Working with Health Departments, Community Members, Health Plans

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Minnesota Department of Health



Topics I Will Cover

- Background on Minnesota Chlamydia Partnership
 - Paradigm Shift. Systems change!
- Concepts, philosophy foundational to MCP
- Activities of MCP
- New partnerships with health plansImprove clinic screening rates; change clinic practices
 - Educate providers and public
- Keys to successes



2015 STDs in Minnesota: Number of Cases Reported

- Total of 25,989 STD cases reported to MDH in 2015:
 - 21,238 Chlamydia cases
 - 15,306 in 15-24 year olds
 - 4,097 Gonorrhea cases
 - 654 Syphilis cases (all stages)
 - 0 Chancroid cases

294 HIV cases (not part of 25,989)

2010: Things Weren't Working; Change Was Needed!



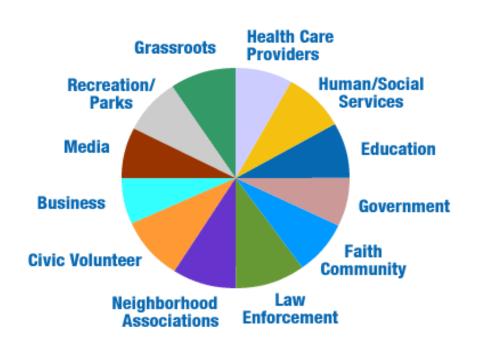
Minnesota Chlamydia Partnership and Strategy

Purpose:

Raise public and professional awareness Support communities in taking action



MCP Uses Community Engagement/Empowerment



Involves entire community

People most impacted by chlamydia define problems, create and implement solutions

The Community Wheel

www.MarinInstitute.org



Original & Current Partners

- City, county, state public health
- U of M Adolescent Health Prevention Research Center
- Clinics some funded by MIPP
- YWCA youth program director
- School-based clinics in St. Paul, Mpls
- Health Plan Consortium 2012
- Still need to recruit: faith communities, youth, business

Overall Goals of MCP

- Promote sexual and emotional health of youth and young adults
 - Educate youth, parents, community
 - Change community norms, social conditions
 - Change messages to youth
 - Encourage parental involvement
 - Provide access to affordable sexual health services
 - Change status quo
 - Increase screening
 - Increase funding for PH & communities

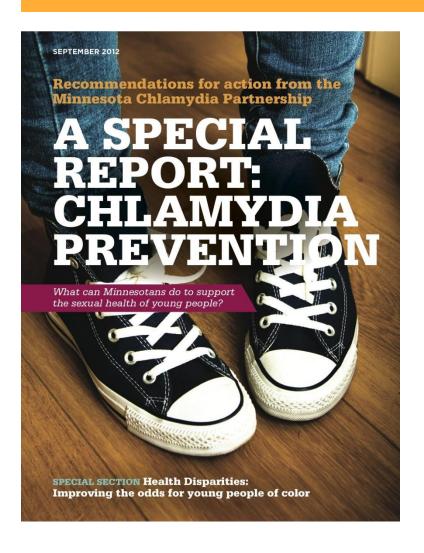
MCP Foundational Concepts

- Chlamydia = more than medical issue. Impacted by determinants of health
- Disease intervention model = necessary but insufficient
- Broader focus = sexual health and rights
- Top down approach often not successful Need to energize stakeholders and empower communities to design and implement plans
- Activities worth pursuing even in absence of government funding = community must raise/contribute local resources
- Important to advocate for young people who are unable to advocate for themselves. Need to confront ageism, sexism, racism, and classism.

Initial Activities

- Held Summit on Chlamydia August 2010
- Volunteer workgroups met through early 2011, developed plan
- Chlamydia Strategy released April 12, 2011 http://www.health.state.mn.us/mcp
- 2012: Special Report
- Website

2012: The Special Report



- User friendly version of the Strategy
- Intended for use by community
 - Professionals
 - Public

http://www.health.state.mn.us/div s/idepc/diseases/chlamydia/mcp/r eport.html



Implementation Projects and Activities



MDH Implementation Projects

• 2012-2013: Funded Coalition in rural county PH – demo project, develop toolkit

• 2013: Funded creation of coalition in inner city Minneapolis using MCP model – became CRUSH







KYB B1 / NFL: Vikings take in first round of draft.

