

Healthy Minnesota Partnership Meeting Summary: April 5, 2023

April 5, 2023, 1:00PM – 3:00PM, Minnesota Department of Health, Saint Paul, and Webex

Attendance

HMP Members and Alternates

In-person attendees: Dana Carroll, Claire Fleming, Sarah Grosshuesch, Virtual attendees: Bonnie Abdurahman, Christy Dechaine, Matt Flory, Chelsea Georgesen, Kelley Heifort, Jonelle Hubbard, Maureen Kenney, Colleen McDonald-Diouf, Tracy Morton, Amy Reineke, Katherine Teiken, Nissa Tupper, DeDee Varner

Guest Attendees

In-person attendees: Alexandra De Kesel Lofthus, Amans Ntakaruitamana. Virtual attendees: Jane Cunningham, Laura Daak, Christina Glenzinski, Tommi Godwin, Kelley Heifort, Tanetta Isler, Michelle Jones, Lori Kangas-Olson, Allie Hawley March, Amy Johnston, Canan Karatekin, Paul McCleary, Amanda Monson, Kelly Nagel, Teresa Newby, Kelly Thibodeau, Jessica Tabbutt, Raymond Thron, Katie Peck, Denise Schneekloth, Kimberly Wallingford, Mary Yang,

MDH Partnership Staff

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

Meeting Notes

Introductions

Sarah Grosshuesch (Co-Chair) opened the meeting and welcomed everyone. Kelley Heifort of the Dept. of Corrections read the land acknowledgment

Welcome new HMP members!

Since the beginning of 2023, several new members have joined the Healthy Minnesota Partnership (HMP) to fill vacant member and alternate roles:

- Claire Fleming, American Heart Association
- Sasha Houston Brown, Blue Cross Blue Shield Foundation of Minnesota
- Carla Kohler, Blue Cross Blue Shield Foundation of Minnesota
- Amy Reineke, Local Public Health Association (Greater MN)
- Jonelle Hubbard, Local Public Health Association (Metro Area)
- Maureen Kenney, Minnesota Board on Aging

- Bonnie Abdurahman, Minnesota Department of Human Services
- Matt Flory, Minnesota Public Health Association
- Robert Haider, TakeAction Minnesota

A roster of members and alternates are listed on the [HMP website](#). This year will include identifying any gaps in membership and recruiting to fill identified needs.

Co-chair Mary Manning, the Health Improvement Assistant Commissioner, retired in Feb. This position is not filled but more information about filling this role is expected at the June meeting,

Approval of 2/8/2022 Meeting Summary

- No corrections or additions requested. Claire Fleming moved to approve the notes as printed. DeeDee Varner seconded the motion. Motion approved.

Partnership Member Updates

Background

- The Partnership has been working on the three strategic approaches identified in the last [statewide health improvement framework \(SHIF\)](#) (<https://www.health.state.mn.us/communities/practice/healthymnpartnership/framework.html>). These are:
 - Expand conversations about what creates health and well-being
 - Shape policies and systems around health and well-being
 - Promote and apply asset-based approaches to advance health and well-being
- Member updates is a time to share the work or activities that partners have done
- Updates help with monitoring progress and completing HMP annual reports

Invitation for Updates

- Since the last meeting, have you contacted your elected officials to advocate for Health in All Policies in any proposed Legislative bills, such as paid sick time?
(We practiced having these conversations during the February meeting)
- How have you applied health lens to other policy discussions? Including any organizational policy reviews?
- 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?

Kelley Heifort (Department of Corrections) shared the 2021 and 2022 homeless data report is coming out shortly. It used the lens of the importance of housing in greater public safety. Legislative policies are out right now and include a focus on the social determinants of health. Healthy Start Conditional Release program report is coming out soon and includes report on postpartum moms. Jeannette suggested “Birthing Justice” as a concept that might help reinforce what DOC is doing.

