

Healthy Minnesota Partnership Meeting Summary: June 8, 2023

June 8, 2023, 1:00PM – 3:00PM, Webex

Attendance¹

HMP Members and Alternates

Anjuli Cameron, Dana Carroll, Christy Dechaine, Christen Donley, Claire Fleming, Matt Flory, Chelsea Georgesen, Sarah Grosshuesch (co-chair), Annie Halland, Kelley Heifort, Sasha Houston Brown, Jonelle Hubbard, Susan Palchick, Amy Reineke, Rosa Tock, Nissa Tupper, Michelle Trumpy, DeDee Varner, Alyssa Wetzel-Moore, Rachel Widome

Guest Attendees

Trina Adler, Dorothy Bliss, Gale Boldt, Laura Daak, Danelle Ericksen-Bently, Amy Evans, Tanetta Isler, Canan Karatekin, Patty Maureen, Stephany Medina, Haley Miskowiec, Sue Mitchell, LaDonna Morrison, Trish Olson, Laura Strait, Maria Steffel, SuzAnn Stenson-Velo, Laura Stumvoll, Heather Tidd, Marie Tran, Megan Warfield-Kimball, Lisa Wylie

MDH Partnership Support Staff

Liz Arita, Tara Carmean, Audrey Hanson, Ruby Roettger, Deanna White

Welcome & Introductions

Co-chair Sarah Grosshuesch called the meeting to order and welcomed everyone. LaDonna Morrison read the land acknowledgment.

HMP updates

Tara Carmean (MDH Partnership Staff) shared that a new Assistant Commissioner and HMP co-chair role had not been named yet. Khatidja Dawood, is serving as the interim assistant commission.

Staff also thanked Ruby Roettger for supporting the work of the Partnership as a Public Health Corp member. Her service ends in July.

Partnership staff shared are planning to create a membership subcommittee to help assess gaps and plan for recruitment. An email with more information will be sent to the Partnership this summer.

¹ Names are listed alphabetically by last name

Approval of 4/5/2022 Meeting Summary

Sarah Grosshuesch asked for feedback on the April meeting summary. No changes were requested. Chelsea Georgesen moved to adopt the April meeting summary as drafted. Rosa Tock seconded the motion. The motion was passed and approved as drafted.

Partnership Member Updates

- Sarah Grosshuesch asked for updates on activities related to the Partnership’s strategic approaches. (How have you applied health lens to other policy discussions? How have you advanced the Healthy MN Partnership narrative about health or expanded the conversation about health? How have you used an assets-based approach?)
- Rosa Tock (MCLA) – passing of child tax credit will reduce burden on families and will help families across the state. Glad it includes all children regardless of citizenship status.
- Matt Flory (MPHA) – we have gotten involved in voting rights because it is important for all people to have the chance to use their voice and the mental health benefit of feeling included and a sense of belonging.
- DeDee Varner (Health Partners) – Restore the Vote gives the right to vote to people who are on parole or probation. Previously, you had to complete all parts of a felony sentence to vote. As of today, if you are not currently incarcerated for a felony conviction, you can vote. This law impacts around 55,000 Minnesotans. Fun fact: this is the largest expansion of voting eligibility since the voting age was changed from 21 to 18 in 1971.
- DeDee Varner (Health Partners) – Pre-registration of 16- and 17-year-olds. Previously, you could pre-register if you were going to be 18 on Election Day. As of today, all 16- and 17-year-olds can pre-register. Fun fact: states that have implemented pre-registration has seen their youth voting rates increase by up to 20%. All newly eligible voters should go to www.mnvotes.gov/register to register to vote. Please share this news with your communities by sharing this [Voting with a Criminal Record factsheet](#)
- HealthPartners has a report to the community on equity, inclusion and anti-racism: <https://www.healthpartners.com/hp/about/press-releases/hp-releases-report-on-equity-inclusion-and-anti-racism.html>
- LaDonna Morrison (DHS)—last year was the first year that Managed Care Organizations (MCOs) were required to report quarterly on equity efforts and stakeholder engagements. We are reviewing the reports right now.
- Stephany Medina (Carlton-Cook-Lake-St. Louis Community Health Board) -- Myself and others from LPH and community-based partners in our region attended a training from MDH's center for public health practice on health narratives. We have been looking at including narrative development as part of our CHIP, which will be in a working draft by next year.
- Tara Carmean on behalf of Jeannette Raymond (MDH) – Jeannette Raymond shared the work of the Partnership to two national audiences. These two presentations reached over 1700 people. Each featured one of the Partnerships strategic approaches.
 - The Association of State and Territorial Health Organizations Health Equity Summit featured a panel on Health Equity in All Policies. Jeannette provided a developmental description of the Partnership’s work starting in 2011. She shared the opportunity provided by having a partnership made up of cross sectoral, advocacy, public health and health equity focused partners.

- County Health Rankings & Road Maps featured the work the Partnership in a webinar on The Power of Narratives to Influence Civic Health. Jeannette shared information on the Partnership public narrative development and the Partnership's application of those narratives to advance health in all policies.
- Christy Dechaine (MHA) – Hospitals talked with legislators about the interconnectedness of the systems already in place as well as the broader issues around the social determinants of health. Framing was helpful in helping them understand how the different systems rely on and affect each other.

