

Healthy Minnesota Partnership Meeting: February 11, 2025

VIRTUAL WEBEX MEETING

Meeting summary

The goal of this meeting was to adopt the statewide health improvement framework. Staff provided background and reviewed objectives and strategies for 3 health priorities:

- Belonging, wellbeing and substance use prevention
- Health and housing
- Equitable access and care.

Attendees engaged in questions and discussion before being polled to assess support for adopting the improvement framework. **The improvement framework was adopted for implementation.**

Out of 45 people who responded, 41 people (91%) supported the Healthy Minnesota Partnership adopting the plan for 2025 – 2029 and 4 people (9%) selected “I can be convinced but I have reservations.” Staff provided an overview of what’s coming up with implementation and invited attendees to complete a survey to help prepare. The improvement framework will be posted in a final design with executive summary.

Meeting notes

Welcome and introductions

Healthy Minnesota Partnership co-chair Sarah Grosshuesch (Local Public Health Association) opened the meeting and informed the Partnership that Assistant Commissioner Sarabia (former co-chair) accepted a position with Ramsey County effective January 2025. Sarah introduced Chelsea Huntley as the interim co-chair until a new Assistant Commissioner is named. Co-chairs read the Tribal state relations statement and reviewed the Healthy Minnesota Partnership vision, values and guiding principles.

Introductions included interactive polling and small group introductions in breakout rooms. Out of 62 attendees who participated in a warmup poll, 16 people (26%) were attending for the first time, 28 people (45%) had attended 1 or 2 meetings, and 17 people (27%) have attended 3 or more meetings, and 1 person was unsure. Attendees shared they were attending the meeting to hear about the statewide health improvement framework, support the Healthy Minnesota Partnership, learn more, connect and collaborate with others, advocate for public

health, explore alignment with local community health assessments and improvement plans, and more.

Partnership co-chairs also acknowledged the uncertainty of the current state and federal political climate and ripple effects of decisions at various levels on systems, partners, and communities. Reaffirmed commitment to the Partnership working together and encouraging individual and collective wellbeing.

Statewide health improvement framework

Interim Partnership co-chair, Chelsie Huntley opened the discussion:

- Thanked everyone involved in supporting this process, including the steering committee, workgroups, and partnership members
- The Healthy Minnesota Partnership is committed to its vision, values, and principles
- Despite uncertainty about the future, the improvement framework is still relevant with its focus on strengthening our relationships and collaboration, expand health in all policy approaches, continue to change narratives, and focus on assets-based approaches
- As a living and evolving framework, we can adjust or add new strategies across the next five years as the future becomes clearer.

Updates and background

MDH staff provided an overview of the process to develop the improvement framework.

- It is a multi-year action plan that includes health priorities, objectives, strategies, and a plan to monitor progress that will be implemented by the Partnership from 2025 – 2029.
- It is a living and dynamic document that can evolve during implementation. It may be used to identify areas for collective action and coordination, advance health in all policy approaches, shift narratives or mental models, and implement more asset-based approaches.

Staff shared what happened since the November 20 Partnership meeting.

- All four Health Priority workgroups met twice in November to generate strategy ideas and provide input on population health indicators.
- Three health priorities were confirmed in December by combining mental health and wellbeing with substance use prevention because one of the adopted objectives overlapped both topics and folks continued to identify the connection between mental health and substance misuse. Health priorities were renamed to reflect:
 - Belonging, wellbeing, and substance use prevention
 - Health and housing
 - Equitable access and care.
- The steering committee reviewed strategy ideas in early January.

- A draft improvement framework was sent to all steering committee, health priority workgroup, and partnership members in January for review and comments.
- Staff provided summary of feedback and discussed how to address some input with the steering committee before updating the draft for the 2/11/2025 Partnership meeting.

Improvement framework and health priorities overview

Staff provided an overview of the improvement framework, which includes background, a description of the health priorities, overview of implementation (what's next), methods, glossary, and several appendixes. MDH staff reviewed the objectives and strategies for the three health priorities:

- Belonging, wellbeing and substance use prevention
- Housing and Health
- Equitable Access and Care

For the full objectives and strategies, see the PowerPoint slides or full Statewide Health Improvement Framework document.

Discussion

Question: will the improvement framework include any short-term measures? *Response:* Yes, we are planning to include process measures to track the implementation strategies and objectives. They will be developed and included in annual reports and workplans.

Question: can you share an example of process measures? *Response:* These will be developed and may include things such as number of new partners made or policies identified. These will be shared as we move into the first year of implementation.

Comment: concerned about absence of aging-related indicators. There is a growing population over 65 years and policies are needed to support aging. Current community resources are not enough. Aging services primarily focus on social policies other than community-based health aging initiatives. *Response:* The statewide health improvement framework is not a comprehensive data report. The statewide health assessment highlights availability of aging-related data. Multiple populations, including people across the lifespan, are considered in discussion to develop the improvement framework, and the Partnership and workgroups will think about populations when working to implement objectives and strategies. The objectives and strategies can incorporate aging concerns.

