DEPARTMENT OF HEALTH

Healthy Minnesota Partnership Meeting Notes: November 20, 2024

LOCATION: HYBRID

Meeting summary

The goal of this meeting was to adopt the proposed objectives for the statewide health improvement framework. Staff shared how the objectives were developed and then presented the proposed objectives, which led to a lively discussion. Attendees were polled to assess support for adopting the objectives. Out of 39 people who responded, 80% (31 people) reported some level of support (3 – 5), and 18% (7 people) selected "I can be convinced but I have reservations." Based on the polling results showing general support, the objectives were adopted, leaving room for minor wording edits. Discussion continued to hear concerns and feedback that will be incorporated into the final wording of the objectives. Staff will work with the Steering Committee and workgroups to adjust the wording as strategies are identified.

Meeting notes

Healthy Minnesota Partnership co-chair Sarah Grosshuesch, representing the Local Public Health Association, opened the meeting with a warmup poll that showed 16 people (33%) were attending for the first time, 14 people (29%) had attended 1 or 2 meetings, and 18 people (38%) have attended 3 or more meetings. Attendees participated in small group introductions.

Meeting goal: adopt objectives for the statewide health improvement framework.

Objectives for the Statewide health improvement framework

Partnership co-chair, Sarah Grosshuesch opened the discussion:

- Gratitude extended to the four health priority workgroups and Steering Committee for all of their work.
- The improvement framework is a plan for all of us to collectively work on, not just the Minnesota Department of Health (MDH). The improvement framework isn't intended to advise or recommend what MDH should fund or focus on. The health assessment and improvement framework is intended to elevate systems level work.
- The improvement framework can't do everything. If everything is a priority, nothing is a priority. The improvement framework should be complementary and lift up other existing, ongoing or parallel work, not duplicate or take away from what's already happening.
- There are many valuable ideas and we're striving to balance them with the scope, vision and values of the Partnership. Ideas are saved to revisit during the implementation years (2025-2028). It is a loving document that we can adjust.

The process for developing objectives

MDH partnership staff provided an overview of the process for developing objectives. A handout providing more detail was also provided via email prior to the meeting. According to the Public Health Accreditation Board, objectives are time limited and measurable in all cases. There are different types of objectives that may include outcome, impact, or process.

Four workgroups were convened for each priority health area (Mental health, housing & homelessness, health care systems, and substance use) after the September Healthy Minnesota Partnership meeting. Workgroups are comprised of approximately 11-18 members and are tasked with developing recommendations for objectives (in October) and strategies (in December) for the Statewide Health Improvement Framework (SHIF). Each workgroup met for two 90-minute meetings in October to develop recommendations for objectives, and across the workgroups 11 objectives were recommended.

The SHIF Steering Committee's meeting in early November was dedicated to reviewing and moving forward objective recommendations from the workgroups. For this meeting, Steering Committee members were asked to consider if there are any cross-connecting or overlapping objectives AND if objectives were within the scope (purpose and capacity) of the Healthy Minnesota Partnership.

The timeline for finishing and adopting the statewide health improvement framework was also reviewed. The aim is to adopt the full framework at the February 11, 2025, Partnership meeting.

Discussion:

Question: Are workgroups still open for more participants? *Response*: Yes, workgroups are open for more participants. New members should have context about the Partnership and the improvement framework. They should also watch kickoff meeting recording and read meeting notes.

Question: Do the results of the national election have any influence on how we proceed? *Response*: Governor Walz is steadfast in protecting Minnesota's health, and he has two years left in his term. We also need to be thoughtful and intentional about our narratives to connect with people who may have different perspectives on public health. The improvement framework is Minnesota's plan and our goals and priorities won't change based on national election results.

