

# Healthy Minnesota Partnership Meeting Notes: 12/15/2023

**LOCATION: WEBEX & WILDER FOUNDATION, SAINT PAUL, MN**

## Attendance

### HMP Members and Alternates

In-person attendees: Maria Sarabia (co-chair), Sarah Grosshuesch (co-chair), Chelsea Georgesen (MCHP).

Virtual attendees: Malissa Adams (DHS), Jenna Carter (SCHSAC), Linda Davis-Johnson (DHS), Claire Fleming (American Heart Association), Matt Flory (MPHA), Annie Halland (Health Plan Representative), Kelley Heifort (Department of Corrections), Jim McKinstra (Minnesota Board on Aging), Andy Morris (Council on Asian Pacific Minnesotans), DeDee Varner (Health Plan Representative), Rachel Windom (U of MN), Winona Yang for Commissioner Xiong

### Guest Attendees

In-person attendees: Adriana Galvan.

Virtual attendees: Kristen Clark, Sarah Evans, Karen Grasmon, Ivan Ndege, Jessica Peterson, Stef Rothstein, Jacklin Steege, Brad Vold, Megan Warfield-Kimball, Jen Wulf, Pakou Xiong

### MDH Partnership Staff

Tara Carmean, Paul Bolin, Audrey Hanson, Curtis Seelen, Jeannette Raymond, Deanna White, Austin Wu

## Meeting Summary

### Welcome & Opening

Co-chairs Sarah Grosshuesch & Assistant Commissioner Maria Sarabia opened the meeting at 1:01pm. The Healthy Minnesota Partnership (Partnership) paused reading the Land Acknowledgement as the Minnesota Department of Health (MDH) is currently creating a new Tribal-State relations statement. The MDH Office of American Indian Health requested the change after hearing from the Native community that the land acknowledgments were not resonating with the Native community and that a statement affirming the sovereign rights of Minnesota tribes would be better. Co-chairs are thinking about how to open meetings in a meaningful way that isn't performative.

Assistant Commissioner Sarabia read the Vision, Values, and Guiding Principles:

Vision: All people in Minnesota enjoy healthy lives and healthy communities

Values: We value health, equity, inclusion, and difference.

Principles: We are explicit about race and racism. We lead by doing. We focus on the policy discussions and decisions that shape opportunities for health. We innovate and practice.

For more information about the vision, values, and principles, see “about us” section online: <https://www.health.state.mn.us/communities/practice/healthymnpartnership/about.html>

## Partnership Membership Updates

Since June, five new representatives filled vacant roles for current member organizations:

- Malissa Adams, MN Department of Human Services
- Jenna Carter, State Community Services Advisory Committee (SCHSAC)
- Jim McKinstra, Minnesota Board on Aging
- Andrew Morris, Council on Asian Pacific Minnesotans
- Mai Chong Xiong, SCHSAC

Partnership staff and the Assistant Commissioner are in the process of recruiting new member organizations to help fill membership gaps, including People with Disabilities, LGBTQIA+ communities, and more racially and ethnically diverse communities. These gaps were prioritized by the MDH Executive Office and identified by the Membership Subcommittee.

## Other acknowledgements

Ann Bussey received the 2023 Minnesota Rural Health Hero Policy Award for her advocacy work in ensuring the needs of older adults on the Iron Range, Greater Minnesota, and rural America, are reflected in policy decisions. Ann previously represented the Board on Aging for two years. She continued participating on the Partnership as a community member and worked on the Healthy Minnesota Partnership 2021 Policy Framework.

## Approval of 9/7/2023 Meeting Summary

Sarah Grosshuesch asked for feedback on the September meeting summary. No edits or changes requested. Chelsea Georgesen moved to adopt the meeting summary, and DeDee Varner seconded the motion. All in attendance approved, one abstained. The motion passed.