Question: will these slides be shared? *Response:* Yes, we will share them with meeting notes

Question: How will Minnesota's budget deficits affect the framework's implementation?

Response: The Partnership doesn't dictate funding decisions for the Department of Health. All organizations will need to adjust, and the collective action of the Healthy Minnesota Partnership will continue.

Question: Are other state agencies involved? *Response:* Yes, the department of Transportation, Health and Human Services, Corrections, and Minnesota Pollution Control Agency are all current members. The Partnership is open and welcome other state agencies to participate.

Question: Are you working with the deaf, blind and hard of hearing communities? It's important to make sure information is available in American Sign Language (ASL). *Response:* Although we included a video for the Statewide Health Assessment online in ASL (and other languages) we did not specifically work with this community but welcome building this relationship.

Consensus activity

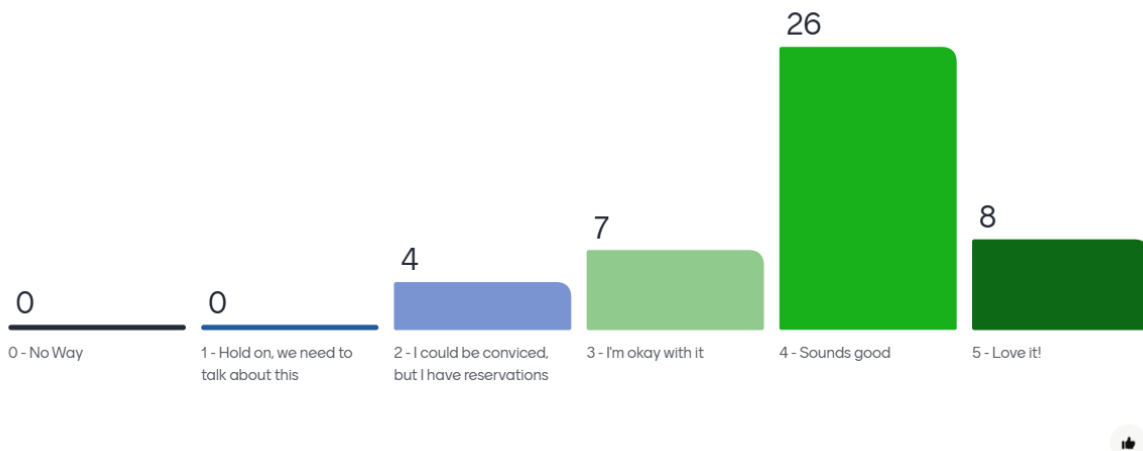
A poll was used to assess support for the Healthy Minnesota Partnership moving forward with the Statewide Health Improvement Framework. Attendees selected their level of support using a five-point scale. Of 45 attendees who responded to the poll, 91% indicated agreement (selected 3 to 5) with adopting the improvement framework.

- 5 (Love it): 8 (18%)
- 4 (sounds good): 26 (58%)
- 3 (I'm okay with it): 7 (16%)
- 2 (I could be convinced but I have reservations): 4 (9%)
- 1 (Hold on, we need to talk about this): 0
- 0 (No way!): 0

Join at menti.com | use code **6864 8941**

ALL TOPICS

How strongly do you support the Healthy Minnesota Partnership moving forward with the Statewide Health Improvement Framework?



Discussion

Staff confirmed the improvement framework was adopted and opened discussion to hear reactions and concerns. Comments included

- I would love a more visual representation of the framework or a one-page summary, if possible, the document isn't the most digestible
- I voted a 4 because the priorities and goals are in alignment with HealthPartners Community Health Needs Assessment (CHNA) work, which are: Mental health & wellbeing, social drivers of health, and access to care.
- I voted 4 instead of 5: recommend calling out more specific group. Our local CHNA also aligns with the health priorities.
- I feel like the plan addresses the overarching needs of the state. Each community/counties need to work on making it fit the needs of their communities.
- It would be swell if communities focused more on creating stakeholders from the 65+ population. People who are aging are always a focus group and rarely a stakeholder. (Note: The Board on Aging is also a member of the Partnership and involved in this process.)
- Staff encouraged anyone who indicated that they “could be convinced, but I have reservations” could share feedback during or after the meeting, by contacting staff.

Implementation: Looking ahead

MDH staff shared an overview of plans for implementation. This included a reminder that according to the Public Health Accreditation Board, “effective community health improvement plans should not be stagnant, but dynamic to reflect the evolving needs of the population served. Health departments should continuously work with multi-sector partnerships to evaluate and improve the community health improvement plan.” Implementation will be collaborative and involve multiple groups and partners. It will be led by the Partnership and the Steering Committee will continue to provide consultation and guidance. Health priority workgroups will continue to meet to help implement the strategies. Workgroups will include current members who are interested in continuing to support this work, and open recruitment will bring new partners to the table. There may also be opportunities for ongoing partner and community engagement where it aligns with objectives and strategies. Steps for year one include establishing and supporting these ongoing workgroups, determine workplans and ongoing engagement and capacity building, and creating a system to track progress.

