Healthy Minnesota Partnership Meeting Notes: September 10, 2024

LOCATION: HYBRID

Meeting summary

The Healthy Minnesota Partnership (the Partnership) held a hybrid meeting on Sept. 10 from 1 to 3 p.m. using Webex and the Wilder Foundation in Saint Paul, Minnesota.

Approximately 65 people attended the September meeting, representing multiple sectors, including community-based organizations, education, local public health, health care, and state agencies. The list of attendees' organizations is included on page 5.

Attendees reached consensus on four community-identified health priorities. Workgroups will form these topics and will recommend potential objectives and strategies to address them:

- Mental health and well-being
- Housing & homelessness
- Health care systems
- Substance use

Join a Health Priority Workgroup!

Consider participating on one of four virtual workgroups that will help recommend objectives and strategies for the statewide health improvement framework this fall. Workgroups will form around the following topics: mental health and well-being, housing & homelessness, health care systems, and substance use. Contact the Partnership for more information at health.healthymnpartnership@state.mn.us

RSVP for the next Partnership meeting: Nov. 20, 2024

November 20, 2024, 1 to 3 p.m., Hybrid meeting using Webex. RSVP to receive the meeting link and in-person location.

The RSVP link is posted on the Partnership webpage: https://www.health.state.mn.us/communities/practice/healthymnpartnership/index.html .

The goal of this meeting is to review and discuss proposed objectives for the statewide health improvement framework.

Meeting notes

The meeting was opened by the Healthy Minnesota Partnership co-chair Sarah Grosshuesch, representing the Local Public Health Association. A warmup poll showed that 11 people (23%) were attending for the first time, 21 people (45%) had attended 1 or 2 meetings, and 13 people (28%) have attended 3 or more meetings. 2 people were unsure. People then introduced themselves in small groups.

Partnership updates

New members

Sarah Grosshuesch welcomed one new member organizations and representatives: Minnesota Pollution Control Agency (Derek King).

Upcoming orientations

Nine people attended the orientation on Sept. 4. The next virtual orientation is Wednesday, Nov. 13 from 9a.m. – 10p.m. RSVP by emailing: health.healthymnpartnership@state.mn.us

Partnership Principles

Had a valuable discussion on proposal for updating Partnership Principles at the July 31 meeting. Revisions will be brought to Partnership at a future meeting.

Statewide health improvement framework

Healthy Minnesota Partnership co-chair, Assistant Commissioner Sarabia Minnesota from the Department of Health set the groundwork for the discussion:

- The improvement framework is a plan for all of us. It's not just owned by the Minnesota Department of Health. MDH helps facilitate and support the plan. The improvement framework isn't intended to advise or recommend what MDH should fund or focus on. The health assessment and improvement framework is intended to elevate systems level work.
- The goal is to identify four or fewer health priorities to move forward to work groups. If everything is a priority, nothing is a priority. Topics are interconnected and intersect so even if a topic wasn't elevated, it may still be apart of the cross-sectional and system-level work.
- Meeting goal: identify the topic(s) to move forward as potential health priorities for the statewide health improvement framework. This will identify what workgroups are needed. Workgroups will help define and recommend potential objectives and strategies. The November 20th meeting will focus on recommendations for objectives.

Overview

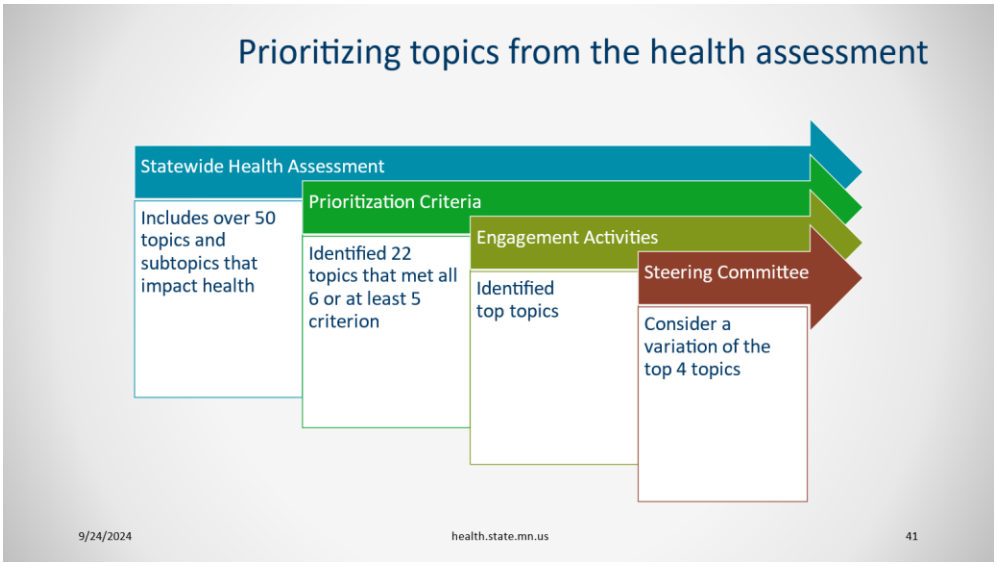
Staff started with a review of the components of the improvement framework. This includes health priorities, objectives and strategies to describe how the health department and community it serves works together to improve population health in Minnesota.

