Healthy Minnesota Partnership Meeting Notes: July 31, 2024

LOCATION: WEBEX (VIRTUAL)

Meeting summary

The Healthy Minnesota Partnership (the Partnership) held a virtual meeting on July 31 from 1 to 3 p.m. After small group introductions, attendees discussed a proposal to update the Partnership's principles. Attendees received community engagement updates and were asked to share an open survey with their networks. To prepare for September discussions on health priorities for the next statewide health improvement framework, the Partnership shared about the framework's scope, context, and framing considerations. Attendees also received a sneak peek of some community input to date.

73 people attended, representing multiple sectors, including community-based organizations, education, local public health, health care, and state agencies. The list of attendees' organizations is included on page 8.

RSVP for the next Partnership meeting: Sept. 10, 2024

Sept. 10, 2024, 1 to 3 p.m., Hybrid meeting using Webex. RSVP to receive the meeting link and in-person location.

The RSVP link is posted on the Partnership webpage:
https://www.health.state.mn.us/communities/practice/healthymnpartnership/index.html

The goal of this meeting is to review and discuss proposed health priorities for the statewide health improvement framework.

Meeting notes

The meeting was opened and led by Partnership Co-chairs Sarah Grosshuesch, representing the Local Public Health Association, and Assistant Commissioner Sarabia Minnesota from the Department of Health.

Approval of February and May meeting summary

February and May meeting notes were emailed prior to meeting. No questions or edits raised. A motion to approve was made by Claire Fleming from the American Heart Association, and seconded by Malissa Adams from the Department of Human Services. Motion passed.

Partnership updates

New members

Assistance Commissioner Sarabia welcomed three new member organizations and representatives: Essentia Institute of Rural Health (Amber Lightfeather), Joint Action for Diversity and Engagement (JADE) (Gracie Li and Hanbin Zhou), and YWCA of Saint Paul (Beatrice Laiser and Dalton Outlaw)

Upcoming orientations

The next orientation is scheduled for Wednesday, Sept. 4 from 11 a.m. – 12pm noon. You may RSVP by emailing: health.healthymnpartnership@state.mn.us

Statewide health assessment

Translations of the statewide health assessment's executive summary and opening letter from Commissioner Brooke Cunningham are available online. These written translations are available in Hmong, Karen, Russian, Somali, and Spanish: Minnesota Statewide Health Assessment - MN Dept. of Health.

Five videos on the assessment's webpage give an oral and visual overview of the assessment's purpose and scope. These videos are approximately 2 minutes long and available in English, Hmong, Somali, Spanish, and American Sign Language (ASL).

MDH Partnership staff are providing internal and external presentations on the assessment to different groups. Presentations have ranged 20 to30 minutes and provide examples of ways different audiences might use the assessment. If you are interested in a presentation on the assessment for your group or organization, please contact Audrey.hanson@state.mn.us.

Partnership Principles

Deanna White, MDH, presented a proposal for updating the Partnership Principles in response to input from Healthy Minnesota Partnership members and partners during the 2/13/2024 Partnership meeting. Proposed changes were reviewed and updated by Partnership co-chairs and the Statewide Health Improvement Framework Steering Committee.

Current Principle	Proposed New Principle (wording changes in **bold**)	Reason for change
We are explicit about race and racism.	We are explicit about race and **structural** racism **to create fair and just conditions for health for all people in Minnesota**.	It is important to reflect the structural nature of racism. It is also important to be specific about why we are explicit about it.
We lead by doing.	No changes recommended.	This is still reflective of the Partnership's approach to our work being action-focused.

