DEPARTMENT OF HEALTH

Healthy Minnesota Partnership May 2024 Meeting Notes

MAY 1 AND MAY 15, 2024

Meeting summary

The Healthy Minnesota Partnership (the Partnership) held two meetings in May, an in-person meeting on May 1 and a virtual meeting on May 15. Attendees participated in several activities exploring the Minnesota Statewide Health Assessment and providing input on potential health priorities. These health priorities will be the basis of the statewide health improvement framework (SHIF). The SHIF is the action plan in response to the Statewide Health Assessment (SHA), which was released in April 2024.

The notes starting on page two dig deeper into the meeting's activities and discussions.

In total, 107 participants representing over 50 organizations (local public health, state agencies, and community-based organizations) attended the May meetings. The list of attendees' organizations is included on page 12.

What's next

Beginning in June, the Partnership will conduct community engagement activities to collect more input, including a survey, community conversations, and meetings with other health equity partners. The SHIF Steering Committee and Partnership staff will review input from the May meetings and community engagement activities to draft proposed health priorities for review at upcoming Partnership meetings. Once identified, health priority work groups will be established to help identified identify the objectives and strategies (action steps).

Next Partnership meeting

Date: July 31, 2024, 1:00pm – 3:00pm, virtual meeting using Webex

The Partnership will email a registration link in June.

Moving from assessment to action

Overview of the statewide health improvement framework

After welcoming remarks from Partnership co-chairs Assistant Commissioner Sarabia (Minnesota Department of Health) and Sarah Grosshuesch (Local Public Health Association), partnership staff gave an overview of the statewide health improvement framework. **The improvement framework is**

- A multi-year action plan to address issues identified by the health assessment
- A collaborative, community-driven process led by the Partnership. It includes a steering committee, community engagement, to be determined health priority workgroups, and other subcommittees
- Equivalent to other health improvement plans: Statewide Health Improvement Plan (SHIP), Tribal Health Improvement Plans, Community Health Improvement Plan (CHIP)
- Includes health priorities, measurable objectives, strategies and a plan to track implementation
- Required by Public Health Accreditation Board (PHAB)

The improvement framework is not

- A report or static document that "sits on a shelf"
- MDH's plan for the state or a list of MDH's work
- The MDH program, Statewide Health Improvement Partnership (SHIP)

Overview of the statewide health assessment

The assessment provides the grounding information for the improvement framework. It tells the story of what conditions across Minnesota impact our health.

Partnership staff reviewed framing goals for this most recent assessment, the process for developing it (including data collection and community engagement), and a high-level overview of what each section (People, Opportunity, Nature, and Belonging) includes.

The full assessment, including an executive summary, forward letter from Commissioner Cunningham, and methodology appendices are available on the MDH website: Minnesota Statewide Health Assessment - MN Dept. of Health. This link was shared in advance of the meeting.

May 1 gallery walk

During the in-person meeting, attendees participated in a gallery walk. They explored the topics across all the assessment sections, considered the data in each section, made connections with other attendees, and shared reactions to the data and information that's in the assessment.