Staff then provided a re-cap of what activities and work has happened in 2024:

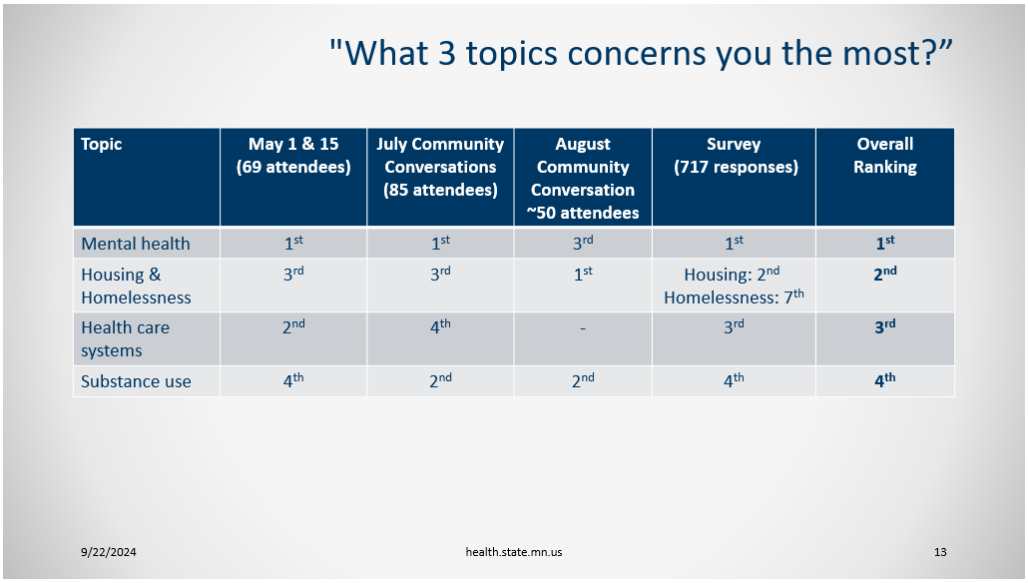
- April, 2024: Health assessment released
- May 1 & 15: Partnership meetings launched the improvement framework process
- June – August: Community Engagement Activities
    - July: six online community conversations
    - July – August: health priorities survey
    - August: two in-person community conversations
- July 31: Partnership meeting to review preliminary input
- August 23 & 27: Steering Committee meetings reviewing community input

A summary of demographics from the six July community conversations and respondents to the health priorities was also shared. A handout with full demographics was provided to meeting attendees prior to this meeting. The majority of folks providing input of both identified as white, not Hispanic or Latino, between the ages of 25-64, and female. For the community conversation participants, a greater number of respondents said they were from Greater MN and a majority of folks also said they were affiliated with local public health and a next larger group said they were affiliated with a community-based organization. For survey respondents, there was more of an equal split between respondents in Greater MN vs. the 7-county metro area.

Over 50 topics and subtopics from the statewide health assessment has been narrowed down using prioritization criteria, community engagement activities, and Steering Committee recommendations. There are past meeting notes on the Partnership's MDH website, that provides definitions of the prioritization criteria and how they were applied.



The top four issues arising to the top across all community engagement activities this summer are listed in the image below, and include: mental health & well-being, housing & homelessness, health care systems, and substance use. Another handout with the full table ranking results across all 22 topics was provided to meeting attendees before this meeting. This full table and the one shown below show how concerned folks are about them, but this is only a part of the community engagement input collected. Through the community engagement activities, MDH staff also collected a lot of qualitative comments and input from people about what about a topic concerns them, and what might be some actions or strategies for addressing it.



