Recognizing the epidemic status of chlamydia among young people in Minnesota, the Department of Health's STD/HIV and TB Section strategically chose to go beyond disease intervention models and directly engage community in prevention efforts.

Kandyidi County

This rural Minnesota community had already formed the "Coalition for Health Adolescent Sexualities" (CHAS) when they joined the MCP and received funding from MDH.

COMMUNITY ENGAGEMENT

Kandyidi County used a Collective Leadership model for a community planning process that enabled collaboration between polarized perspectives.

PRIORITY STRATEGY

Participants were to focus on a forum for their work: to promote parent-teen communication.

PARENT CAMPAIGN

Working in partnership with the U of M and Hennepin County, the collaborative conducted a series of webinars promoting the Toolkit to providers. The goal is to improve screening policies, sexual health interviewing and better reach the high needs of adolescents and young adults.

CRUSH

MDH also funded an urban demonstration site in North Minneapolis. During their monthly meetings, the coalition solidified a core group of actively participating members who collaborated to:

- Conduct a youth panel and community forum
- Create a Strategic Community Plan
- Reach consensus on vision, mission and goals

RE-BrANDING

They embarked on a re-branding process to develop a name (CRUSH) and visual identity to represent partnership and the work being done.

IMMANENTABILITY

The team also secured a grant to continue the work of CHAS and to conduct a "provider packet" for health care practitioners to share with the parents of teens.

Community Action Strategies

Health Plan Consortium

The collaborative created and distributed a Provider Toolkit that includes:

- Current information on the status of the disease
- Sample office protocols
- Resources for clinics, patients and parents
- Summaries of four Minnesota clinics with successful chlamydia screening efforts

Public Health Response: Community Engagement

The Minnesota CHlamydia Partnership

FUNDING

MDH's work was supported by a one time, $10K grant from the National Coalition for Sexual Health.

THE SUMMIT

MDH leveraged their relationships and involvement in Minnesota's strong sexual health and youth serving communities to a day-long Summit to discuss data and solutions.

PARTICIPANTS

Over 170 individuals attended – nearly half were from rural communities who joined via video-conference.

Priorities

Support participants agreed:

- All Minnesotans benefit from information about sexual health; messages should offer positive images of sexuality and be applicable to people of all ages
- Comprehensive sexuality education should be mandatory for all students in Minnesota schools
- Testing for chlamydia and gonorrhea should be a part of every routine doctor's office visit
- Funding is needed for testing, treatment, Expedited Partner Therapy (EPT) and partner notification
- The general public needs more information on the epidemic and how it impacts the state of Minnesota

WORKGROUPS

Post Summit, participants formed workgroups to inform a statewide strategy: Action teams, with draft goals and objectives, discussed implementation and evaluation issues, recommended tactics for implementing new ideas or building on existing services.

The Strategy

Based on the workgroup recommendations, the strategy document was organized into content areas:

- Drafting & Policy
- Raising Community Awareness
- Education in Communities
- Clinical Issues: Screening & Treatment
- Accessible & Affordable STI/STD Services

The Work Continues

Today the Minnesota CHlamydia Partnership (MCP) provides local health departments, community coalitions and organizations with data, prevention strategies, parent information and professional development opportunities.

- The Strategic Document guides partners' chlamydia prevention efforts.
- A logic model informs the MCP's collective work.
- On-going participation elevates attention to chlamydia prevention in partner organizations.
- Partners actively collaborate on projects to inform clinic practices, engage local communities and support practices of peers.

Contact

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Situation: Chlamydia Epidemic in Minnesota

In fact, rural and suburban counties account for over half of the chlamydia infections among young people. Not surprisingly, Minnesota counties with the highest rates of chlamydia infection are often those with the least resources and the greatest challenges.

Disparities persist

While Minnesota might be recognized as a national leader in quality of life, we continue to see some of the largest racial and economic disparities.

Rates continue to Increase ~ Resources do not

Chlamydia is the most commonly reported infectious and sexually transmitted disease. Our lack of investment comes with economic and social costs.

Outreach & Resources

The MCP leveraged the work of the Summit and community input to create a factsheet, magazine-style publication and web site to:

- Inform and engage community members
- Support efforts to recruit potential partners
- Frame the issue to align with MCP values and priorities
- Promote the work of MCP partners

To encourage increased awareness in their own organizations, MCP partners also have access to customized, digital resources:

- Newsletter articles
- Presentations
- Talking points
- Data, charts, graphs

The Partners

Blue Cross/Blue Shield

Minnesota Health Plan

Health Partners

HealthStart/Well Side Community Health Services

Hennepin County Public Health

Kandyidi County Public Health

Minnesota DHHS Department of Health and Family Support

MN Dept of Education

MN Dept of Health

North Point Health and Wellness Center

Planned Parenthood of MN, ND & SD

Rainbow Health Initiative

Ramsey County Public Health

Stratis Health

Telomina Minnesota" UCare

University of Minnesota: Healthy Youth Development/Prevention Research Center* YNCA

*Youthprise partners associated with MCP Family Summit planning