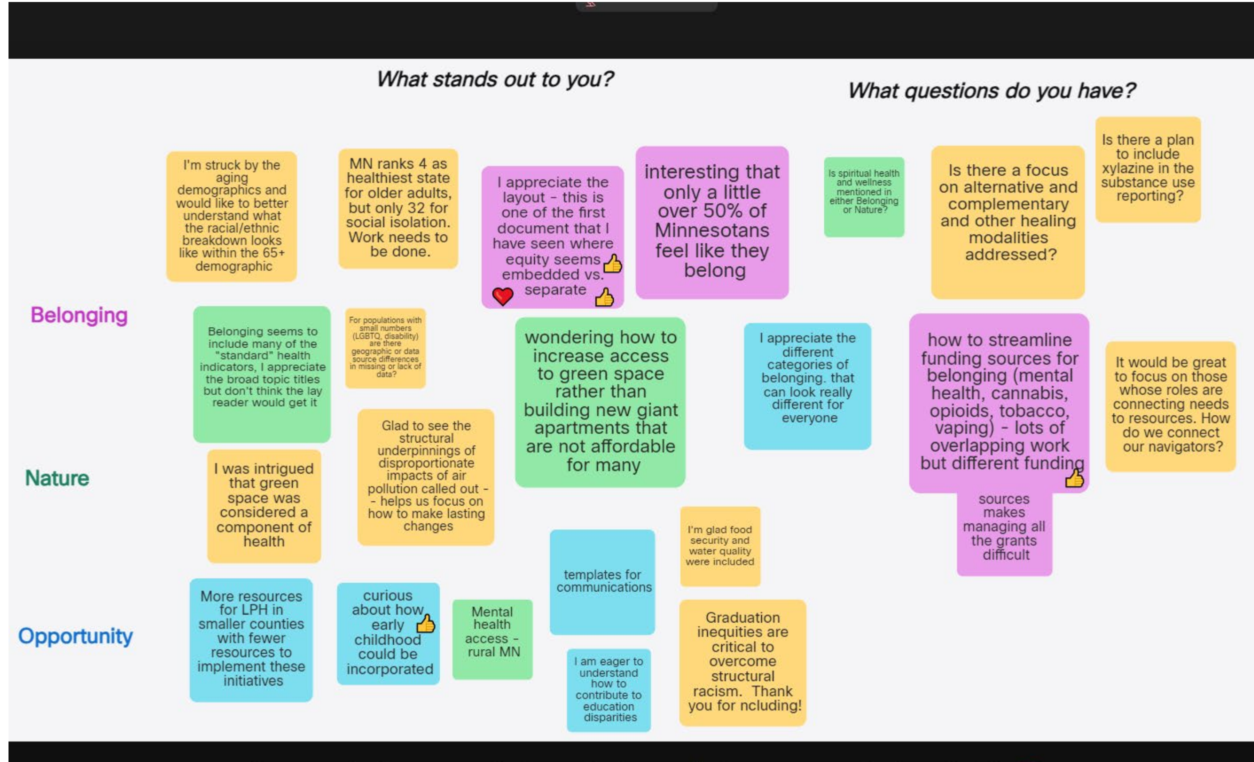
Responses from this activity are available upon request by emailing health.healthymnpartnership@state.mn.us.

Attendees reflected in small groups and then as a whole group. Discussion included:

- Domestic violence is listed in the ‘belonging’ section, when it could instead be in ‘opportunity’, given the socioeconomic impacts of domestic violence.
- Many issues are interconnected – even if they are in one category they can cross over to others
- “Priorities” means a limited list: Can’t prioritize everything. The assessment has a lot of information. A suggestion to looking at ranking priorities based upon a population or group, such as the elderly (80+)
- Minnesota seems relatively conflict-averse culturally – does that mean that it is easier for a few loud voices to dominate the conversation?
- Civic engagement in public health is important– to have a seat at the table to argue and contest space for public health. Public health should be more comfortable with arguing and being uncomfortable. Can debates about public health (like over vaccines) be seen as an opportunity to expand the ‘reach’ of public health and equitable thinking?
- Our diversity is a strength and opportunity to make things better.
- Safety includes from disease, abuse, violence, judgement and racism

May 15 virtual whiteboard activity

Virtual attendees shared their reactions and questions to the assessment through a virtual whiteboard. Responses from this activity are available upon request by emailing health.healthymnpartnership@state.mn.us



Prioritization criteria for potential health priorities

The first phase of creating the improvement framework includes identifying at least two health priorities. A **health priority** is a prioritized issue or topic from the health assessment that is identified through a collaborative process.

To help determine health priorities, the Steering Committee identified a set of prioritization criteria. Prioritization criteria will provide guidance for narrowing down health priorities from the many topics in the assessment and helps us communicate how health priorities were selected.

The Steering Committee used input from the February 13, 2024, Partnership meeting to create a set of prioritization criteria. Once criterion was drafted, Partnership staff piloted the criteria and shared the results with the Steering Committee.