## Reflecting on 2023: reviewing accomplishments

Attendees took time to reflect on the accomplishments of the year by reviewing a rough timeline using Padlet. Overall Partnership highlights in 2023 include:

Five Healthy MN Partnership meetings: 2/2/23, 4/5/23, 6/8/23, 9/7/23, 12/15/23

15 new representatives and alternates joined the Partnership, filling vacant member roles.

Eight Statewide Health Assessment (SHA) Steering Committee meetings held between January and November

Three Assessment Alignment Committee meetings held between February and April

Health assessment data collection

- MDH Date committee: Four meetings held between March and May
- Non-MDH data collection: Multiple meetings with ten MN government agencies

Community Engagement activities for the SHA included:

- Community Engagement Inventory
- Eight Group Conversations (approximately 110 people) on how communities support health and well-being with between April and July
- State Strengths Survey conducted in June, with 538 responses.
- Public comment period open in October for three weeks, generating over 300 comments.

Five Membership subcommittee meetings between August and November 2023

- Assessed membership gaps, brainstormed options for the Executive Office's current priorities, provided feedback on application, and brainstormed ideas for orientation.

Attendees participated in an interactive activity to add the work organizations have done to advance the worked on the Healthy MN 2022 Statewide Health Improvement Framework Strategic Priorities in 2023:

*Shape policies and systems around health and well-being: How has your organization applied health lens to policy discussions? (Including any organizational policy reviews)*

*Expand conversations about what creates health and well-being: How has your organization expanded the conversation about health or advanced the Healthy MN Partnership narrative about health?*

*Promote and apply asset-based approaches to advance health and well-being: How has your organization used an assets-based approach?*

Highlights from Partnership member on their work to advance the strategic priorities:

HealthPartners learned about a new tool (Diversity Equity Inclusion Viewfinder by the University of St Thomas) to help them walk through questions to support inclusive content in marketing.

The Minnesota Electronic Health Records (EHR) Consortium and the Center for Community Health (CCH) is partnering Health Trends Across Communities (HTAC) to potentially launch a new data dashboard in 2024. The dashboard will include data from 11 health systems' and have 21 to 25 health indicators with multiple demographic breakdowns. Plans include adding and expanding on indicators.

HealthPartners Institute has engaged a Community Advisory Council for research and evaluation. <https://www.healthpartners.com/institute/about/community-advisory-council/>

Department of Human Services added Equity Directors in every administration of the agency. These are dedicated, permanent Diversity Equity Inclusion (DEI) experts ensuring equity is infused in our work, and to consider the social determinants of health.

Ramsey County now offers free naloxone kits to residents and launched a mobile clinic (CareVan) that goes out to community events and provides free testing and screening.

Blue Cross Blue Shield created a Unit for Racial and Health Equity as part of the larger administration team and appointed Bukata Hayes as the Regional Health Equity Director.

Care Resource Connection continues to create and strengthen partnerships with communities in Anoka County through work with the MDH Regional Health Equity Network Grant. With this grant we've been able to look at health inequities that have created barriers for accessing care and strategize how we can minimize these barriers.

The Minnesota Public Health Association is exploring how policies that encourage voting improve civic engagement and a sense of belonging contributing to public health.

UCare is using a Turn the Curve model as we do Diversity, Equity, Inclusion, and Accessibility (DEIA) departmental assessments. The process focuses on a measure related to one of our strategic priorities and holds us accountable to tracking and acting on that measure with an eye on equity, ideally using racially disaggregated data.

The American Heart Association is working to expand women's health opportunities, partnering with the city of Minneapolis to increase breastfeeding and lactation support in workplaces.

MDH was intentional about analyzing how structural racism was framed prior to public comment to ensure alignment with health equity efforts/experts from other business areas, including the Bureau for Health Equity.

Minnesota Board on Aging's work over the past year has focused on Diversity, Equity Inclusion and Access and how as a Board we can model and practice DEIA work in all our activities.

MDH presented on the Healthy Minnesota Partnership Health in All Policies work at the April ASTHO Health Equity Conference.