Topic	May 1 & 15 (69 attendees)	July Community Conversations (85 attendees)	August Community Conversation ~50 attendees	Survey (717 responses)	Overall Ranking
Mental health	1st	1st	3rd	1st	**1st**
Housing & Homelessness	3rd	3rd	1st	Housing: 2nd Homelessness: 7th	**2nd**
Health care systems	2nd	4th	-	3rd	**3rd**
Substance use	4th	2nd	2nd	4th	**4th**

Discussion regarding the four community identified topics and community engagement methods:

- HealthPartners is currently working on their community health needs assessment for 8 hospitals and identified similar top priorities: 1) Mental health, 2) Social drivers of health, 3) Access to care. Their report will be out by the end of 2024
- Reflection on how many of these areas are connected to other topics,
- What was the makeup of community conversation groups? There were 6 online community conversations in July that included people from local public health, community based organizations, state agencies, community members, health care, and other sectors. The August community conversation included people from American Indian communities in the metro area.
- Are there plans for community conversations or listening sessions between now and early 2025? There aren't specific sessions planned at this but we will recruit to get people representing many communities to participate on workgroups. We're also open to coming to do presentations for the statewide health assessment and improvement framework

Input profiles

Staff then reviewed findings from community engagement on these four topics, via input profiles (2-page summaries) sent to attendees prior to the meeting. Components of the input profiles included:

- **Identified cross-connecting topics:** A list of other assessment topics, named during engagement activities, that intersect or connect with the profile topic.
- **What came up during engagement:** Summaries of comments from engagement activities naming contributing factors, inequities, trends in numbers, populations, and geographic areas impacted or related to the profile topic.
- **Prioritization criteria:** Each profile contains how topic is appearing in local assessment and improvement planning work.

Staff walked through a summary of what came up during engagement for each of the four top topics. Then paused for any reactions or questions. Attendees were encouraged to log any ideas for objectives or strategies in Mentimeter parking lots for each topic.

Discussion during review of each profile:

Mental health and wellbeing:

- For the contributing factors under limited resources is that considered nontraditional as well? Answer from MDH Partnership staff: Yes
- For youth, what age does that go up to? Curious about young adults. Answer from MDH Partnership staff: Don't recall specific ages but this could be a suggestion for the work group
- Chronic illness maybe precursor to a mental health issue. For example, if someone is dealing with chronic pain and how they're feeling when they're at the doctor. Answer

from MDH Partnership staff: Discussed overlap, certainly, workgroups could dive into this more

- Stress is mentioned as a contributing factor but not trauma
- I like the idea of exploring how co-morbidities impact the priorities and would also have ties to aging and various diagnoses or disabilities.
- Clinical access to mental wellbeing. Not everyone is looking for clinical access but community resilience to help with mental health
- Committed to asset-based approach. But what is that self resilience or community resilience? What are examples of things that are working or what are the pieces of a community or individuals or families that are working to deal with mental health that are not related to seeking care?
- Were people asked about their military, veteran status. They aren't listed as a population. Answer from MDH Partnership staff: not specifically asked. This was just named in conversations doesn't mean that its not important
    - They die by suicide at a rate of 1.5 times non-veterans.
- Sense of belonging is a contributing factor? And voting/civic engagement
- Sense of belonging and engagement can come together as a huge contributing factor
- Were there any mention of any types of depression?
- I apologize I needed to hop off and back on, but wondering if the workgroups can consider the positive contributing factors vs. just negative?
- Aligns with the work of the partnership and how we've proposed to update one of the principles

Comments from in-person Parking lot:

- Complex trauma. Capacity to support space for critical mental health violent behaviors. Need for treatment homes, group homes

Comments from Menti Parking lot:

- Focus on both resiliency as a mental health strategy as well as increasing clinical opportunities.
- Most housing and homeless programs define homeless youth up to age 26.
- Role of social media/tech, specifically for young people
- Are social determinants of health, more or less covered in Contributing Factors?
- Lack of education about mental health.

