Community Education on Mental Health
- ✓ Healthcare homes
- ✓ MMS Mental Health Task Force partnership
- ✓ 24 hour mental health HELP Line

Access to Care



- ✓ Enhanced provider support model – increase quality time with provider
- ✓ Ongoing recruitment efforts for providers
- ✓ Providing tele-medicine for psychiatric
- ✓ Increased urgent care hours with triage process for urgent care and ER
- ✓ Provides athletic training coverage to Hutchinson High School and Buffalo Lake – Hector schools
- ✓ Ergonomics for businesses
- ✓ Chronic Disease Self-Management classes, diabetes prevention, diabetes self-management program
- ✓ Cancer Clinic- hematology and oral specialty medication care coordination services, breast cancer support group

Choice/Behavior/Culture



- ✓ Provides lactation services- lactation counseling with resources
- ✓ Partnership/Sponsorship with Heart of Hutch, Wheel and Cog childrens museum, McLeod for Tomorrow, local runs/walks/bike rides, JayCees bike helmet distribution, community ed
- ✓ Participation in Worksite Wellness Consortium for Meeker and McLeod counties
- ✓ Volunteer Match Program

Glencoe Regional Health Services



Glencoe Regional Health Services

Senior Health

- ✓ Recruiting additional primary care providers to enhance care-related aspects of senior health
- ✓ Community education events (Health Talks) on topics relevant to seniors, such as arthritis and falls prevention
- ✓ Supporting and participating in the McLeod County Senior Expo
- ✓ Certification as a Health Care Home



Mental Health

- ✓ Working to address mental health issues in the community by securing additional behavioral counseling services. Working on a partnership with Prairie Care Institute
- ✓ Hosting a weekly peer-led mental health support group in partnership with Mental Health Minnesota
- ✓ Supporting community events designed to raise awareness and break the stigma around mental health



Access to Care

- ✓ Recruiting additional primary care providers to enhance overall access to care
- ✓ Redesigning and improving clinic work flows through our Care Model Process (CMP) to increase efficiency and better meet patients' needs
- ✓ Creation of a clinic triage department to assist patients with questions and concerns that arise outside of appointments
- ✓ Offering urgent care seven days a week, 365 days a year
- ✓ Providing orthopedic care five days a week to keep patients close to home
- ✓ Education about MyChart, our electronic portal that allows patients to manage their health care online
- ✓ Education about our clinic triage department
- ✓ Certification as a Health Care Home
- ✓ Developing of a community wellness program



Ridgeview Sibley Medical Center



Obesity



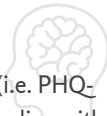
- ✓ Partnering with Ridgeview Community Network and local businesses to provide biometric screenings to employees – promoting healthy lifestyles, identifying individuals who are at high risk for issues related to their screening, and providing education about obesity, diabetes, high blood pressure
- ✓ Providing diabetic education by certified dietitians

Senior Health



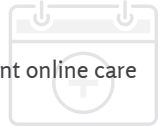
- ✓ Collaborating with Arlington and Sibley County ACT on Alzheimer groups to increase awareness about Alzheimer's
- ✓ Participating in the Sibley County Senior Expo to promote healthy living to seniors and to provide ideas of how they can live healthier, productive and quality lives
- ✓ Partnering with local nursing homes to provide on-site nurse practitioners to manage resident's health care needs
- ✓ Providing community education to families and nursing home providers about dementia and Alzheimer's
- ✓ Offering Nurse Navigator services to assist older adults in the management of chronic conditions

Mental Health



- ✓ Increased use of screening tools by providers and staff (i.e. PHQ-9) to assist in identifying youth and adults who are struggling with mental health issues
- ✓ Working to address mental health issues in the community, identified as priority need in 2016 Community Health Needs Assessment

Access to Care



- ✓ Offering Ridgeview eCare – low-cost and convenient online care option for minor illnesses
- ✓ Recruiting additional primary care providers committed to serving the residents of Sibley County
- ✓ Providing additional specialists in clinics to enhance access to care, close to home
- ✓ Offering extended Urgent Care hours, seven days a week
- ✓ Implemented Hospitalist program at Ridgeview Sibley Medical Center - enhancing in-hospital continuity of care by coordinating and consulting with primary care physicians and specialists
- ✓ Providing athletic training coverage to Sibley East schools including baseline concussion testing
- ✓ Partnering with Green Isle charter school to provide on-site nursing support

Choice/Behavior/Culture



- ✓ Participating in local health fairs to promote health and wellness
- ✓ Launching colonoscopy screening campaign to increase screening participation and cancer prevention awareness of Sibley County residents
- ✓ Supporting community events (i.e. Relay for Life)
- ✓ Partnering with local insurance agents to provide MNSure education and enrollment information
- ✓ Offering Advance Care Planning Sessions

Minnesota River Area Agency on Aging (MNRAAA)



Senior Health



- ✓ Live Well At Home:
 - ▶ CDSMP – Chronic Disease Self-Management Program
 - ▶ DSMP – Diabetes Self-Management Program
 - ▶ Falls Prevention
- ✓ Expand and strengthen Minnesota’s home and community-based service (HCBS) system capacity – HCBS will be strengthened by helping people to use their own resources wisely to meet their needs, targeting services to high risk individuals and focusing public resources on the development and maintenance of services needed by people who might otherwise become eligible for the alternative care or elderly waiver programs
- ✓ Communities for a Lifetime – engaging communities to raise awareness of aging adults
- ✓ Senior Linkage Line
- ✓ Connect with healthcare systems to get referrals between doctor and community programs
- ✓ Senior Surf – classes offered to teach seniors how to use modern day technology
- ✓ Convener Role – making the connections

