Working with Health Departments, Community Members, Health Plans

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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 plans
  Improve 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
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
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 a 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](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/divs/idepc/diseases/chlamydia/mcp/report.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
Stemming an epidemic
Kandiyohi County pilot project aims to engage parents, communities in preventing chlamydia among youths

By Anna Polta
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WILLMAR — In one of a series of ads that debuted locally this month, two teens embrace while the boy silently wonders, "Should I kiss her?"

The ads are part of a new initiative by the Kandiyohi County Coalition for Healthy Adolescent Sexuality that draws attention to Minnesota’s soaring incidence of chlamydia and urges parents to talk to their children about relationships, health and sex.

"It’s about parents and kids hopefully having a project for which Kandiyohi County was chosen last year could become a statewide and possibly even a national model for other communities looking to stem the rise of chlamydia among teens and young adults.

"It’s a huge issue, and sometimes we need that extra push to have these conversations." The project is a pilot effort in Kandiyohi County, a 35-county region in southwestern Minnesota.

The effort is expected to cost $1.1 million over the next three years.

Kandiyohi County is one of 10 Minnesota counties selected by the Minnesota Department of Health to participate in the program.

"It’s been a really important conversation to have with kids," said Kandiyohi County Emergency Services Director Sue Anfinson.

Anfinson said the county was chosen in large part because of the high incidence of chlamydia and Gonorrhea in the area.

"We have a very high rate of chlamydia and gonorrhea," she said. "And we have a lot of kids who are young and may not be aware of the risks."
WE'RE TAKING ACTION...

to reduce STI rates and improve the sexual health of youth in Minneapolis.

LEARN MORE
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:
  – 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