STATE A5 / State lawmakers set to make more health care changes

WEST CENTRAL

Friday, April 26, 2013

wctrib.com

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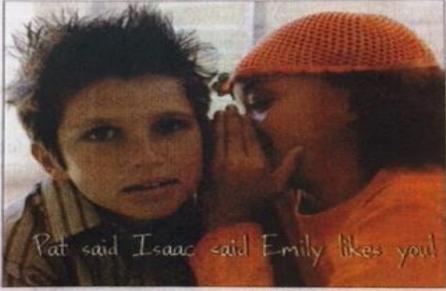
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Randyon County Coallian for Healthy Advanced Sensity

This image and caption are from an ed compaign that is part of a new initiative by the Kendly-ohl County Cosittion for Healthy Adolescent Sexuality that urges parents to talk to their children about relationships, health and sex.

Stemming an epidemic

Kandiyohi County pilot project aims to engage parents, communities in preventing chlamydia among youths

By Anne Polts

apolasiiiwqadb.com -WILLMAR — In one of a series of ada that de-huted locally this month, two teems embrace while the bay altently wunders. "Should I kins her"."

The ads are part of a new initiative by the Kandrychi County Continuon for Healthy Anders cent Sexuality Dad draws attention to Mannesota's continuous mendence of chiaray-dia and urgres parents to talk to their children about relationships. bealth and ans.

"It's about parents and kids hopefully having

project for which Kandipubi County was chosen. last year could become a statewide and possible looking to stem the rate of chiamptic among towns and young adults.

Minnesota Department of Health officials here been increasingly alarmed by a steep rise to the incidence of sexually transmitted infectious, which reached a new high in 2012. According to figures released earlier this month, chlamytha is now the No. 1 reported infectious discuse in the state with 18,000 cases last year, mainly smeng tenous and specime adoles.

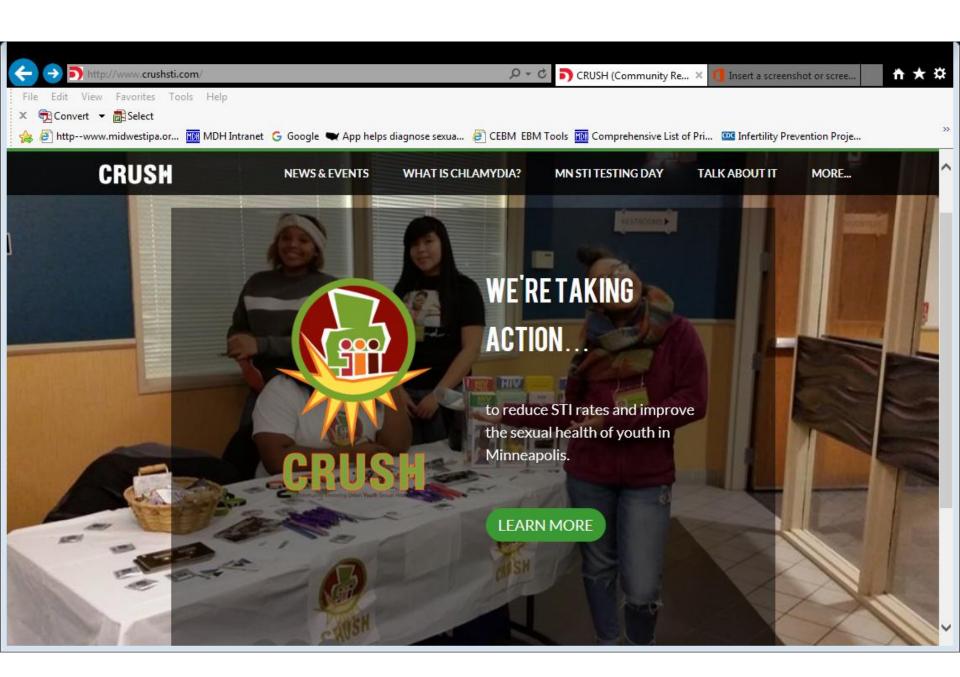
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By Gret guchlosser