4 / 5 / 2 0 2 3 H E A L T H Y M I N N E S O T A P A R T N E R S H I P
M E E T I N G S U M M A R Y

Claire Fleming (American Heart Association) shared that Heart Walk is happening on May 20, 2023. Community blood pressure hubs have been successfully created for people to can come and monitor their own blood pressure. There is new excitement in CPR and first aid, so they are setting up more trainings for emergency preparedness plans.

Christy Dechaine (MN Hospital Association) shared that Allina Health is excited about the universal school meals bill as it is something they have worked on a long time. Related to the assets-based work, they launched website Change to Chill focused on resilience among teams focused on Indigenous and Native Community to support mental wellness.

Sarah Grosssheusch (LPHA) reported her staff participated in Narratives Training to help with preparation of their Community Health Needs Assessment. She reported that the training helped a lot.

Matt Flory (Minnesota Public Health Association) shared that during public presentations for the American Cancer Society, they talk about screening disparities between white and communities of color and realized they were leaving the impression that it was somehow the fault of the people, not the systems. This led to refocusing on social determinants of health. Also, St. Louis Park was considering building a new nature center and they were able to use the narratives to help persuade the Council to build the center in a way that was more appealing and accessible for all.

During the February meeting the Partnership practiced talking about Paid Sick Leave policies using the narratives. Did anyone talk with folks? Jeannette shared that her State Legislator was having a meet and greet with a city council member. There is a hot local issue so coming in with a state issue was challenging, but she was able to talk with the State Senator about it.

Vajong from Blue Cross Blue Shield met with the Governor and Lt. Governor about the child tax credit from a health perspective. Jeannette provided resources for him that supported the importance of these tax credits.

DeeDee Varner (Health Plan Representative) shared that May is Mental Health Awareness month and working with Penumbra Center for an event May 8 on mental wellness and race

Happy National Public Health Week!

April is National Second Chance month! On Wednesday, April 5, 2023, the I-35W Bridge over the Mississippi River and Lowry Ave Bridge will be lit up orange and white honoring April as Second Chance Month. The State of Minnesota is committed to breaking down barriers that exist for formerly incarcerated people. On March 3, 2023, Governor Walz signed a law restoring the voting rights of over 55,000 formerly incarcerated people. This is a step towards restorative justice for those who have been historically and systemically disenfranchised. Also, on March 22nd, Governor Walz issued a Proclamation declaring April "Second Chance Month." Help us mark this event by taking pictures of the bridge and tagging #mnscc and #secondchancemonth on social media.

A report from the World Health Organization (WHO) on a framework on social determinants of health (SDOH) and health inequities described how the two (SDOH and health inequities) should not be conflated, because the problems and solutions are different. For example, housing is a social determinant of health, but redlining is a social determinant of health inequities. Policies that provide more housing could improve health, but not necessarily health inequities. In fact, as the WHO authors point out, policies that are aimed only at SDOH can exacerbate inequities.

Statewide Health Assessment (SHA) Updates

Community Engagement

Tara Carmean provided an update on the SHA community engagement plan. Since the February HMP meeting a draft plan was developed and shared with the SHA Steering Committee and the Center for Health Equity. The engagement plan goals include: The SHA will reflect strengths and assets that support health and the SHA will be useful to multiple key audiences. The planned activities include:

- Create Inventory of existing information that has been gathered from other community assessments and reports to avoid duplication. **If you are aware of any assessments or reports that used community engagement with an assets-based approach, please let Tara Carmean know (Tara.Carmean@state.mn.us)**
- Conduct 5-8 group conversations with existing groups to obtain input on community strengths and assets that promote health. We will prioritize groups that are impacted by health inequities. **You will receive a survey asking for suggestions for which groups to recruit for these conversations, please take a moment to fill it out.**
- Provide open public comment on the draft SHA
- Engage the HMP and SHA subgroups for input on dissemination plans

Partnership suggestions to include in the Community Engagement Inventory included:

- The Minnesota Department of Human Survey will be releasing a report on Substance Use Disorder (SUD) soon, at upcoming conference.
- The [Homeless Mitigation Plan](https://www.lrl.mn.gov/docs/2022/mandated/221626.pdf) (https://www.lrl.mn.gov/docs/2022/mandated/221626.pdf) included engagement activities among impacted people on supervision, supervision agents, and more.