The Steering Committee approved and adopted the following 6 criteria: Health Equity, Community Concern, Local, State, & Tribal Alignment, Focus on Systems, Readiness, and Importance of Issue. More information about how prioritization criterion is defined and operationalized is available upon request by emailing health.healthymnpartnership@state.mn.us.

Results of prioritization criteria: Prioritization criteria were applied to all the topics and subtopics in the health assessment to identify a “short list” of possible health priorities for consideration. The Steering Committee approved a “short list” of topics and sub-topics that met all 6 criteria or at least 5 criteria.

Topics meeting 6 criteria (15)	Topics meeting 5 criteria (14)
• Housing conditions and safety • Health care system • Access to HC services • Food • Mental health & well-being • Prenatal and early life experience • Racism during pregnancy, childbirth, and infancy • Substance use • Cannabis • Commercial tobacco & nicotine • Opioids • Living with chronic conditions • Isolation • Care for older adults • Disconnection	• COVID-19 • Income • Housing • Homelessness • Homeownership • Affordable housing • Transportation • Transit and active transportation • Transportation safety and use • Environmental justice • Climate • Belonging in school • Alcohol • Alcohol and drug overdose deaths

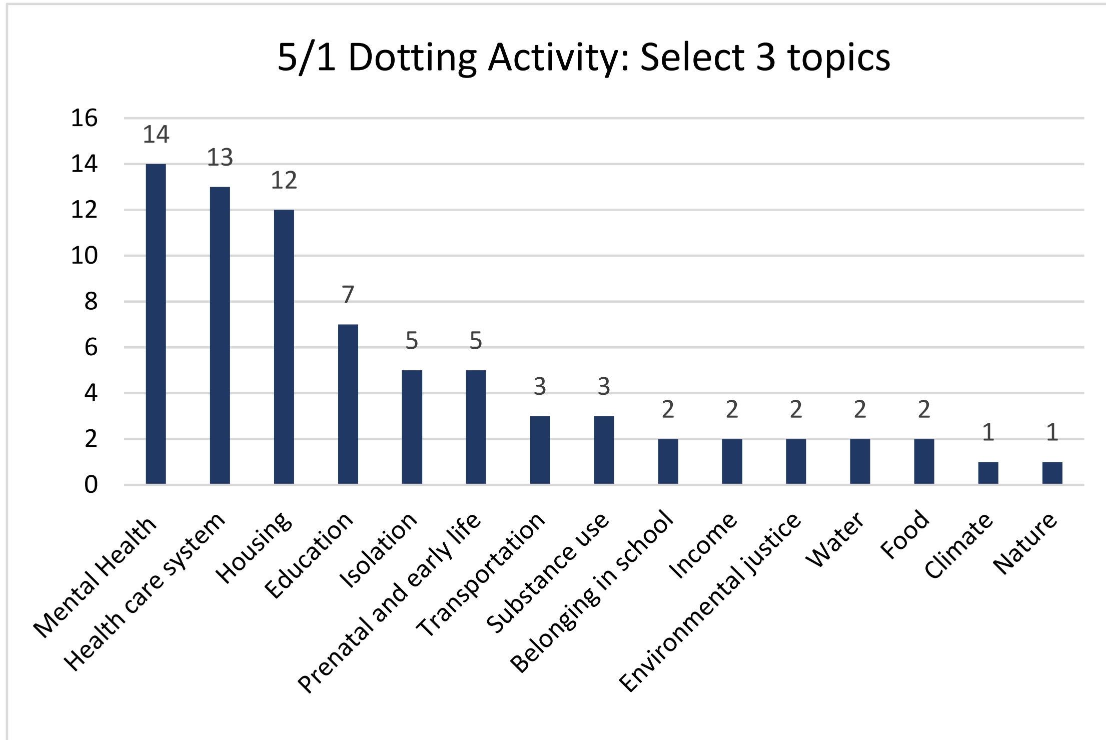
Prior to the May meetings, the MDH Executive Office reviewed the results of this pilot and requested that water, gun violence, and suicide be elevated to this short list for consideration.