Housing and Homelessness:

- Social workers – medicalization of social work and how you need some sort of diagnosis of deficit to get reimbursements to get services render. I want to acknowledge that's a system issue as well. Not always necessary to focus on the negative
- How do we work against the system that is based on a reactive deficit model? You have to have something wrong before you talk about health. What's the way to build health and wellness. Doesn't necessarily fit disease model. Sense of belonging – that's huge
- Are you able to define "lack of quality housing"? I am wondering if this encompasses remediation of lead, radon, pests, etc. Answer from MDH Partnership staff: we will look back at CE input. Something that work groups could consider and think about
- So much overlap between these topics. Domino affects with physical health. How are we considering that overlapping Venn diagram of all of these issues? Answer from MDH Partnership staff: We can continue to explore
- Person Centered Approaches and Human Centered Designs... needed in program and policy solutions...?? Or whole person approach
- We talked for extensive period of time about this. Thanks for raising this.
- Thinking about accessibility and persons with physical disabilities related to all of these topic
- Important to include persons with lived experience in these workgroups – strategy to make sure they're involved
- Wondering what the expectation is for workgroups, consider who is working on these things already. Yes, this is an issue, but who is already working on it and where is the role of the dept. of health. Answer from MDH Partnership staff: plan to discuss later in this meeting

Comment from in-person Parking lot:

- Complex trauma.

Comments from Menti Parking lot:

- Metro area: lack of affordable housing for families, older housing stock that also results in elevated lead levels in children, air quality is worse.
- A good model for housing and homelessness will be to focus on prevention and focus on asset-based, strengths-based interventions to persons already housed--to prevent persons from falling into homeless
- someone mentioned accessible housing, with that we need to also pair with accessible communities - especially rural.

Health care system:

No verbal or chat comments or discussion

Comment from in-person Parking lot:

- None

Comments from Menti Parking lot:

- Making enrolling in Medicaid and other MNsure health insurance programs easier and less complicated would be helpful.

Substance use:

- I am surprised the stigma of it didn't come up. Answer from MDH Partnership staff: Mentioned in inequities but good to think about!

Comment from in-person Parking lot:

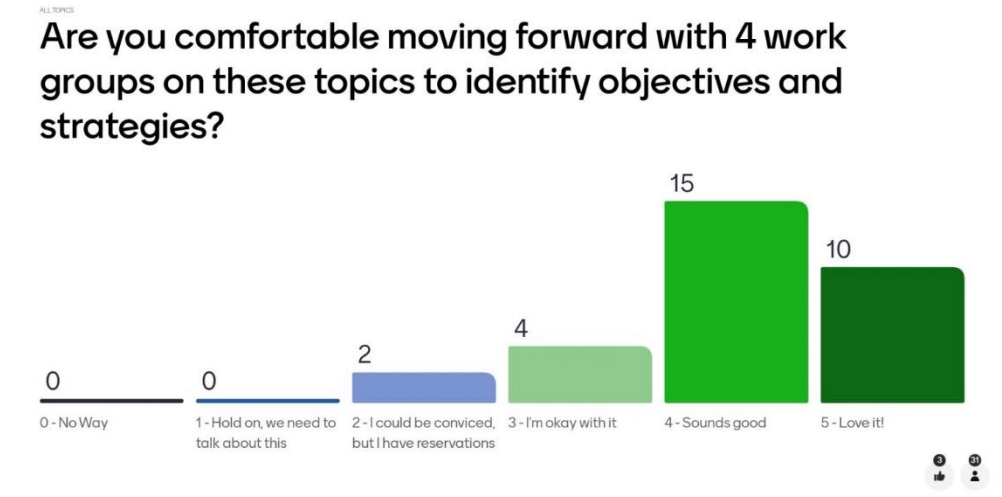
- Youth Services and in-patient resources

Comments from Menti Parking lot:

- It is important to remember that there are many positive signs in the treatment and remission of substance abuse such as peer support coaches, mentors, and 12-step support groups.

Reaching consensus to move forward

Attendees were asked to share their level of agreement with the Steering Committee's recommendation to move 4 topics forward to work groups, by using a 0-5 point scale referred to as "fist to five". Mentimeter was used to simultaneously collect input from in-person and virtual attendees.



Of all meeting attendees, 31 people responded to the question "Are you comfortable moving forward with 4 work groups on these community-identified topics?"