Other suggestions or questions about public engagement may be sent to Tara.Carmean@state.mn.us

Assessments that point to action

Jeannette Raymond led a discussion about assessments that point to action. One of the 2023 framing considerations is that the SHA should be oriented to action, and a better tool for inspiring action.

In 2020 and 2021 Chakita Lewis, a master's student intern did a project for the HMP to answer the questions:

- How do we share data in ways that can translate to actionable change?
- How do we use data in a way that does not retraumatize communities?

She looked at two different models:

1. Evidence-based Public Health (EBPH) Deficit Model
2. Asset Based Approach Model (Another 2023 SHA framing consideration identified by the Partnership is that the SHA should highlight assets and strengths.)

The Partnership had a large group and small group discussions around the following questions. A summary of the discussion is included below.

When has data spurred you or your organization into action?

- One health system started screening for health-related needs (food, housing, transportation) and noticed that they were offering screenings to people of color at a higher rate than to people who were white. After sharing the data they were surprised to notice an almost immediate improvement.
- The U of MN worked with Tribal Nations to create an asset-based smoking cessation program to move from commercial tobacco to traditional forms of tobacco. Community champions used data from the pilot to move the pilot to a sustainable program. They also saw how student data champions spurred people to action after the students analyzed and presented data on student experiences at the University (sense of belonging, mental health, etc.).
- HealthPartners continues to expand and develop new resources for the [HealthPartners PowerUp school challenge](https://www.powerup4kids.org/schoolchallenge) (<https://www.powerup4kids.org/schoolchallenge>) to help teachers and schools (elementary level) support moving more, eating better and feeling good.
- UMN Extension received qualitative and feedback data regarding language translation needs for food safety trainings. This led to exploring which languages and what learning styles are needed.
- Department of Correction was invited to a legislative task force meeting on homelessness and shared some statistics to shine light on some issues. “We don't know what we don't know, and when we do - we're charged to do something with it.” This led to a statute and mandatory reporting.

How might action ideas be included in the SHA?

What would support the work of your organization or other organizations? What would support advocacy that is needed to raise a sense of urgency?

- Include recommendations for local action (or examples). Can the SHA include examples or recommendations for local actions to address findings? Or share information about evidence-based, promising, or emerging practices in each area of health?
- It would be helpful to have data that could be used at the zip code level, especially in rural areas. It would help to look at assets and find gaps in the communities more clearly.
- Data sources and data-sharing from state sources so that local jurisdictions can use the same data in their CHA/CHIP process.
- Include Policy/Program Options for Tribes, Cities, Counties. For top community health issues, consider including examples of local policy or program options that have supported listed priorities. Does not have to be Minnesota-specific, but feasible to adapt for local Minnesota communities.

What tools, resources, or materials would help you or other organizations use the SHA?

- Create info graphics or pictures that are easy to use in PowerPoint presentations.
- Shared Icons/pictorials. Some suggestions included being able to re-use similar icons/pictorials in the SHA or other reports that resonate with communities.
- Data resource: Additional data regarding the value/return-on-investment (ROI) of community resources as well as the gaps/opportunities in existing community resources (by geography) would be a helpful tool for advocating with and on behalf of community service providers.

- The Partnership developed a discussion guide to go with the 2017 SHA. However, this was not a tool that was used by many people. Only MDH staff used this guide.
- Allina Health combines their assessment and health improvement plan. For each priority health topic Challenges, Community Resources, and Ideas and opportunities. These last two sections highlight community resources and action ideas that came up during their planning process.

Finally, common themes for using data to make actionable change was shared from Chakita Lewis's research:

1. Data reflects community voices and highlights communities' concerns.
2. Community involved in the process of data collection, distribution, development and implementation of innovative solutions.
3. Language used to convey data is comprehensive, accessible, and tailored toward target audience.
4. Data reduces the burden of proof on marginalized communities.
5. Acknowledgement of how systemic racism is a contributing factor to health outcome.
6. Data is used to highlight community assets, not just community deficits.
7. Data that can be shared across departments, counties, agencies, etc.
8. Data is essential tool used to influence and generate funding.