Partnership staff presented information about the prioritization criteria and answered questions. Questions about the about prioritization criteria included:

- What topics met community support? COVID-19 data, Housing, homelessness, affordable housing, housing conditions and safety, industries, earnings and vacancies, health care systems access to services, environmental justice, climate, food, recreation, mental health &well-being, prenatal and early life experience, racism during pregnancy, childbirth, and infancy, belonging in school, civic participation, substance use, alcohol, cannabis, commercial tobacco and nicotine, opioids, living with chronic conditions, isolation, care of older adults, disconnection, alcohol and drug overdose deaths
- What topics didn’t make “importance of issue”? Employment benefits: parental paid leave, Policy profile: paid family and medical leave, Civic participation, and policy profile: universal broadband.
- How have different groups identified priorities? We are inviting people to Partnership meetings to join the conversation and reaching out to broader groups to get more input into the priorities through community engagement.

After answering questions, attendees were engaged in an activity to select topics to discuss during the next activity.

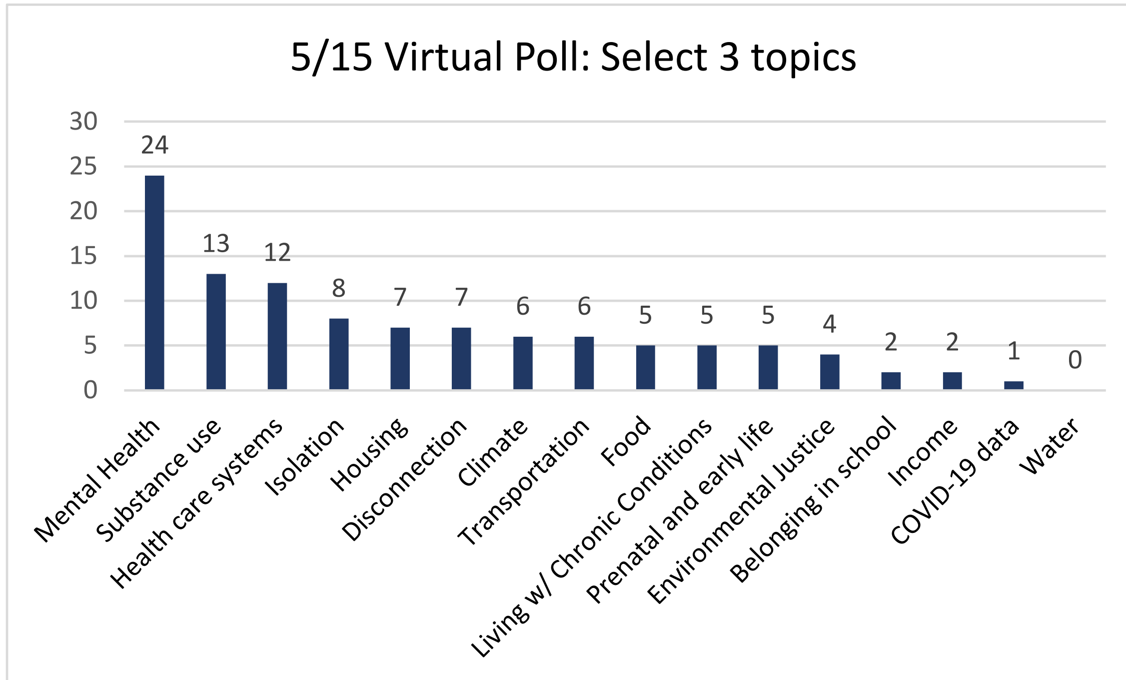
May 1 meeting (in-person): attendees were asked to place sticker dots on three topics to answer the following question: *Which three issues or topics do you want to discuss more today during the world café conversations?*



Dotting results: Mental Health & well-being (14 dots), Health care system (13 dots), Housing (12 dots), Education (7 dots), Isolation (5 dots), Prenatal and early life experiences (5 dots), Race & ethnicity (3 dots), Transportation (3 dots), People experiencing incarceration (3 dots), Substance use (3 dots), Belonging in school (2 dots), Aging (2 dots), People experiencing homelessness (2 dots), Income (2 dots), Environmental justice (2 dots), Water (2 dots), Food (2 dots), Climate (1 dot), Nature (1 dot).

