



HEALTH AND HUMAN SERVICES

Chairs:

Katie Nerem-Roth
Laura Turk

Task Force Members:

Judy Arzdorf
Bibi Aubakirova
Robert Chesley
Jerry Crest
Pam Determan
Marilyn Frank
Mark Frost
Raymond Ganey
Alfred Haugen
Jean Holcomb
Sarah Kruse
Sakawdin Mohammed
Bryan Nermoe
Jennifer Pfeffer
Laura Ribbe
Leah Rogne
Cathy Sandmann
Kathleen Sheran
Ann Splinter



HEALTH AND HUMAN SERVICES

Mini-Vision:

This is a community that is dedicated to prevention and as a result, wellness exists and changes outcomes and provides for a higher level of well being for its citizens.

Health and Human Services Sub-Category:

Prevention and Wellness

Goal 1:

Prevention and Wellness - Enhance prevention activities and produce a mindset of wellness.

Rationale:

The majority of Americans do not follow a healthy lifestyle, causing an increase in obesity, chronic disease and ultimately health care costs. Obesity trends continue upward and diabetes, which has a direct correlation with obesity, is on the rise as well. Through preventative approaches, wellness in the region can be improved and produce rippling results through the community.

Strategy 1:

Improve diet/nutrition and increase physical exercise.

Action Steps:

1. Using the community asset-building approach, convene a community summit bringing together community organizations, businesses, churches, service groups, youth groups, the school system etc., to promote nutritious diets and increased fitness.

Parties to be Invited to Participate: Convener to be determined; key Interests to be invited: health care providers: ISJ/Mayo Hospital & Clinics, Mankato Clinic System, physical therapists, dietitians, Public Health – Blue Earth and Nicollet Counties; United Way; School District; YMCA; YWCA; Nutrition Educators: MSU, SCC, Gustavus, Bethany, U of M extension; Region 9; churches; service groups; businesses (Kato Light)

Timeline: 6 months

Resource Needs/Options: Blue Cross/Blue Shield, MDH, health care providers, graduate students, private and public grant funding, professional associations

2. Develop professional resources and corporate sponsors to provide more educational opportunities to consumers regarding healthy choices (e.g. serving sizes, calories, fat content, allergy warnings, etc.

Responsible Parties: A sub-committee that emerges from the convening; health care providers: ISJ/Mayo Hospital & Clinics, Mankato Clinic System, physical therapists, dietitians, Public Health – Blue Earth and Nicollet Counties; United Way; School District; YMCA; YWCA; Nutrition Educators: MSU, SCC, Gustavus, Bethany, U of M Extension; Region 9; churches; service groups; businesses (Kato Light)

Timeline: 9 months/ongoing

Resource Needs/Options: Blue Cross/Blue Shield, MDH, health care providers, graduate students, private and public grant funding, professional associations

3. Campaign and network with existing agencies working on incorporating physical activity into daily living.

Responsible Parties: Health care providers: ISJ/Mayo Hospital & Clinics, Mankato Clinic System, physical therapists, dietitians, Public Health – Blue Earth and Nicollet Counties; United Way; School District; YMCA; YWCA; nutrition educators: MSU, SCC, Gustavus, Bethany U of M Extension; Region 9; churches; service groups; businesses (Kato Light)

Timeline: 12 months

Resource Needs/Options: Blue Cross/Blue Shield, MDH, health care providers, graduate students, private and public grant funding, professional associations

4. Encourage restaurants to provide better nutritional information about the food they serve (e.g. serving sizes, calories, fat content, allergy warnings).

Responsible Parties: Health care providers: ISJ/Mayo Hospital & Clinics, Mankato Clinic System, physical therapists, dietitians, Public Health – Blue Earth and Nicollet Counties; United Way; School District; YMCA; YWCA; nutrition educators: MSU, SCC, Gustavus, Bethany U of M Extension; Region 9; churches; service groups; businesses (Kato Light)

Timeline: 12 months

Resource Needs/Options: Blue Cross/Blue Shield, MDH, health care providers, graduate students, private and public grant funding, professional associations

5. Seek legislative action to increase insurance coverage for nutrition education

Responsible Parties: Health care providers: ISJ/Mayo Hospital & Clinics, Mankato Clinic System, physical therapists, dietitians, Public Health – Blue Earth and Nicollet Counties; United Way; School District; YMCA; YWCA; nutrition educators: MSU, SCC, Gustavus, Bethany U of M Extension; Region 9; churches; service groups; businesses (Kato Light)

Timeline: Ongoing

Resource Needs/Options: Blue Cross/Blue Shield, MDH, health care providers, graduate students, private and public grant funding, professional associations

Goal 2:

Prevention and Wellness Reduce the Number of Greater Mankato Residents who Smoke.