Current Principle	Proposed New Principle (wording changes in **bold**)	Reason for change
We focus on the policy discussions and decisions that shape opportunities for health.	We focus on **institutional and governmental policy** discussions and decisions that shape opportunities for health **equity**.	We heard clearly that members wanted to spell out that it was institutional as well as governmental policy that we focus on. We also wanted to be explicit about our focus on health equity.
We innovate and practice.	We innovate and practice **with a focus on asset-based approaches.**	The asset-based approach is relatively new in our work but is an important approach and we heard clearly that members want it to be called out in the principles.
NEW ADDITION 1	**We convene statewide and community partners to co-create and determine priorities and conduct impactful work.**	This statement reflects the overall approach of the Partnership in the way we conduct our work.
NEW ADDITION 2	**We value input from community members and seek it out to inform our work.**	This reflects our commitment to community engagement and the important role it plays in informing the work of the Partnership.

Discussion:

- How are the principles used? Principles are used to inform all that the Partnership does.
- Regarding "we are explicit about race and structural racism…"
  - Can be clearer about how we are being explicit.
  - Add an asterisk to the term "race" to connect to a document explaining race as a social construct and the issues and concepts related race and nationality.
  - Principles talk about racism, but what about classism? Classism is an important social determinant as well.
- Regarding "We lead by doing"
  - Clarify that this points to our work being action focused. Consider being more explicit.
  - Concern raised about the focus on constant action, this can be bad for our health. Consider language that reflects a blend of contemplation and action.

  - Does "we lead" language reflect the dominant culture? Are we leading or are we collaborating and partnering?
- We want to be concise and memorable, so we should think about referencing social determinants of health rather than trying to list them or call out specific determinants.
- Principles should avoid jargon and trying to use plain language.
- Principles are ever evolving and will never be perfect but that should not keep us from moving forward.
- A resource was shared: Roots of Health Inequity Training Guide https://www.rootsofhealthinequity.org/

An updated version will be shared for approval at a future meeting.

Statewide health improvement framework

Updates

The Partnership launched a health priorities survey, which is available in English and Spanish. The survey will close on August 22. The purpose of the survey is to get input from people around the state on the issues that are most important to them. Please take and help share the survey with others: https://www.health.state.mn.us/communities/practice/healthymnpartnership/framework.html

In July, 85 people attended 6 virtual community conversations. Staff are also working to schedule additional community conversations in August, specifically to hear from American Indian communities.

Scope and process

Tara Carmean reviewed the Partnership's role and framing considerations for the improvement framework.

The Partnership brings together the Minnesota Department of Health (MDH) and many organizations around a common vision. It is a collaborative group of organizations, not an advisory board to MDH. The Partnership was charged with creating and implementing the improvement framework.

The statewide health improvement framework is a plan that is intended for action by many, not just for MDH. It is something we can all use. It may guide and support actions by individual organizational and collective action with the Partnership. Some ways the improvement framework can be used include: Guidance for activities and resource allocation, prioritize existing activities and set new priorities, taking collective action, facilitate collaborations

Framing considerations: The statewide health improvement framework should:

- Be focused on systems – identifying and implementing system or structural level actions
- Be orientated to action
- Highlight assets and strengths
- Reflect and be shaped by community concerns
- Align with statewide, community, and hospital health improvement plans
- Meet Public Health Accreditation Board standards and measures

The current phase of the improvement framework includes identifying the health priorities.

- May Partnership meetings: launched the collaborative process and collected member and partner input
- June – August: collecting community input from community conversations, surveys, and presentations
- July 31 Partnership meeting: preparing for the Sept meeting and sneak peak of preliminary input
- The Steering Committee will review community input and create a proposal for the health priorities to discussion at the next meeting, on September 10
- 9/10 Partnership meeting: review proposal for health priorities, aim to approve

Audrey Hanson provided an overview of the plan for reviewing community engagement input from the May meetings, the community conversations, and the survey. The table below that summarizes each component of the SHIF, what input gathered that might lend information to that component, and the plan for reviewing it. This is not a scientific review, but rather a plan to look across all this input received and process to group comments into themes and common ideas. Staff will share review findings with the SHIF Steering Committee to help inform proposals and discussions for the framework components.