Topics that did not receive any dots: Covid-19 data, employment, air, recreation, civic participation, sexual health, physical and sexual violence, living with chronic conditions, disconnection.

May 15 meeting (virtual): attendees were asked to complete a poll to select 3 topics, considering the following questions: *Which three issues or topics do you want to discuss more today during the breakout room conversations? Which three health priorities should the HMP focus on together between 2025 – 2028?* To simplify virtual polling, the list of topics and sub-topics were condensed by collapsing the sub-topics into topics for a shorter list.



Webex Poll results: Mental Health & well-being (24 votes), Substance use (13 votes), Health care system (12 votes), Isolation (8 votes), Housing (7 votes), Disconnection(7 votes), Climate (6 votes), Transportation (6 votes), Food (5 votes), Living with Chronic Conditions (5 votes), Prenatal and early life (5 votes) Environmental justice (4 votes) Belonging in school (2 votes) income (2 votes) Covid-19 data (1 vote), Water (zero votes).

Exploring potential topics for the improvement framework

The results of the doting and poll activity were used to identify topics for smaller group discussions to explore topics at greater depth. The May 1 meeting held world café conversations on the top six topics and the May 15 meeting had five virtual breakout rooms on the top five topics. Discussion questions included: *What does this topic look like in your community? If this topic is identified as a health priority, how can the Healthy Minnesota Partnership make an impact? Who else should we talk to about this topic? What assets, resources or strengths in Minnesota already exist to support this topic?*

May 1 world café topics

Topics included: mental health, housing, health care systems, education, isolation, and prenatal and early life experiences.

Discussion notes are summarized below. The full notes from this activity are available upon request by emailing health.healthymnpartnership@state.mn.us

Mental health

- Impacts many communities, including rural MN and farmers. Stigma is real. There are generational divides. Mental health doesn't exist for some communities and is taboo for

others. Not enough resources. Lack of representation and cultural competency. There is a lack of support in schools. Prisons have become mental health institutions. There is a lot of intersection. People living with disabilities have comorbidities. It starts early, with youth. Wrap around services being taken away.

- HMP could make an impact by incorporating it into all systems, intersecting with health care access, relationship building, bring conversations into schools.
- Who else to talk to: youth, policy makers, school administration, elderly, caregivers, providers, academia, faith-based communities, Peer support specialists, law enforcement, guidance counselors, correctional facilities, community health workers.
- Current assets and resources supporting mental health needs in MN: peer support specialists, paraprofessionals, cultural healers, Gen Z is working hard to dismantle stigma, cross cultural activities.

Health care systems

- There is access but navigating care is difficult and then services don’t meet patients needs. There is a need for more providers. Hospital, clinics and mental health closures for inpatient care and especially in rural areas. Virtual care is difficult/a barrier. Number of doctors, especially in rural areas is an issue. Dental care access, trauma, and not feeling supported at clinic.
- Implicit bias impacting experience of receiving care for some populations (e.g., black women perceiving prenatal care). There are multicultural needs to receive care in a way that works for patients (language, written, or oral). Bilingual providers are overworked. Emerging: How is artificial intelligence (AI) impacting patient experiences?

Housing

- Housing is a statewide issue. Housing access amplifies other inequities, such as in health, education, employment, etc. Housing is infrastructure for work, education, health. Affordable housing is away from urban cores and jobs. There is racism and discrimination in housing programs. Homelessness is high among justice-impacted people.
- HMP could make an impact by framing housing as supporting work, addressing housing as an issue of address and access (housing as a human and material issue). Participating in community supporting new housing (rather than not just neighbors opposing everything).
- Who else to talk to: Minnesota Interagency Council on Homelessness, Greater Minnesota Housing Partnership, and Minnesota Housing Finance Agency.

Education

- There is inequity between schools. Lower educational attainment, isolation challenges mental well-being. LGBTQ+ kids, immigrant students, and families need support. Interpreters may be aligned with schools, not families. Funding is an issue, programs being cut. Pressure on the educational system. Need to support the educational lifespan.