Rationale:

Smoking and the exposure to second hand smoke is a significant health risk.

Strategy:

Use a community asset-building approach to promote smoking prevention throughout the community.

Action Steps:

1. Perform an assessment of legal ramifications for selling cigarettes to minors (both businesses and adults), as well as the legal ramifications for minors who are caught smoking.

Parties to be Invited to Participate: Convener to be identified; Smoke Free Coalition; Health Care providers: ISJ/Mayo Hospital & Clinics, Mankato Clinic System, Public Health – Blue Earth and Nicollet Counties; schools; law enforcement; city officials; MAHY; faith community; post-secondary education: MSU, SCC, Gustavus, Bethany

Timeline: Immediate

Resource Needs/Options: Time of participants; Blue Cross/Blue Shield, UCare, MDH, health care providers, graduate students, private and public grant funding, professional associations

2. Recognize and support nonsmoking facilities in North Mankato and surrounding areas around the state.

Parties To Be Invited to Participate: Smoke Free Coalition; health care providers: ISJ/Mayo Hospital & Clinics, Mankato Clinic System, Public Health – Blue Earth and Nicollet Counties: Schools; law enforcement; city officials; MAHY; faith community; post-secondary education: MSU, SCC, Gustavus, Bethany

Timeline: Ongoing

Resource Needs/Options: Time of participants; Blue Cross/Blue Shield, UCare, MDH, health care providers, graduate students, private and public grant funding, professional associations

3. Create, distribute and provide training for an educational toolbox/campaign to be used by a variety of community organizations.

Parties To Be Invited to Participate: Smoke Free Coalition; health care providers: ISJ/Mayo Hospital & Clinics, Mankato Clinic System, Public Health – Blue Earth and Nicollet Counties: Schools; law enforcement; city officials; MAHY; faith community; post-secondary education: MSU, SCC, Gustavus, Bethany

Timeline: Ongoing

Resource Needs/Options: Time of participants; Blue Cross/Blue Shield, UCare, MDH, health care providers, graduate students, private and public grant funding, professional associations

4. Support a legislative agenda to ban smoking in public facilities at the state and local level.

Responsible Parties: City/county officials, state legislators, citizens

Timeline: Immediate

Resource Needs/Options: Citizens; Blue Cross/Blue Shield, UCare, MDH, health care providers, graduate students, private and public grant funding, professional associations

Goal 3:

Prevention and Wellness - Increase activity and meaningful social interaction of individual of all ages.

Rationale:

Social isolation leads to physical and emotional distress, increasing risk for a number of chronic conditions.

Strategy:

Optimize opportunities to increase intergenerational activities.

Action Steps:

1. Promote neighbor block parties and other community building projects (e.g. neighborhood watch, walking school bus).

Parties To Be Invited to Participate: Lead to be determined; Chamber of Commerce; city officials; Community Education; individuals; neighbors and neighborhoods; community organizations: YMCA, YWCA, United Way, CAR, La Mano, Open Door, Diversity Council, faith community, students, schools, Mankato Area Healthy Youth

Timeline: Ongoing

Resource Needs/Options: Blue Cross/Blue Shield; United Way; Asset Building Institute

2. Encourage neighborhoods to do their own asset assessment and form neighborhood associations.

Parties To Be Invited to Participate: Lead to be determined; Chamber of Commerce; city officials; Community Education; individuals; neighbors and neighborhoods; community organizations: YMCA, YWCA, United Way, CAR, La Mano, Open Door, Diversity Council, faith community, students, schools, Mankato Area Healthy Youth

Timeline: Ongoing

Resource Needs/Options: Blue Cross/Blue Shield; United Way; Asset Building Institute

3. Create opportunities for intergenerational projects across the lifespan (mentoring, sharing skills, hobbies, knowledge, labor)

Parties To Be Invited to Participate: city officials; Community Education; individuals; neighbors and neighborhoods; community organizations: YMCA, YWCA, United Way, CAR, La Mano, Open Door, Diversity Council, faith community, students, schools, Mankato Area Healthy Youth

Timeline: Ongoing

Resource Needs/Options: Blue Cross/Blue Shield; United Way; Asset Building Institute

Health and Human Services Sub-Category:

Access to Health Care

Goal 1:

Access to Health Care: Ensure access to physical health care for a growing diverse and under-served population.