SHIF Component	**Information we've gathered** (from May meetings, Community Conversations, and Survey)	**How we plan to review it**
Health priority: A prioritized issue or topic from the statewide health assessment that is identified through a collaborative process	Dotting/polling data (quantitative) Written & verbal feedback to activities (qualitative)	Most common topics (frequencies) Feedback flagged as intersecting/connecting topics
Objectives: targets for achievement	Written & verbal feedback to activities (qualitative)	Themes related to contributing factors, inequities, specific population(s), numbers impacted, geographic area, etc.
Strategies: the action steps to achieve the objectives	Written & verbal feedback to activities (qualitative)	Themes related to policy, relationship, access, awareness/education, coordination, training/assistance, level, data, investment/funding, resources/programs

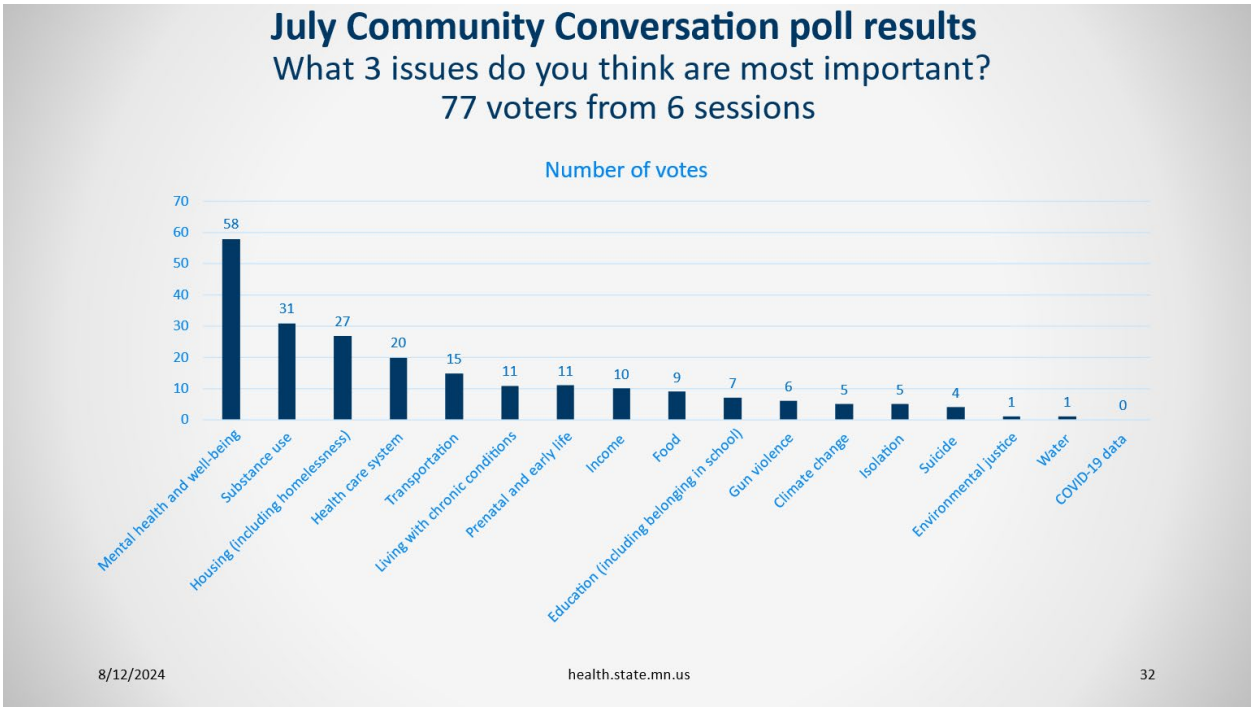
The process for proposing and approving health priorities includes

1. Partnership staff review and compile all partner and community input from the May meetings, community conversations, survey, and other activities.
2. Steering Committee and Partnership Co-Chairs review input and help draft health priorities proposal using framing considerations, prioritization criteria, and partner & community input.

3. Proposals for health priorities will be shared and discussed at 9/10 Partnership meeting. The Partnership will aim to approve.