- HMP could make an impact by making a connection between education and health, policy regarding Minnesota student survey, developing systems that support the whole child, family, and community, supporting nature-based learning legislation, supporting intersection with belonging, targeted universalism (having universal goals for education but target resources where needed most to reach those goals.)
- Who to talk to? Need HMP representative from education and input from them, board of education, philanthropy, coalition of school-based clinics, school district 196.
- Assets in Minnesota: Hennepin County SHAPE survey, MN student survey, strong value for education, READ act, all day kindergarten, early childhood education, natural environment for nature based learning.

Isolation

- LGBTQ+ communities lack support, including older adults without partners and younger people. Triggers include difference (culture, language), illness, social media, trauma, aging, violence, finances, and immigration status. Transportation and land use decisions create isolation. MN is friendly but insular. Working from home contributes to isolation.
- HMP could make an impact by supporting public information campaigns, the role of employee resources groups and diversity, equity, and inclusion (DEI) programs, creating better ways for people to see themselves in data, support affinity spaces, social opportunities, and other options to connect. Support reports on the impact of isolation on health.
- Who to talk to: Central MN Coalition on Aging, Youth, OutFront Minnesota, Rural County CHA/CHIP work, faith-based communities, social services organizations
- Assets in MN include: a sanctuary state, DEI programs, EmPATH Fairview, Area Agencies on Aging, nature, learning from tribal nations about connectedness, public libraries and community centers, sports facilities, and non-profits

Prenatal and early childhood

- Disparities: Looks different in the prison system for male and female populations, access in rural areas is challenging, maternal and infant disparities exist – doulas and community health works are supportive. Overlap with mental and emotional. Prenatal syphilis, pre-term birth. Need disaggregated data.
- HMP could make an impact by connecting with resources, considering rural perspectives, intersectionality, community solutions, maternal care deserts across the state.
- Who to talk to: social service systems, health care systems, community-based organizations, academia, faith-based organizations
- Assets in MN include: culturally-tailored approaches, teen birth rate, access to home visiting (MA reimbursement), and intergenerational connections and support

May 15 breakout room topics

Attendees joined a virtual breakout room of their choice to discuss mental health, substance use, health care systems, isolation, and housing. The following summarizes small group discussions.

Mental health

- It is impacting everyone. There is isolation. Gambling is a mental issue that people aren't talking about. Youth are impacted. Many organizations are working on mental health events for youth and working on improving education in the community. Some programs for early childhood mental health with specific centers/preschool programs. Communication needs to improve with mental health facilities – there are long wait times and no follow-up for up to 6 weeks, no beds. ERs are being redesigned to mental health crisis to accommodate.
- HMP could make an impact by looking at combining gambling and substance abuse, supporting professionals who are overwhelmed, and learning about local partnerships. Figure out the HMP "lane" in mental health - lot is happening, so HMP should analyze what is happening and find out where gaps are to avoid duplication.
- Who to talk to: MDH Suicide Prevention Unit, MDH Statewide Health Improvement Partnership's mental well-being strategy work, local public health community health assessment (CHA)/Community health improvement plan (CHIP) work, MN Adult Mental Health Initiatives through DHS, MN Mobile Crisis, DHS Local Advisory Councils on Mental Health, NAMI, Behavioral Health Facility, Masabi
- Assets in MN include Certified Community Behavioral Health Clinic (CCBHC), Suicide prevention regional coordinators

Substance Use

- Unique situations across the state – in some rural areas, there is not a lot of resources or capacity for prevention, treatment and recovery. Outreach is harder when people are dispersed across a large geographical area compared to urban areas. There is a wide variety of substances – more people are willing to talk about opioid misuse but not willing to talk about alcohol misuse. Meth is a huge issue in some counties. Cannabis and opioids. is making things interesting. It's multifaceted issues.
- HMP could make an impact by bringing diverse groups of voices to table, including people with lived experiences, provide resources and money.
- Who to talk to: The Harm Reduction Collaborative base in the metro area.