Statewide Health Assessment Updates

Timeline Updates

- Audrey Hanson (MDH) provided updates on the SHA timeline. Due to review period requests, the SHA timeline shifted to move the **public comment** period in September and the **final draft** being released in November. In addition to accommodating review requests we hope this will also aide in more people participating in the public comment period as opposed to holding it in August/the summer.
- Currently data is being collected from across MDH and from other MN agencies, group conversations are being conducted, the survey is about to launch, and started writing some of the introductory and contextual text for the start of SHA sections.

Table of Contents & SHA Outline

- Audrey Hanson (MDH) reviewed a handout of the table of contents/outline for the SHA that shows the four sections and potential sub-sections, structured around the SDOH/conditions for health like previous SHAs. It was noted that these sub-sections could change as data is reviewed.
- Attention was brought to three new sub-sections or pieces for this next SHA:
 - 1) Community engagement findings – survey/group conversations, slotted under belonging for now
 - 2) Policy area case studies
 - 3) CE Inventory & Assessment Alignment appendices – handouts with more information on these

Community Engagement updates

- To save time for other discussion, updates on the Community Engagement Inventory and the Group Conversations on community strengths were shared on a handout. Contact Tara Carmean with questions.
- Tara Carmean informed the Partnership that a short survey asking for input on state strengths that support health was added to the community engagement activities after the April Partnership meeting. Staff consulted with the Center for Health Equity and SHA Steering Committee before finalizing the survey. A survey adds another layer of input, reaches beyond the limited number of Group Conversations and is a potentially repeatable activity for future SHAs.
- The survey is being distributed through the Partnership, HMP listserv, groups identified for the Group Conversations, multiple newsletters, and social media. Meeting attendees shared many ideas in the chat for the ways they would promote the survey through their newsletters, listservs, email subscribers, social media accounts, etc.
- The survey was launched during the meeting and open until June 30th. All Partnership members and friends were asked to take the survey and help share and distribute the survey.

Planning for Public Comment

Deanna White (MDH) facilitated a conversation to get feedback for the public comment period in September. Attendees ideas included: creating a survey with a question at the end about how well the survey captured the feedback, sending information head of time so people are prepared, having clear questions so people understand what is needed, ask the Group Conversation participants to give feedback, being transparent about how feedback is used or addressed in the SHA. Additional suggestions included not just using open feedback forms, but partnering with people to reach different audiences, having a voicemail line so people can leave verbal comments, compensating people for their input (e.g., providing gift cards) and the importance of partnering with culturally specific community partners to ensure the space is culturally appropriate for the audience when conducting in-person listening sessions.

MDH and non-MDH Data

Audrey Hanson (MDH) led the partnership in an activity to review potential indicators for the Statewide Health Assessment. Using breakout rooms, a handout, and online whiteboard, the partnership was instructed to review four “buckets” or sub-sections (Housing/Homelessness, Experiences of Racism, Mental Health, and Aging) of the SHA and preliminary data collected and think about the following questions:

- What other questions do you have about this topic?
- What is missing in understanding how _____ impacts health?
- Should data be disaggregated in any way?
- Does this data make sense in this SHA sub-section or should it be moved?
- Does this data make sense as a SHA sub-section or should it be integrated/flagged throughout the SHA?

The following take-aways were discussed or shared for each of these buckets.

- **Housing/Homelessness:** the partnership gave feedback on looking at homelessness in relation to accessing services, mental illness, substance abuse, types of housing and people’s wants/needs, and incarceration.
- **Experiences of racism:** The partnership gave feedback that rather than its own sub-sections, aspects or data related to experiences of racism (individual and structural) should be called out throughout the SHA.
- **Mental health:** The partnership gave feedback that the data felt too broad and that we should define what we’re talking about (mental wellness or well-being vs. mental health or mental illness). Others mentioned looking at indicators American Indians, youth, and access to mental health services.
- **Aging:** The partnership gave the feedback that the indicators seemed disjointed and may perpetuate stereotypes or typical narratives around the aging population. Suggestions were made to include mental health/suicide data among older adults, growth patterns, solo-individuals vs. those with support systems, and disaggregating by rural/urban.

Policy Area Case Studies

Audrey Hanson (on behalf of Austin Wu) shared the plan for policy area “case studies” for the Statewide Health Assessment sections: Opportunity, Nature, and Belonging. These sub-sections aim to build off previous work of the partnership and may be areas for future work for the partnership. MDH staff shared the outline of what questions they are attempting to answer for these case studies:

- Why does [policy area] matter for health? – outcomes and social determinants, historical and societal context, drivers of disparities
- What are policies or systems at work?
- How is Minnesota doing – who is being impacted? Who is benefiting and who isn't?

MDH staff also shared that topics for the three sections are Opportunity- Paid Leave, Nature – TBD, and Belonging – Broadband. They then engaged the partnership using a handout and poll to choose which Nature topic resonated with most. The majority of the partnership discussed or expressed interest in Climate Change, but noted that it might be too broad for the case study. Another comment was made that the Nature options were more issue-centric rather than about specific policies. MDH staff will continue to look into the Nature policy areas around Climate Change and bring options back to the SHA Steering Committee.

Announcements

Watch for email updates over the summer about the SHA and public comment period planned.

Future meetings:

- September 7, 2023, 1:00 – 2:00pm (virtual only)
- Fall/winter – TBD

Minnesota Department of Health
Healthy Minnesota Partnership
625 Robert Street North
PO Box 64975
St. Paul, MN 55164-0975
651-201-3880
health.ophp@state.mn.us
www.health.state.mn.us

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