Access to Care

- ✓ Self-directed services – being proactive and managing their health/hiring family if needed/hiring the services that they think they need vs the package that home health offers

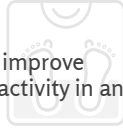


Mid-Minnesota Development Commission (MMDC)



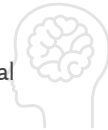
Obesity

- ✓ Healthy Living Transportation Plans – looks at how to improve communities build environment to increase physical activity in an average day
- ✓ Safe Routes to Schools - completed in Glencoe, Hutchinson, and Dassel. Will start SRTS planning grant with Eden Valley-Watkins for 2017/2018 school year. MMDC will assist other school districts that are interested in submitting SRTS Planning Grant applications in future state rounds of funding
- ✓ Prepare trail plans – McLeod County trail plan (2016) and in the process of finishing a plan for Kandiyohi County. Years ago completed one for Meeker County which may be looked at again soon



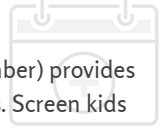
Mental Health

- ✓ Willmar area dementia grant (MN Board on Aging) fiscal administration/host



Access to Care

- ✓ Local Lions club (Executive Director is a club member) provides Kids Sight, vision tests to ages 6 months to 6 years. Screen kids and if finds issues, reports back to parents and refers them to the eye doctor. Various clubs will offer this program in their communities



Choice/Behavior/Culture

- ✓ Healthy Living Transportation Plans (see obesity)
- ✓ Safe Routes to Schools (see obesity)



University of Minnesota Extension SNAP-Ed – MMS



Obesity

- ✓ Increase fruit and vegetable consumption, as well as physical activity through behavioral changes for community residents living with limited financial resources
 - ▶ Provide 6 hours of direct nutrition education using evidence based curriculum to groups of >50% eligible to receive SNAP benefits
 - ▶ Work with community partners to create sustainable policy, system, and environmental changes to make the healthy choice the easy choice for those living with limited financial resources
 - ▶ Partnerships with schools, food shelves, farmers markets, local health committees, etc.



Senior Health:

- ✓ Hosts the annual CARE Event (County Area Resources for Everyone) to improve the quality of life for areas seniors through promoting resources and services available to help them
 - ▶ Increase the awareness and participation in food support and other resources available to the aging population to help stretch their food dollar



Meeker-McLeod-Sibley Mental Health Task Force



Charge

The overall charge of the Meeker-McLeod-Sibley Healthy Communities Mental Health Task Force is to reduce the negative impacts of mental health issues facing the community. The specific purpose of the Mental Health Task Force will be guided by the members of the taskforce with guidance from the Meeker-McLeod-Sibley Healthy Communities Leadership Team (CLT). Strategies and interventions will go across the continuum of mental health services from prevention to treatment. Data collection, analysis, and monitoring will be the crux of the Mental Health Task Force in order to demonstrate outcomes of improvement. The Mental Health Task Force will utilize a public health model to promote mental health wellbeing by connecting providers and community members to the right service at the right time and right place.

Background

Mental and chemical health promotion can improve quality of life and physical health, and early intervention services can lessen the burden of both. Unrecognized and untreated mental and chemical health conditions can disrupt development across the lifespan, social connections, family life, education, employment and economic stability, and full community participation. Early intervention and support for families can prevent child and parent mental and chemical health problems and promote overall health and resiliency at all stages of life. When left untreated, mental and chemical health conditions can worsen and become disabling or less amenable to treatment.

(continued on next page)

Meeker-McLeod-Sibley Goal(s)

The Meeker-McLeod-Sibley (MMS) Community Leadership Team (CLT) has established the following goal and respective indicators to address mental health:

- ✓ To improve mental health status through prevention and by enduring access to appropriate, quality mental health services

Meeker-McLeod-Sibley Mental Health Task Force Goal:

- ✓ Promote mental health well-being by decreasing stigma

Indicators

- ▶ Decrease the percentage of people self-reporting a delay in mental health services from 9.6% to 8% by December 31, 2020 (*Source: 2014 MMS Community Health Survey*)
- ▶ Decrease the percentage of people self-reporting 1 – 9 poor mental health days in a 30 day period from 33%.4% to 31% (*Source: 2014 MMS Community Health Survey*)

Objective(s)

1. Implement a media blitz/campaign from 9/1/2017 through 12/31/2018
2. Implement an on-going community education/awareness campaign from 9/1/2017 – 12/31/2018

Meeker-McLeod-Sibley Mental Health Task Force



Meeker, McLeod, Sibley
Healthy Communities

Methods

A three county task force will be convened and staffed by Meeker-McLeod-Sibley Community Health Services (MMS CHS) staff. Membership of the group will consist of community partners with a vested interest in mental health issues facing the three counties. The group will self-determine a meeting schedule and methods of communications. The task force will recognize and value different levels of partnerships.

Group Members

Abbe Dale

Hutchinson Health

Anne McKinley

Meeker Memorial Hospital

Ashley Hubbell

Crow River Family Services

Frank Dorsey

McLeod & Sibley Support Group Lead/
Mental Health MN

Gary Sprynczynatyk

McLeod County Human Services

Emma Carlin

Ridgeview Sibley Medical Center

Kara West

Crow River Family Services

Kenny Turck

Crow River Family Services

Mary Anderson

Stepping Stone

Nicola Lutterman

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Paul Bukovich

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Rick Loseth

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