

Healthy Minnesota Partnership Meeting Notes: 2/8/2023

February 8, 2023, 1:00 – 3:00pm, Minnesota Department of Health and Webex

Attendance

HMP Members and Alternates

In-person attendees: Sarah Grosshuesch, Annie Halland, Mary Manning, Michelle Trumpy, Rachel Widome. Virtual attendees: Dana Carroll, Linda Davis-Johnson, Christy Dechaine, Christen Donley, Sasha Houston Brown, Jonelle Hubbard, Maureen Kenney, LillyAnna Smith, Nissa Tupper, DeDee Varner

Additional Attendees

In-person attendees: Amans Ntakaruitamana. Virtual attendees: Bonni Abdurahman, Amber Ahonen, Madison Anderson*¹, Ali Bahar, Emily Becher*, Brian Bluhm*, Ann Bussey, Dana Carroll, Kim Engwer-Moylan*, Allie HawleyMarch*, Jan Hallstrom, Scott Hegstad, Amy Johnston, Seth Kaempfer, Canan Karatekin, Kristine Klopp, Ray Lewis, Jody Lien, Meghann Levitt, Marie Malinowski, Denise McCabe*, Kaitlin Overman, Maureen Patty, Tracy Pederson, Monique Riley, Grace Savard, Kelsey Scott, Angela Stuempert, Denny Vang, Frieda VonQualen, Susan Whitewater, Ashley Wiertzema

MDH Partnership Staff

Tara Carmean, Audrey Hanson, Jeannette Raymond, Ruby Roettger, Deanna White, Austin Wu

Welcome

Sarah Grosshuesch recognized Mary Manning (co-chair) for her years of service as she sets to retire at the end of the month. Mary shared some thoughts about her time at MDH.

Approval of 12/1/2022 Meeting Summary

DeDe Varner moved to approve the December meeting summary that was emailed before the meeting. Annie Halland second the motion. Motion approved.

¹ Additional Attendees with an asterisk are Minnesota Department of Health staff

Partnership Member Updates

Jeannette Raymond shared that DEED has started the process of developing their broadband equity plan. If you have a group of people who might be interested in commenting, they can do so. Great opportunity for input on an issue the Partnership has worked on. More information is available here: [Minnesotans Urged to Play Role in Digital Equity Plan \(mn.gov\)](#)

Mary Manning shared her excitement to see introduction of paid leave legislation. Also excited for Driver's Licenses for All policy – this was a policy that members of the Partnership have been interested in.

Christy Dechaine from the MN Hospital Association shared some interesting data she has been looking at: the point in time count with county specific data related to individuals who are unhoused. This is updated annually. More can be found here: [Point-in-Time Count Information — Minnesota's HMIS \(hmismn.org\)](#).

Sarah Grosshuesch reflected that this is helpful information but uses a very restrictive HUD definition of homeless so it's important to remember this number is an undercount.

Feedback and approval on the Annual Report

Healthy Minnesota Partnership Annual Reports are completed every year and posted on the HMP website.

The 2022 Annual Report was emailed out before the meeting. Some corrections were received from the Department of Corrections related to the work they have done.

Rachel Windome motioned to approve the report with corrections. Michelle Trumpy seconded the motion. The motion was approved with the suggested amendments and will be posted soon.

Statewide Health Assessment

SHA VS Statewide Health Improvement Framework Overview

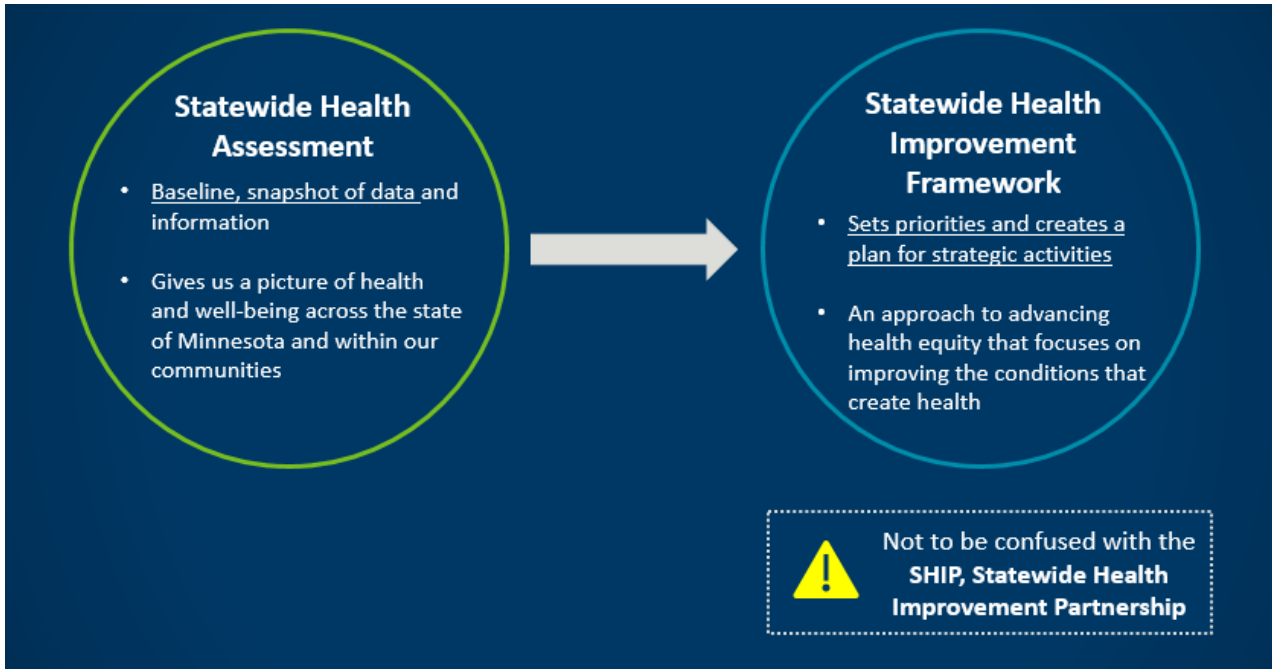
Audrey Hanson provided some grounding information on the statewide health assessment (SHA) and the statewide health improvement framework (SHIF) via PowerPoint slides. These slides can be used to orient others to the SHA, it's purpose and scope. As these slides were reviewed, meeting attendees gave feedback and suggestions on information that should be added or clarified as background information on the SHA.

