

Minnesota Valley Health Center Community Health Needs Assessment Community Engagement Report

In September-October 2015 Minnesota Valley Health Center (MVHC) convened a group of community members and partners to 1) develop a vision of a healthy community, 2) come to a common understanding of the current health status of their community, and 3) identify key opportunities to help move the community from the current status to the vision.

The following organizations participated in at least 1 of the 2 community meetings:

Vision of a Healthy Community

The first step in the community health assessment process was to develop a shared understanding of what a healthy community looks like. The group was asked to describe how they would design their community if they had no limitations and could assure that all community members had equal access to health. Participants described obvious components such as healthy food and sidewalks, and they also included less expected elements such as art and libraries. The full list of items that were identified by the group as essential for a healthy community is included in appendix A.

Community Health Status

In order to understand the health needs and issues currently facing the community, MVHC presented an overview of data from the Community Commons, a resource which allows for easy access to publicly available data from a variety of sources such as the Centers for Disease Control and Prevention, the U.S. Census, the Health Resources and Services Administration and Kaiser Permanente. MVHC focused their presentation on 17 health indicators that were relevant to the residents of LeSueur and Sibley Counties. The community data were presented in comparison to state data. Nine of the 17 indicators presented were “worse than the state average.” All indicators are listed in appendix B.

Indicators worse than the state average:

- Poor General Health
- Mortality- Cancer
- Mortality- Heart Disease
- High Cholesterol (Medicare Population)
- High Blood Pressure
- Overweight
- Obesity
- Mortality- Motor Vehicle Accident
- Mortality- Suicide

Upon completion of the data presentation, group members were asked to respond to the following questions:

- What surprised you?
- What else concerns you?
- What does this tell you about your community?
- What more do you want to know?

In addition to the indicators that were presented, the community partners identified a variety of concerns that are listed in appendix C including access to primary care and also mental and dental care. The group requested demographic data to show how the community is changing with respect to factors

such as age, education, and socioeconomic status. Participants also identified more community stakeholders who could bring a unique perspective and expertise to community health. (See Appendix D for the list of suggested partners.)

Additional data was provided at the second meeting to describe the community and also to highlight additional issues for consideration as health improvement priorities such as tobacco use, insurance coverage, nutrition, depression, and chronic disease prevalence.

Health Improvement Priorities

MVHC is currently leading a community-based effort to improve mental wellbeing and access to mental health care. The group agreed that the mental health work should continue and to select only 1 more key priority for improvement in order to ensure that improvement goals would be realistic and attainable in the next 3 years.

Before selecting improvement priorities, participants developed a list of criteria for decision-making. The criteria were chosen in order to foster objectivity and consistency among group members and include considerations such as cost, impact, and evidence base for improvement. The full list of criteria is available in appendix E.

Because not all group members had a good understanding of how to apply the criteria to the identified issues, the group walked through a short list of potential priorities and shared their collective knowledge of how the criteria applied to each priority. The discussion included sharing about work that is already being done in the community, resources and expertise that are available in the community to address the priority issues, and the size and degree of impact that could be made by making improvement in that area.

Participants voted with dots on the following list of opportunities for improvement:

- Physical activity
- Heart Health
- Emotional support for youth and children
- Nutrition
- Healthy food access

The full list of priorities for consideration can be found in appendix F and includes the number of votes received by each issue.

Physical activity and heart health received the highest number of votes and an equal number of votes. Because the issues are interdependent, the group made the decision to focus improvement efforts on physical activity with a particular emphasis on using physical activity to improve heart health.

Next steps

MVHC and the local public health agencies for LeSueur and Sibley Counties agreed to lead community health improvement efforts to increase physical activity. The group offered suggestions about subject-matter experts and community leaders who should be involved in a workgroup to develop and implement the improvement strategy and also ideas about specific activities and aspects of physical activity that could be addressed. The suggestions are listed in appendix G.

APPENDICES

A. Vision of a Healthy Community

- Access to good information
- Public safety
- Communication in multiple languages
- Walkability
- Social Services
- People value their health
- Creative outlets/art
- Grocery stores
 - accessible
 - affordable
 - fresh food
 - selection
- All children have access to health care
 - mental
 - dental
- Farmers market
- Opportunities for exercise
- Welcoming
- Public transit
- Safe employment
- Elderly care
- Aging in place
- Decent affordable housing that is well-placed
- Access to health care and preventative services
- Recreational opportunities for all age groups
- Clear air and water
- Good education
- Good public library
- Access to nutritious food

B. Health Indicators

Same as or better than the state average:

- Poor Dental Health
- Mortality- Lung Disease
- Mortality- Stroke
- Mortality- Unintentional Injury
- Heart Disease
- Depression (Medicare Population)
- Diabetes

Worse than the state average:

- Poor General Health
- Mortality- Cancer
- Mortality- Heart Disease
- High Cholesterol (Medicare Population)
- High Blood Pressure
- Overweight
- Obesity
- Mortality- Motor Vehicle Accident
- Mortality- Suicide

C. Additional concerns/data

- Suicide and attempted suicide rates are increasing
- Obesity/overweight higher than the state
- Socioeconomic status – how it relates to health, shift in population?
- Age distribution
- How easy is it to transition in/out of the community?
- Demographics for specific indicators
- Access to primary care – 1 clinic
- Access to psych/MH services – limited resources – especially for children

- Psychiatry/medication services
- Low reimbursement for Medicaid dental
- Smoking/tobacco use
- Alcohol use/binge drinking 65+
- Overweight/obesity
 - costs more to eat well
 - no healthy food restaurants
 - sidewalks in need of repair
 - crosswalks unsafe
 - need education about how to eat well and exercise
 - increased use of community center
 - no recreation area along river
 - people involved in lots of things or nothing – how to get new people engaged
- Displaced teenagers

D. Other partners to engage in the process

- Pharmacy
- Optometry
- Public Safety
- Food services (schools)
- Grocery store
- Social services
- Representation from diverse (Hispanic) demographics
- Early childhood family education

E. Criteria for selecting improvement priorities

- Evidence-based practices for improvement
- Clear baseline/goal for measurement
- Size of the population impacted
- Degree of impact – need for the most improvement
- Attainable with resources available
- Cost/funding
- Accountability/regular assessment of progress
- Responsibility – people to do the work
- Data to define problem
- New activity or builds on what is happening

F. Health Improvement Priorities for Consideration

(in order by number of votes received)

Physical activity (7)

Heart Health (7)

Emotional support for youth and children (1)

Nutrition (1)

Healthy food access
~~Family Support~~
~~Suicide Prevention~~
~~Access to Primary Care~~

G. Selected priority: Physical activity

Organizations/people who should be engaged in planning/work:

Community Center
Hospital
School District
Local public health
Mayo
Layne Wilbright – Parks and Rec (and SD)
Patty Takawira (Local Public Health SHIP Coordinator)
Kris Krause
Tina Jacobson
Pam Williams

Ideas to keep in mind:

Make it fun
Community events
Walkability
Increased youth participation
Integration into daily living
Triathlon in March
Get input from community members

Next steps:

Bring together subject-matter experts
Focus on a particular population or aspect of physical activity
Build on what is already happening in the community