Updates from SHA subgroups

Steering Committee: Audrey Hanson

- During February and March meetings were updated on the planned community engagement activities and timeline for the SHA. Discussed the questions of prioritizing groups to engage and reviewed a list of proposed communities from the 2017 SHA.
- At the next meeting, the group will review the plan for gathering other sources of data (non-MDH) for the SHA

Assessment Alignment Subcommittee: Katie Peck, Wilderness Health

- The committee expanded in number by quite a bit to include perspectives and insight from local public health, hospitals, and health plans
- During the March meeting, reviewed background on CHAs & CHNAs to ground new members and spent the rest of the meeting discussing:
 - How attendees have or have not used the SHA in their local assessment work and if they have any questions about the SHA that would help them with their local process?
 - What "alignment" means to them between CHA/CHNAs and the SHA?

MDH Data Workgroup: Audrey Hanson, MDH

- Started reviewing HEALTH indicators and will begin reviewing and brainstorming SYSTEMS indicators/data next week
- Aiming to collect data between end of April through May via a SharePoint site
- Also have convened a list of the non-MDH data and sources. Staff will reach out to some members over the next month or two.

Internal work: Audrey Hanson, MDH

- MDH Strategic Planning process happening currently as well, Kelly Nagel leading the process. Staff are working to keep each other updated and ensure any data collection from the SHA could support this, though knowing there are different timelines
- Other internal projects include: Hospital/CHNA search; a spreadsheet of MN assessments/plans/frameworks; the CE Inventory; and a HIAP review

Health in All Policies

Austin Wu shared two examples of the use of Health in All Policies-thinking for data indicators – Universal broadband internet access and trade union membership. For both topics, two slides were presented: (1) connecting the topic to health outcomes, and (2) connecting the topic to its context in Minnesota.

Access to broadband internet was shown as a conduit to accessing other known social determinants of health – work, education, health services, community involvement, and more. A map from DEED showed gaps in broadband coverage in Minnesota, particularly in rural areas in the northeast and southern parts of the state. A bar chart from a House Research brief showed racial disparities in broadband access, with the lowest level of access among Indigenous and Black Minnesotans, and the highest levels of access among white Minnesotans and Minnesotans of two or more races.

Trade union membership was also shown as linked to many other determinants, such as higher wages, reduced inequality, improved workplace safety, and increased benefits such as health insurance and paid leave. The community-building aspects of unions, such as political advocacy and social events, was also highlighted. A line chart from the Bureau of Labor Statistics showed that unionization in Minnesota is higher than the US as a whole – covering about 14% of Minnesota workers compared to 10% of American workers overall – but still lower than the historical peak of over 30% in the 1950s. A report from the Economic Policy Institute, UMN, and UIUC found that most of Minnesota’s unionized workers are concentrated in health and education, public administration, transportation, and manufacturing.

HMP members were asked if there were any additional topics or data indicators which came to mind. Next topic for deeper examination is paid family leave.

If this sparks any ideas for the SHA, please let Audrey Hanson know (Audrey.Hanson@state.mn.us)

Hybrid meeting check-in

Attendees were asked to share feedback regarding the hybrid meetings using Padlet. Feedback included:

What is working well: Hearing from people all over MN, breakout sessions, variety and number of participants, ability to participate from different locations, using virtual tools (such as Padlet), small group breakout sessions

What do you suggest we change or do differently: Identification of who is speaking in the in-person space, consider more camera angles or zooming in, clearer guidance on when virtual attendees should use their cameras, put when breakout rooms will happen on the agenda, sharing the list of attendees.

Announcements

Future meetings:

- June 8, 2023, 1:00 – 3:00pm – Hybrid, in-person location MDH Office
- September 7, 2023, 1:00-2:00pm – Virtual
- Fall/winter – TBD

SHA Subcommittees continue to meet, if you wish to join any of the subcommittees, please reach out to Tara Carmean or Audrey Hanson.

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4/24/2023

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