Rationale:

Since 1900, the percentage of Americans age 65+ has more than tripled from 4.1% of the population to 12.4% of the population in 2000. In 2000 in the U.S. there were 35 million people over the age of 65- representing one in every 8 Americans. As the Baby Boomers age, by 2030, 70 million Americans-twice their number in 2000-will be 65+. At the point, older Americans will comprise 20% of the U.S. population, representing one in every 5 Americans.

The Mankato community is becoming increasingly diverse. An increasing number of residents, region wide, are relying on Open Door Health Center as a means to access health care.

Fewer employers are offering comprehensive health care coverage to employees. The ability to meet co-pays for drugs and preventative health care services is a challenge for many. Funding sources for non-profits is increasingly reduced, jeopardizing services for at-risk populations.

Strategy 1:

Develop a case management system to meet the needs of a growing diverse population.

Action Steps:

1. Create a committee to review what is currently being done to respond to and provide physical health care for an increased diverse population (case management, interpreters, bilingual staff, etc.)

Parties To Be Invited to Participate: Affected governmental agencies: Residency Program/ISJ-Mayo; OFC; Mankato Clinic; Open Door Health Center; Regional Medical Facilities; include leaders from the affected communities

Timeframe: Immediate

Resource Needs/Options: To be determined

2. Identify potential partners to ensure Open Door and ISJ Residency Program can continue to be viable long-term in the Mankato community.

Parties To Be Invited to Participate: Residency Program/ISJ-Mayo; OFC; Mankato Clinic; Open Door Health Center; regional medical facilities

Timeframe: Immediate

Resource Needs/Options: To be determined

3. Sustain the mission and vision of Open Door in the Mankato community.

Parties To Be Invited to Participate: Residency Program/ISJ-Mayo; OFC; Mankato Clinic; Open Door Health Center; regional medical facilities

Timeframe: Immediate

Resource Needs/Options: To be determined

Measures of Success:

Greater Mankato residents will have access to health care services.

Goal 2:

Improve access to dental health care.

Rationale:

Dental health care is a crucial part of overall health care. Most dentists do not accept patients on public health care programs or are already at their 20% maximum.

Strategy:

Develop emergency care for uninsured/MA (community-based dental programs) and create legislative action to increase access for MA patients.

Action Steps:

1. Convene a forum to conduct a more in-depth assessment of contributors to dental access issues and provide recommendations.

Parties to be Invited to Participate: Convener to be determined; Open Door Health Center, MSU Dental Program, SCC Dental Program, ISJ-Mayo Health System, Appletree Dental (Madelia), AHAC

Timeline: 2007-2008 (24 months)

Resource Needs/Options: To be determined

2. Leverage support for existing community programs that already meet this need in the community (e.g. Open Door Health Center).

Parties to be Invited to Participate: Open Door Health Center, MSU Dental Program, SCC Dental Program, ISJ-Mayo Health System, Appletree Dental (Madelia), AHAC

Timeline: 2007-2008 (24 months)

Resource Needs/Options: To be determined

3. Explore the idea of bringing U of M Outreach students to Mankato

Parties to be Invited to Participate: Open Door Health Center, MSU Dental Program, SCC Dental Program, ISJ-Mayo Health System, Appletree Dental (Madelia), AHAC

Timeline: 2007-2008 (24 months)

Resource Needs/Options: To be determined

Goal 3:

Ensure affordability of local health care.

Rationale:

Fewer employers are offering comprehensive health care coverage to employees. The ability to meet co-pays for drugs and preventative health care services is a challenge for many. Funding sources for non-profits is increasingly reduced, jeopardizing services for at-risk populations. Intervention must be taken to change these trends.

Strategy:

Ensure a competitive and consumer-driven health care market in Mankato.

Action Step:

1. Support processes and public policy that ensure a level playing field and remove development and legislative restrictions.

Parties to be Invited to Participate: Mankato Clinic; ISJ-Mayo; OFC; local legislative delegation, government (city and county); third-party payers; South Central Coop

Timeline: Ongoing

Resource Needs/Options: To be determined

Measure of Success:

There will be an open and competitive health care market in Mankato.

Goal 4:

Improve access to mental health care.