Comments and questions from the partnership and guests included:

- It's not clear from the slide that the SHA does not include new or primary data creation

- It could be helpful to mention/clarify what the CHA-CHIP is, there is a difference between county and state assessments. The local analogue for the state health assessment and improvement framework would be a CHA/CHIP (community health improvement plan/improvement plan).
- People who aren't public health workers are not familiar with PHAB - the Public Health Accreditation Board. Suggestion to start with the SHA is a snapshot and story of health in Minnesota. Move the PHAB point to the bottom, talk about how it's used.
- Saying it's a snapshot, not a data book is good for community engagement – but clarify use of SHA
- Linking data to outcomes within each of the themes (People, Place, Opportunity, Belonging) where possible.
- How is COVID looped in to the 2023 SHA. Answer: An internal MDH group of COVID data stewards has been convened to help identify what data does and does not exist. The available data will be integrated within each of the categories.
 - Important to think about whether it is “COVID data” or data that shows anomalies because of COVID.
 - There are also conversations about the impact of long-covid even as data that doesn't exist yet. Thinking about how to acknowledge it without having the actual data yet. Could choose it as a data set that is updated annually.
 - Impacts of COVID will be ongoing in a variety of ways.
- Partnership members can join the COVID data workgroup if they wish. Reach out to Audrey Hanson
- The assessment team is thinking about how to make the statewide health assessment useful for organizations. It is also considering how to disseminate the SHA so it's useful for organizations, communities and their change efforts.
- Are specific indicators highlighted in with each strategy? Those may be good indicators to highlight in the SHA ongoing. Response: The SHIF has focused on expanding the conversation about health and Health in All Policies (HIAP). The performance indicators have been around the ability for Partnership members to advance those two strategies. Austin Wu is looking into policy work and how policy changes impact the health of communities .

The slides below have been edited to incorporate the feedback above. The timeline was also shared with the attendees as a reminder of the goal dates for milestones.



What the SHA is and is not

<p style="text-align: center;">IS</p> <ul style="list-style-type: none"> • A snapshot and story of how to understand health and the opportunity to be healthy in MN • Builds off 2012 & 2017 SHAs • Uses pre-existing statewide data; from across sectors/different agencies • Meets Public Health Accreditation Board requirements 	<p style="text-align: center;">IS NOT</p> <ul style="list-style-type: none"> • An MDH plan or list of MDH work • Goals, objectives, or an action plan • Exclusively health outcomes indicators • Big data book or collection of one-time studies
--	---

SHA Development Updates

Steering Committee update: Sarah Grosshuesch shared that the group had a kickoff meeting on 1/18/23 and began with some grounding and background information. Monthly meetings are currently scheduled monthly meetings into April. Began reviewing indicator criteria and identifying non-MDH COVID data/indicators (ex: Pollution report from MN Pollution Control Agency). Other tasks for this group will likely include informing and supporting community engagement activities and identifying other sources of data (non-MDH) for the SHA.

SHA Assessment Alignment Sub-committee update: Annie Halland shared that the kickoff meeting on 2/1/23 with re-occurring meetings plan. Group started with grounding and reviewed purpose and call for this group to meet to “align the SHA with state, local, and hospital assessments across the state”. Reviewed background information on Community Health Assessment and Community Health Assessment processes and updates on work MDH staff is conducting to inform this alignment.

The committee is also interested in community engagement piece as this in an area where alignment would help with community relationships and value of assessment and planning. Discussed potential questions and ideas to explore at subsequent meetings (ex: engaging local public health and hospitals in identifying strengths and assets across the state). This group is also looking for more folks to join – it would be helpful to have more non-metro and hospital representatives.