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Current Activities



Recent Screening Event

- Statewide STI Screening Day held in April
 - 56 clinics across state participated
 - Clinics provided with media materials
 - CRUSH Youth Council created promo items, hash tags, did boost on Facebook w/budget of only \$200!!!
 - Media coverage: 8 million viewers/listeners/readers!
 - − Tests: 909 CT/GC tests − 63 CT+, 3 GC+
 - 371 HIV tests
 - 134 Syphilis tests
 - 38 Trich
 - 30 "other"
 - Overall positivity: 7.6%
 - Ave age participants: 18.17 years







Nurse in urban school-based clinic processes specimens



New MDH Projects

- Purchased, distributing "swag" items on CT, EPT
- 2015-17 New RFP process to fund 3 community groups to implement actions from Strategy
 - Had to be innovative, new
 - Must use community engagement to determine projects
- Organizers' Toolkit now available:
 - http://www.health.state.mn.us/divs/idepc/diseases/chlamydia/toolkit/index.html
 - Is "living document"
 - Will keep adding missing/new/expanded info, success stories; ask others to add

Chlamydia is not a flower..... It is an Epidemic





Future Projects

- Community in rural lake country wants clinic and screening – Using MCP model; MDP members helping them
- Teen friendly pharmacies (also do CT testing)
- Local Level 1 Trauma Centers implementing EPT in EDs, urgent care
- Update Special Report

2012 - Health Plans Get Involved



Advantages to Working with Health Plans

- Opened doors to additional plans, provider networks
- Brought new resources
- Gave MCP additional credibility
- HPs reach practice areas we struggle to reach in public health STD work:
 - Primary care
 - Pediatrics
 - Family practice

What's In It for HPs?

- New relationships with communities
- Increased involvement in community projects
- See needs that can be addressed
- Improve HEDIS chlamydia screening rates
- Larger, positive presence

Upcoming Projects

- Supporting development of new project in outstate MN, town of 13,000, no clinics provide teen-friendly, confidential services
- Planning to update CT "Special Report"
 - Need funds
- Local Level 1 Trauma Centers implementing EPT in EDs, urgent care
- Provide TA for "teen friendly pharmacies" project
 - Eventual goal: pharmacists conduct CT screen

Why Approach Works in Minnesota

- Large number of CT cases in MN = easy "sell"
- High rates of health disparities
- History of health plans involved in community-based health interventions/efforts
- Often involved in cutting-edge projects

Keys to Success

- Highly motivated champions who see big picture
- MDH provides leadership and direction to steer things, not dictate; just one of partners at table
- Partnership has its own identity
 - Own logo, did not use MDH logo on materials
 - Do not identify MCP as health dept. group/project
- MN history of progressive, innovative world view
- Shared resources within MCP

What is Needed to Make a Difference?

- Commitment! Vision, collaboration
- Acknowledge tensions between individual, public health – Need each other
- Put adolescents first (incl confidentiality)
- Leverage resources
- To truly impact epidemic, screening, treatment, EPT must be free to adolescents, young adults unless confidentiality guaranteed
- Work together to decrease shame, stigma

What is Needed for Health Plans and DOH to Work Together?

- Relationship building get to know each other
- See value in other's points of view AND common goals
- Agree to work together have tough conversations
- Put adolescents first (incl confidentiality)

Public Health and Social Justice

- Social justice and health equity = central to mission and vision of public health because health is a prerequisite for human development
- Social justice = foundation of public health
 - Developed historically out of social reform and hygiene movements
- Has been replaced over last 100 years by emphasis on scientific proof, evidence-based data
- Righteous indignation at social injustices that create health problems is missing



JUSTICE

will not be served

until those who are

UNAFFECTED

are as

OUTRAGED

as those who are.

Benjamin Franklin

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