Rationale:

Current psychiatrists in the region are becoming older. Payment for psychiatry services is not equitable to primary health care, creating provider shortages. Currently for Psychiatrists per 100,000 people, the National Average is 16. In Minnesota, the average number is 10.

Strategy:

Produce legislative action to remove discrepancies in reimbursement to mental health professionals

Action Steps:

1. Invite the appropriate staff member from the Department of Human Services to discuss what the state is doing to facilitate access to mental health services statewide.

Parties to be Invited to Participate: Local medical community; Association of MN Counties; MN Medical Assn.; MN Hospital Assn.; county government; South Central Community-based Initiative
Timeline: 2007 (12 months)
Resource Needs/Options: To be determined

2. Pull together stakeholders to determine what a legislative strategy should look like.

Parties to be Invited to Participate: Local legislative delegation
Timeline: 2007 (12 months)
Resource Needs/Options: To be determined

3. Leverage existing lobbying machines to focus on this issue.

Parties to be Invited to Participate: Local medical community; Association of MN Counties; MN Medical Assn.; MN Hospital Assn.; county government
Timeline: 2007 (12 months)
Resource Needs/Options: To be determined

Measures of Success:

Information is provided to legislators, resulting in legislative change.

Health and Human Services Sub-Category:

Planning for an Aging Population

Goal 1:

Create a community plan for an aging population.

Rationale:

Factors such as demographics, health issues, and needs of the aging population are rapidly changing. A vibrant intergenerational community holds in high priority the need to keep the aging population healthy and vibrant.

Strategy:

Optimize opportunities for elders in the six areas of wellness: social, intellectual, physical, spiritual, occupational, and emotional (National Wellness Institute).

Action Steps:

1. Using the asset-building approach, convene a forum to bring together community organizations to establish a unified vision of lifelong wellness and define goals, objectives, and priorities to fulfill the vision.

Parties to be Invited to Participate: Chelsey Breakfast Group (convener); elders & elder-centered organizations; Summit Center; VINE Faith in Action; MNRAAA; AgeWell Network; MAGEC South; MSU: Gerontology, Human Performance, Community Health, Social Work, Psychology, Sociology, Family & Consumer Science, Center on Aging; Recreation; Parks & Leisure, Vital Aging Network;

MSU for Seniors; faith communities; city and county officials; County Public Health and Human Services; health care providers; United Way; YMCA; YWCA; business

Timeline: 6 months

Resource Needs/Options: Summit presenters: Karl Samp, Partners for Livable Communities, Board on Aging

2. Create strategic partnerships to implement priorities

Parties to be Invited to Participate: Chelsey Breakfast Group; elders & elder-centered organizations; Summit Center; VINE Faith in Action; MNRAAA; AgeWell Network; MAGEC South; MSU: Gerontology, Human Performance, Community Health, Social Work, Psychology, Sociology, Family & Consumer Science, Center on Aging; Recreation; Parks & Leisure, Vital Aging Network; MSU for Seniors; faith communities; city and county officials; County Public Health and Human Services; health care providers; United Way; YMCA; YWCA; business

Timeline: 3 months

Resource Needs/Options: All parties involved to reach out to strategic allies

3. Seek funding to support implementation

Parties to be Invited to Participate: Chelsey Breakfast Group; elders & elder-centered organizations; Summit Center; VINE Faith in Action; MNRAAA; AgeWell Network; MAGEC South; MSU: Gerontology, Human Performance, Community Health, Social Work, Psychology, Sociology, Family & Consumer Science, Center on Aging; Recreation; Parks & Leisure, Vital Aging Network; MSU for Seniors; faith communities; city and county officials; County Public Health and Human Services; health care providers; United Way; YMCA; YWCA; business

Timeline: Ongoing

Resource Needs/Options: Southern Minnesota Initiative Foundation, city and county funding lines, medical community, etc.

Measures of Success:

Vision is funded and implemented.

Strategy 2:

Undertake long-range planning for state-of-the-art facilities:

Action Steps:

1. Work with the KPA implementing the Livability strategy on facilities to ensure that the needs of an aging population are addressed.

Parties to be Invited to Participate: Livability Committee; elders & elder-centered organizations; Summit Center; VINE Faith in Action; MNRAAA; AgeWell Network; MAGEC South; MSU: Gerontology, Human Performance, Community Health, Social Work, Psychology, Sociology, Family & Consumer Science, Center on Aging; Recreation; Parks & Leisure, Vital Aging Network; MSU for Seniors; faith communities; city and county officials; County Public Health and Human Services; health care providers; United Way; YMCA; YWCA; business

Timeline: Within 6 months upon the completion of Envision 2020

Resource Needs/Options: The time and expertise of those who represent the Aging Population subcommittee in this process.