MDH Workgroup: Audrey Hanson shared this will be kicking off on 2/21/23. The work group is tasked with reviewing and identifying indicators; aiming for data collection activities to launch March/April. Developing SharePoint site to support this process and updating indicators.

For those interested in joining the SHA subcommittees email: audrey.hanson@state.mn.us

Comments and questions from the partnership and guests included:

- Question: Are there specific indicators highlighted with each strategy there? Those may be good indicators to highlight in the SHA ongoing. Answer: Staff are looking at some potential policy indicators, but have not had extremely concrete indicators in previous SHIFs
- Question: Regarding Community Engagement, are there other considerations/stories that can be elevated and has the data been analyzed by the impacted communities? Answer: Staff are currently planning for community engagement and thinking about how stories can help describe and provide context for the data.

Community Engagement

Tara Carmean shared that community engagement is part of the SHA Project Plan, one of the SHA phases. Specific activities are to be determined but will build on and expand past efforts with the 2017 SHA, which included a survey and public comment period.

Partnership staff started planning phase by getting grounded in SHA framing considerations and understand what the Partnership has heard previously, such as communities don’t want to just focus on deficits and communities are feeling engagement fatigue. There is also a desire to understand how the make the SHA useful to communities for dissemination plans. Staff is working with the MDH Center for Health Equity, SHA steering committee, and HMP for feedback on CE plans.

Partnership members will be asked for support engagement efforts in whatever ways they can. If interested in being more involved in these conversations, join a subcommittee or email tara.carmean@state.mn.us

Comments and questions from the partnership and guests included:

- Question: Can you leverage data collected through local public health's CHA processes? Most, if not all, do community engagement? Response: Staff are thinking about how to use findings from other community engagement efforts. In the SHA narrative there will be a need to elevate that the SHA is informed from processes across the state and including data that was collected through engagement efforts. There is an intention to look at what's been collected since people are fatigued.
- Question: How are the 11 MN tribal nations engaged? Response: Tribes have data sovereignty. The state cannot require Tribes to share data, but there is some updated data that will be available. MDH is working with Office of Tribal Health and others to ensure that American Indian health is represented. It was suggested that the Indian Health Services has data.
- Other comments were shared that it could be helpful to look at other community needs assessments. Many have included COVID questions, including a hospital that included questions about how COVID impacted the community's needs during virtual community conversations they hosted for their CHNA.

Strengths & Assets Activity

Although the specific engagement activities are not yet determined, there will be some activity to help identify community strengths and assets that support health. This is one of the framing considerations for the 2023 SHA and could point to action-oriented strategy areas, away from being deficit focus.

Using Mentimeter, attendees were invited to test a question about strengths and assets (Thinking about the community that you are a part of, what are the strengths and assets that support the health of your community?) and provide feedback on how to ask this question better.

Summary of responses: strengths and assets that support health for your community include green spaces for outside activity, relationships with other people (family members, neighbors, community messengers, etc.), connection to groups and organizations (nonprofits, faith communities, community organizations), resources, clear communication.

Feedback was provided on how to reframe and make the question more accessible.

Health in All Policies: Using HMP Narrative Work

Jeannette Raymond shared a background about the Partnership strategic approach to expand the conversation about health and apply this expanded narrative to policy initiatives. The Narratives are lift up the conditions that are needed to create health (not individual behavior). Narratives on the website include multiple topics such as: African-American infant mortality; early childhood health; housing home and health; incarceration inequities and health; income and health; mental health and well-being; transportation and health

Meeting participants were invited to practice advocating for Health in All Policies around paid sick time during the meeting. The discussions in this legislative session provide an opportunity to use HMP's narrative work to advance health in all polices

Attendees got into small groups to practice having conversation with a legislator, a representative of a company, or a neighbor to advocate for Health in All Policies, using the topic of Paid Family Leave and Health.

Discussion following the small group activity:

- Can be difficult to start a conversation like this in today’s politicized world.
- Think about values your audience has that you can link to shared values – even if they don’t support the policy, talking about the values may help them connect in a different way.
- One group approached the activity by trying to create narrative around how structural inequities contribute to impacts.
- In a conversation with legislators, an approach has been to use three pieces – head, heart and pocketbook. These frames really help with the head knowledge, a story can help with the heart knowledge (or shared values) and the pocketbook on how much it may save down the road is also helpful.
- Data speaks “this will save your business X amount of dollars r/t absenteeism”

Tools for advocating for Health in All Policies are available online: [Training and tools for public narratives - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/training)

Final announcements

- Future meetings
 - April 5, 2023; 1-3pm, hybrid
 - June 8, 2023; 1-3pm, hybrid
 - September 7, 2023; 1-2pm virtual only

This is the 3rd hybrid meeting and staff are still learning. Staff plan to reach out for feedback about what is working and what could be better in the future.

Adjourn

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

2/27/2023

To obtain this information in a different format, call: 651-201-3880. Printed on recycled paper.