No discussion or questions.

Meeting adjourned

Partnership co-chair Sarah Grosshuesch & Chelsie Huntley adjourned the meeting at 2:45pm.

Attendance

A total of 94 people attended the meeting. Attendees are listed alphabetically by first name.

Healthy Minnesota Partnership member organizations

Co-chairs: Sarah Grosshuesch (Local Public Health Association), Chelsie Huntley (Interim, Minnesota Department of Health).

Representatives: Alyssa Wetzel-Moore (Minnesota Housing Finance Agency), Amy Reineke (Local Public Health Association), Annie Halland (Health Care Systems), Claire Fleming (American Heart Association), DeDee Varner (Health Care Systems), Heather Peterson (American Heart Association). Jim McKinstra (Board on Aging), Matt Flory (Minnesota Public Health Association), Mike Thiel (Minnesota Pollution Control Agency), Michele Trumpy (University of Minnesota, Boynton)

Attendees and Partners

Alexandra De Kesel Lofthus (community member), Alycia Lopez (Ucare), Amber Ahonen (Medica), Angie Hasbrouck (Horizon Public Health), Ann Bussey (Community member), Annika Peterson (Sherburne County), Cheryl Elj (Saint Louis County), Crystal Myslajek (MDH), Cynthia Swanlaw (community member), Danie Watson (Watson Group Marketing), Dasharath Yata (Sewa-Aifw), Debra Smith (Mino No Aya Win Clinic), Dr Halkeno Tura (MDH), Elizabeth Hagen (Anoka County Public Health), Emily Geray (MENTOR Minnesota), Emily Morrison (Carlton County), Erica Alley (MDH), Erika Guenther (Aitkin-Itasca-Koochiching Community Health Board), Erin Behnke (DVHHS), Erin Schwab (Brown County Public Health), Ethan Rindfleisch (Steel County Public Health), Farah Baig (DHS, Age Friendly Minnesota Council), Gale Boldt (Pfizer), Hanna Getacheww-Kreusser (Face to Face Health & Counseling), Hannah Resendiz Olson (Scott County), Janessa Bakken (Watonwan County Public Health), Jennifer Beaudette (Sibley County Public Health), Jessica Peterson (Horizon Public Health), Jill Collins Mattson (City of Bloomington), Jodi Walborn (Kanabec County), Kai Sin (Wright County Public Health), Karen Grasmon (MDH), Katie Albert (St Louis County Public Health), Katie Northness (HHS Iowa), Katie Hentges (MDH), Kenya Dalton (Face to Face Health & Counseling), Kim Milbrath (MDH), Kristen Godfrey Walters (MDH), Laura Stumvoll (St Cloud VA), Laura Turek (MDH), Laure Laughlin (Wadena County Public Health), Luke Ewald (DVHHS), Lily Rubenstein (MDH), Lindsay Nelson (HealthPartners), Lisa Syverson (Clearwater County Nursing Service), Lyndsey Reece (MDH), Megan Coleman (Wright County Public Health), Madelyn Backes (Sherburne County, Americorps), Mariah Geiger-Williams (MDH), Marie Malinowski (Blue), Marie Maslowski (Hennepin County), Mary Parsatoon (Carlton-Cook-Lake-St. Louis Community Health Board); Melissa Michels (MDH), Michelle Gin (MDH), Michelle Scharenbroich (MDH), Minister Dr. Ora Hokes (community member), Natalie Halverson (Scott County), Ndaya Kisongo (Wright County Public Health), Nicky Anderson (MDH), Nicole Ruhoff (Sherburne County), Nicole Weiler (Greater Twin Cities United Way), Reuben Moore (Minnesota Community Care), Rhonda Cornell (Minnesota State University, Mankato), Sarah Patrice Evans (MDH), Sheila Kiscaden (JJAC), Sonja Mertz (Minnesota Alliance on Problem Gambling), SuzAnn Stenso-Velo (St Paul Ramsey County Public Health), Sydney Bernard (Hennepin County Public Health), Tonayo Crow (sher/her, Anoka County), Tracy Terlinde (Chisago County Public Health), Valarie Stofferahn (MDH), Wynfred Russell (Anoka County Health Planning and Promotion).

4 people joined by phone, names unknown

Partnership Staff

Audrey Hanson, Ash Tilahun, Deanna White, Murphy Anderson, Tara Carmean

Minnesota Department of Health
Healthy Minnesota Partnership
635 North Robert Street
PO Box 64975
St. Paul, MN 55164-0975
health.healthymnpartnership@state.mn.us
www.health.state.mn.us

02/25/2025

To obtain this information in a different format, call: 651-201-3880