2. Visit several models of successful Senior Centers.

Parties to be Invited to Participate: Livability Committee; elders & elder-centered organizations; Summit Center; VINE Faith in Action; MNRAAA; AgeWell Network; MAGEC South; MSU: Gerontology, Human Performance, Community Health, Social Work, Psychology, Sociology, Family & Consumer Science, Center on Aging; Recreation; Parks & Leisure, Vital Aging Network; MSU for Seniors; faith communities; city and county officials; County Public Health and Human Services; health care providers; United Way; YMCA; YWCA; business
Timeline: Within 12 months upon the completion of Envision 2020
Resource Needs/Options: Permission to visit senior centers; cost of transportation to model sites.

Measures of Success:

A viable proposal for state of the art facilities to enhance the livability of our community for the aging population is presented to appropriate local government bodies.

Strategy 3:

Optimize appropriate housing options for seniors.

Action Steps:

1. Convene a symposium on best practices in housing options for seniors.

Parties to be Invited to Participate: City and county officials and agencies (zoning, planning, etc.); developers, architects, mortgage, GMED; Construction Management students; elders and elder centered organizations; State Board on Aging (Healthy Communities Initiative); MNR AAA; Region 9; MSU for Seniors
Timeline: 12 months
Resource Needs/Options: Time and expertise of parties involved, Southern Minnesota Initiative Foundation, graduate student (URSI/Gerontology), Wells Fargo

2. Conduct gaps and needs analysis.

Parties to be Invited to Participate: City and county officials and agencies (zoning, planning, etc.); developers, architects, mortgage, GMED; Construction Management students; elders and elder centered organizations; State Board on Aging (Healthy Communities Initiative); MNR AAA; Region 9; MSU for Seniors
Timeline: 15 months
Resource Needs/Options: Time and expertise of parties involved, Southern Minnesota Initiative Foundation, graduate student (URSI/Gerontology), Wells Fargo

3. Seek partners, developers, and funding support.

Parties to be Invited to Participate: City and county officials and agencies (zoning, planning, etc.); developers, architects, mortgage, GMED; Construction Management students; elders and elder centered organizations; State Board on Aging (Healthy Communities Initiative); MNR AAA; Region 9; MSU for Seniors
Timeline: Ongoing
Resource Needs/Options: Time and expertise of parties involved, Southern Minnesota Initiative Foundation, graduate student (URSI/Gerontology), Wells Fargo

4. Create a demonstration project that optimizes best practices in housing and neighborhood development.

Parties to be Invited to Participate: City and county officials and agencies (zoning, planning, etc.); developers, architects, mortgage, GMED; Construction Management students; elders and elder centered organizations; State Board on Aging (Healthy Communities Initiative); MNR AAA; Region 9; MSU for Seniors

Timeline: To Be Determined

Resource Needs/Options: Time and expertise of parties involved, Southern Minnesota Initiative Foundation, graduate student (URSI/Gerontology), Wells Fargo

Measures of Success:

A demonstration project is intentionally designed and built to keep the aging population of our intergenerational community healthy and vibrant.

Strategy 4:

Maximize opportunities for older adults to enhance the well being of the community through volunteerism and/or paid employment.

Action Steps:

1. Collect best practices of communities that have successfully supported the participation of older adults in the areas of Civic Engagement, Arts and Culture, Education, Health and Wellness, and Employment.

Responsible Parties: MSU: Center on Aging, MSU for Seniors and others

Timeline: Within 24 months

Resource Needs/Options: Graduate research assistants, university faculty

2. Conduct an assets analysis in these key areas.

Responsible Parties: Business community, GMED, city & county officials, AgeWell Network, United Way, MNR AAA, Region 9

Timeline: Within 30 months

Resource Needs/Options: Public agencies, nonprofits, business community

3. Provide technical assistance to businesses and organizations seeking to incorporate best practices in support of older adults.

Responsible Parties: Public, private and nonprofit organizations; city and county officials and agencies

Timeline: 24 months

Resource Needs/Options: Time and expertise of professional, business and non-profit organizations and public officials

5. Affirm and acknowledge successes

Responsible Parties: City, county, Chamber of Commerce, nonprofit organizations

Timeline: 24 months

Resource Needs/Options: Awards, Chamber highlights, local press, other media