MDH pioneered work directly with Community Based Organizations (CBOs) and other providers and created a strong network to advocate and implement practices that allowed language access, access to preventive care services, and access to long term support for: Preventive care vaccines to all ages, early childhood screenings, Emotional and Mental Health and Opioids and Fentanyl Information and prevention.

Minnesota Council on Health Plans (MCHP) had the first Council Health Equity Summit (Equity in policy, equity in data, equity in leadership, equity in organization)

MCHP created a new Community Health Committee, working on population health, community connections, and health equity.

MDH supported the implementation of a group to serve the Latino Community “Latinos serving Latinos.”

MDH continued conversations about Health in All Policies and health narratives through various calls with other state assessment & planning staff.

MDH provided consultation on National Health Equity Narrative

MDH presented the [Partnership Narrative Work](#) to the National County Health Road Maps

## Statewide Health Assessment

Audrey Hanson, the Statewide Health Assessment (SHA) Project Lead, provided an update on the health assessment and public comment period. The Health Assessment is currently under review cycles before being moved to final template. Staff are aiming for final version of assessment in early 2024.

The Health Assessment public comment period in October generated approximately 300 comments of feedback. Over 1,000 people visited the SHA’s website during the public comment period and over 500 clicked on the draft document. Feedback was organized internally and discussed with the Steering Committee for how to integrate edits.

Attendees were engaged in an activity to learn how they plan to share the assessment and what suggestions they have for conducting presentations. Online participants could answer via Padlet, while in-person attendees answered via post-its.

How do you plan to share the Statewide Health Assessment across your networks?

- Some attendees plan to share the Health Assessment include through social media, Local Public Health assessment and planning Community of Practice, HealthPartners Institute, a hospital CHNA group, the Minnesota Board on Aging and Area Agencies on Aging.

What conferences, presentations, meetings, or groups might be interested in a presentation of the SHA?

- Suggestions included: September or October MN Board on Aging Meetings, Center for Community Health - Assessment and Alignment Committee, National Association of Medicaid Directors, The Minnesota Homeless Coalition, Council of Health Plans, MPHA and/or APHA annual meeting conference, via Regional Community Health Improvement Plan (CHIP) & Community Health Assessment (CHA) groups, Local Public Health Association General membership meeting, Minnesota Public Health Association

## Statewide Health Improvement Framework 101

Tara Carmean presented an overview of the Statewide Health Improvement Framework (SHIF) as groundwork for the Partnership developing the next SHIF in 2024, once the Statewide Health Assessment is released. The SHIF is a long-term plan to prioritize and address issues identified in the health assessment. It is a community-driven, collaborative process that includes

involvement from the health department, the Healthy Minnesota Partnership and variety of sectors. Components of the SHIF include Health Priorities, measurable objectives for each health priority, strategies (activities) for each health priority that includes timeframes and responsible parties, and a plan to track implementation. Health improvement plans are used by partners to prioritize existing activities and set new priorities, take collective action, and facilitate collaborations.

The Partnership created the last SHIF in 2018, named Healthy Minnesota 2022 and is available online:

<https://www.health.state.mn.us/communities/practice/healthymnpartnership/framework.html>

Question: What is the definition of a health priority?

- Answer: Health priorities are health related goals and are broader than individual health outcomes. The [Partnership's values](#) includes health, which is defined as more than being absent of disease and including physical, mental, social well-being.

Question: How many priorities will be selected?

- Answer: The number will be determined by the Partnership, but there is a minimum of two. Will need to prioritize because "if everything is a priority, nothing is a priority".

Partnership members and other key partners can support the improvement planning by attending 2024 meetings, sharing information with organizations and networks, and consider volunteering for the Steering Committee or other work groups and committees.

## Wrap Up

Co-chairs Sarah Grosshuesch closed the meeting.

The next meeting is scheduled on February 13, 2024, 1:00pm – 3:00pm, (Hybrid) Webex & Wilder Foundation. The Spring meeting is in the process of being scheduled. Additional 2024 meetings are scheduled on 9/10 and 11/13.

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