Health care

- Healthcare access, availability, affordability is a high priority for Health Partners. There are significant challenges in language access – from scheduling to high quality interpreters.
- How HMP could make an impact: culturally appropriate care and population health vision

Isolation

- More people experiencing days with poor mental health. People aren't talking to each other about difficult topics, there is less trust between people. The aging population is isolated due to transportation, not feeling connected to the community. Transportation and housing contribute to isolation – people to live where they work. Communities who don't feel welcomed don't get involved.
- HMP could make an impact by looking at root causes by bridging qualitative data with quantitative data. Identify if there are different priorities by region or demographics, share research to raise awareness about connections between isolation, health, and mental health. Support and share strategies that address isolation and promote engagement.
- Who to talk to: Senior Commissions and other support/activity groups. This may include AA, faith communities and other affinity groups.

Housing

- Homelessness is increasing, including for people 55years and older and youth. Affordable and livable housing is difficult to find. Housing challenges a direct result of zoning policies – impacting where and how people live. Rural considerations are different – people living in sheds. People in urban areas living in encampments that are being repeatedly destroyed.
- HMP could make an impact by supporting using state funding toward programs that fund housing, help local agencies, increase demand for long term care and assistance living facilities, create messaging to increase landlord use of voucher programs, sit in on groups and/or conversations that address housing, health in all policies approaches – health is more than just the clinic and doctor. Support the development of curriculum for community education programs and high school classes about rent, housing, loans, etc so community members are more informed of their options.

Attendance

Attendees' affiliation listed alphabetically

May 1 attendees

42 attendees representing CAIRO Minnesota, community members, Heartland Adult Daycare Center, Horizon Public Health, JADE (Joint Action for Diversity and Engagement), Learning Disabilities Association of Minnesota, Let's Dish!, Mayo Clinic Health System, Medica, Minnesota Association of Community Health Centers, Minnesota Council of Health Plans, Minnesota Council of Latino Affairs, Minnesota Department of Corrections, Minnesota Department of Health, Minnesota Department of Transportation, Minnesota Public Health Association, North Memorial Health, Rainbow Health, Ramsey County Board of Commissioners, Saint Paul Ramsey County Public Health, Second Harvest Heartland, Scott County, State Community Health Services Advisory Committee, Trellis, UCare, University of Minnesota School of Public Health, Walden University, Wellness in the Woods, Wright County LPHA Rural Representative, YWCA of St Paul

May 15 attendees

65 attendees representing Blue Cross Blue Shield of MN, Carlton County Public Health and Human Services, Center for Community Health, Carver County Public Health, Cook County Public Health and Human Services, Crow Wing County Public Health, Epilepsy Foundation of Minnesota, Fairview Range, Frasier Childcare, Grand Itasca Clinic & Hospital, Goodhue County Health & Human Services, Health Partners, Isanti County Health and Human Services, Lower Sioux Indian Community, Lutheran Social Services of Duluth, Minnesota Alliance on Problem Gambling, Minnesota Association of Community Health Centers, Minnesota Board on Aging, Minnesota Department of Health, M Health Fairview, Minnesota Pollution Control Agency, Neighborhood network for Seniors, North Memorial Health, Rainbow Health, Saint Luke's Hospital of Duluth, Saint Paul Public Housing Agency, Sanford Health Bemidji, Steele County Public Health & Dodge-Steele Community Health Board, WellShare International, Minnesota River Area Agency on Aging, United Healthcare MN Medicaid plan, United Way of Central Minnesota, University of Minnesota, Wilderness in the Woods, Winona County, Wright County Public Health

Healthy Minnesota Partnership background

The Partnership was convened in 2010 to help the Minnesota Department of Health (MDH) meet new public health accreditation standards and was charged with developing a statewide health assessment and improvement framework. The Partnership convenes organizations from across the state, including public health and health care, cross-sectoral partners, communities impacted by health inequities, and advocacy organization.

The Partnership is actively welcoming new organizations to become members and participate, including community-based organizations that represent people living with disabilities, LGBTQ+ and more ethnically and racially diverse communities.

More information about the Partnership is available on the MDH website: About the Healthy Minnesota Partnership - MN Dept. of Health (state.mn.us) . Partnership staff may be reached by emailing health.healthymnpartnership@state.mn.us

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06/03/24

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