- 5 – love it: 32% (10 people)
- 4 – Sounds good: 48% (15 people)

- 3 – I'm okay with it: 13% (4 people)
- 2 – I could be convinced but I have reservations: 6% (2 people)
- 1 – Hold on, we need to talk about this: 0%
- 0 – No Way: 0%

Staff paused and invited the people with reservations to share their questions and concerns. No one shared verbally or via Webex chat. Tara invited them to email any questions and concerns to share with the Steering Committee and work groups.

Staff and co-chairs confirmed consensus with moving forward and creating four workgroups to recommend objectives and strategies.

Readiness Activity

Attendees were asked to consider the following questions as they relate to mental health and well-being, housing and homelessness, healthcare systems, and substance us

1. How is your organization already working on ____?
2. What other entities are currently working on ____?

Input was collected using a Webex whiteboard for online attendees and post-it notes and flip chart pages for in-person attendees. Results are compiled to help inform recruitment efforts and to by used by the Steering Committee and health priority work groups to consider what organizations the Partnership can consult with and reach out to regarding potential objectives and strategies. For the full list of results, email health.healthymnpartnership@state.mn.us

Adjourn

Co-chairs Assistant Commissioner Sarabia & Sarah Grosshuesch closed the meeting at 3:00pm.

Attendance

Member organizations (representatives and alternates)

In person: Sarah Grosshuesch (co-chair), Amy Reineke (Local Public Health Association), Jessi Evjen (Council on Asian Pacific Minnesotans), Melinda Pettigrew (University of Minnesota, School of Public Health),

Virtual: Amber Lightfeather (Essentia Institute of Rural Health), Annie Halland (Health Plan Representative, UCare), Bonni Abdurahman (Minnesota Department of Human Services), DeDee Varner (Health Plan Representative), Derek King (Minnesota Pollution Control Agency), Diane Holmgren (Local Public Health Association), Earl Miller (Minnesota Department of Corrections), Heather Peterson (American Heart Association), Jim McKinstra (Minnesota Board on Aging), Jessi Evjen (Council on Asian Pacific Minnesotans), Mai Chong Xiong (SCHSAC), Matt Flory (Minnesota Public Health Association), Maria Sarabia (Co-chair, MDH), Melinda Pettigrew

(University of Minnesota, School of Public Health, Michelle Trumpy (Boynton Health), Nissa Tupper (Minnesota Department of Transportation), Rachel Widome (University of Minnesota, School of Public Health; Sasha Houston Brown (Blue Cross Blue Shield Foundation),

Guest partner attendees (attendees' organizations)

In-person: Andrea Hickle (community member), Hanna Getachew-Kreusser (Face to Face Health & Counseling), Kenya Dalton (Face to Face Health & Counseling), Suzanne Newell (Minnesota Team Humanity), Marie Tran (MDH)

Virtual: Adina Black (Minnesota Alliance on Problem Gambling), Angela Stuempert (North Memoria), Angie Hasbrouck (Horizon Public Health), Audrey Hansen (Blue Cross Blue Shield of MN); Berit Spors (McLeod County Health & Human Services), Cynthia Swanlaw (consultant), Duza Baba (Healthcare MN), Elana Tran (Scott County Public Health), Emma Basness (Dodge County Public Health), Erica Keppers (MDH), Erin Schwab (Brown County Public Health), Hanna Maanum (Countryside Public Health), Hannah Olson (Scott County), Jen Wulf (Care Resource Connections), Jennifer Marshall (MDH), Jessica Tabbutt (Gillette Children's), Julie Ann Hanks (ISD 197), Karen Gervais (MN Center for Health Care Ethics), Kate Albrecht (Nicollet County), Katie Hentges (MDH), Laura Stumvoll (St. Cloud Veterans Association), Leah Jesser (State agency), Lisa Bryant (African American Child Wellness Institute), Mackenzie Halfen (Chisago County), Marie Malinowski (Blue Cross Blue Shield), Maureen Spike (Isanti County Health and Human Services), Megan Brueske (Glasswing Counseling and wellness), Meghann Levitt (Carlton County), Miranda Schufman (Fairview), Natalie Halverson (Scott County Public Health), Navvya Jain, Shekwoduza Baba (Healthcare MN), SuzAnn Stenso-Velo (Ramsey County), Tracy Terlinde (Chisago County Public Health), Vicky Mendez (Second Harvest)

Partnership staff

Tara Carmean, Audrey Hanson, Jeannette Raymond, Murphy Anderson, Chelsie Huntley, Lyndsey Reece, Ashlie Richie.

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09/19/2024

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