After health priorities are identified, work groups are planned to involve members and partners identify objectives, strategies, and indicators.

The following slide shows preliminary input from the July community conversations. To date, mental health was consistently voted as the most important issue across all community conversations. Other topics included substance use, housing (including homelessness), healthcare systems, transportation, and living with chronic conditions. The survey will provide additional information.



Discussion

- How does the Partnership work together to implement the improvement framework? This may look differently depending on what the health priorities, objectives, and strategies are. In the past, the Partnership has used meetings, subcommittees, and work groups to implement activities.
- How does the Department of Human Services (DHS) fit within this framework? DHS is a member organization. DHS representatives attend meetings and are on the Steering Committee. The improvement framework includes all members and partners.
- The Department of Corrections encouraged the Partnership to remember kids with adverse childhood experiences (ACEs) and the need for services to stop cycle of incarceration.
- How is mental health and well-being separate from everything else? The bar chart on the slide only reflects results from the poll. These are not the themes and may not be how health priorities are worded. Discussions during the May meetings highlighted how the health assessment topics are connected and interrelated. The community conversations had also included conversations about how these topics are connected and interrelated.

- Attendee expressed concerns about too much focus on individual interventions. Staff reminded attendees that the Partnership has been focused on system and structural-level approaches. One framing considerations is to be focused on systems.
- Many of these items are inter-related (housing, health care systems)

Adjourn

Co-chairs Assistant Commissioner Sarabia & Sarah Grosshuesch closed the meeting at 3:00pm.

Attendance

Member organizations (representatives and alternates)

Claire Fleming (American Heart Association), Andrew Morris (Council on Asian Pacific Minnesotans), Amber Lightfeather (Essentia Institute of Rural Health), Marna Cantebury (Health Plan Representative), Annie Halland (Health Plan Representative), Grace Li (Joint Action for Diversity & Engagement, JADE), Hanbin Zhou (Joint Action for Diversity & Engagement, JADE), Sarah Grosshuesch (Local Public Health Association), Diane Holmgren (Local Public Health Association), Amy Reineke (Local Public Health Association), Jim McKinstra (Minnesota Board on Aging), Early Miller (Minnesota Department of Corrections), Maria Sarabia (Minnesota Department of Health), Malissa Adams (Minnesota Department of Human Services), Christy Dechaine (Minnesota Hospital Association), Jenna Carter (SCHSAC), Mai Chong Xiong (SCHSAC), Rachel Widome (University of Minnesota, School of Public Health), Dalton Outlaw (YWCA of St Paul), Beatrice Laizer (YWCA of St Paul).

Guest partner attendees (attendees' organizations)

African American Child Wellness Institute, Benton County Public Health Department, Carlton County Public Health & Human Services, Dodge County Public Health, Fairview, Fairview Range, Gifts for seniors, Grand Itasca Clinic & Hospital, Greater Friendship Missionary Baptist Church, HealthPartners, Herzing University, Learning Disabilities Association Minnesota, McLeod County Health & Human Services, Medica, Minnesota Association for Children's Mental Health, Minnesota Health Association, Minnesota Pollution Control Association, Minnesota Veteran's Association , MN Rural Health Cooperative, MPHA member, North Memorial health, Public Health consultant for MDH, Ramsey County Board of Commissioners, Saint Paul - Ramsey County Public Health, Scott County, Second Harvest Heartland, St Paul Public Housing Agency, St. Mary's Health Clinics (SMHC) and Ventanilla de Salud, Mexican Consulate -St. Paul, Southwest Health and Human Services, U of MN Extension, UCare, United Way, University of Minnesota, School of Public Health, Division of Epidemiology & Community Health, Team Humanity, University of Minnesota-Twin Cities, Watonwan County Public Health, Windom Area Health

Partnership staff

Tara Carmean, Deanna White, Audrey Hanson, Tara Carmean, Murphy Anderson, Chelsie Huntley

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09/20/2024

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