- I don't think it should change the objectives but it may impact the priority of different strategies. Another attendee in the chat agreed.
- One thing I have been thinking about is the increased mental health burden that LGBTQ and immigrants may experience as a result of the election. That may be a lens we can use to look at the strategies for each objective in the Mental Health plan.
- MN is poised to expand MNCare to undocumented residents and Federal government is talking about mobilizing against them. *Response*: I think this is an important distinction to be aware of but also I am aware those are legislative moves. The Partnership can elevate the narratives about what makes people and communities healthy without

engaging in narratives that "other" members of our communities (where we don't alienate our community)

Reviewing proposed objectives

Revisions were made to the workgroups recommendations to reflect the review and feedback from the Steering Committee and co-chairs, Framing Considerations, and the role and scope of the Partnership. The proposed objectives aim to balance the Partnership's scope of work supporting health in all policies approaches, asset-based approaches, a prevention approach, and supporting collaboration across sectors.

Mental Health & Well-being	Housing & Homelessness	Health Care Systems	Substance Use
Support community-identified policy and system-level approaches to promote mental health and well-being	Elevate policy approaches and practices that make connections between health and housing/homelessness	(1) Increase understanding of importance of cultural competency and cultural safety in health care (2) Promote cross-sectoral collaboration to understand and address barriers to accessing health care for underserved populations	Promote a shared understanding of community assets and strengths that support mental health and address substance misuse (overlap with Mental Health)

All the workgroup's ideas and other recommended objectives that didn't move forward are saved and may become strategies (action steps).

Discussion

Question: Can you say more about "health care systems" are they hospitals and clinics, health insurance? *Response*: This is a broad category that captures many things related to health care systems. The Steering Committee reviewed all the community input and advised this focus on access to care and culturally competent or relevant care.

Question: Reflection on objective that mentions supporting community-identified policies. How is this envisioned for a statewide plan? How are we planning to do that at a community level if this is a statewide plan. *Response*: Workgroup members talked about importance of lifting up and being responsive to community identified ideas and solutions in our work. The improvement framework is a plan for all of us to collaboratively support as statewide partners. We can bring back to our own organizations and considering how to apply this at an organizational level. This is a Partnership plan not an agency plan.

- This might be an opportunity to work with local community health improvement plans (CHIPs)

Question: Want to understand the goal about "Increase **understanding the importance of** cultural competency and cultural safety". I think there are a lot of barriers to culturally competent care. So, I want to know about how "understanding" was prioritized. *Response*:

Increasing understanding goes to our scope of the Partnership and what the Partnership can do (related to previous narrative strategies).

- Agree there is a lot of work to do but would like to better understand the strategies.
- There are numerous barriers to the provision of cultural safety in healthcare. Is "understanding the importance of" the biggest barrier? Is that what should be called out in this objective.
- Virtual attendee via chat: HealthPartners is completing Community Health Needs Assessment (CHNA) for all 8 hospitals. Access to Care is a high priority for us too. Here is our definition. And we will be working on our implementation as we move into next year. Access to care means having equitable access to convenient, affordable, safe, culturally responsive, and high-quality health care. It includes a care experience where people feel like they are seen, heard, known and treated as a partner in the process, without bias. Access includes factors such as the cost of care and insurance coverage, medical transportation, care coordination and navigation. It means simplifying the complex health care system to be more understandable and accessible for all.
- This may be an opportunity to look at data or indicators, engage the health care partners with the Partnership, and think about what to address.
- Virtual attendee question via chat: is this related to bias (implicit and explicit) of the healthcare workers versus their knowledge?
    - I think that's part of it. Mostly I think that there are many barriers to the provision of culturally competent care including implicit and explicit bias, knowledge (including why and how), structural constraints, etc. At the individual level, some of the implicit and explicit bias and "how" knowledge may be a larger barrier than "why" knowledge (which is how I interpret the current language).
- Is "understanding" what we are seeking? I'd love to see something more like "demonstrated action"
- Virtual attendee comment via chat: I love Cultural humility because it is a lifelong process of self-reflection, learning, and critical self-awareness aimed at understanding and respecting cultural differences in a way that acknowledges the limits of one's own knowledge. It goes beyond cultural competence, which focuses on acquiring knowledge about other cultures, by emphasizing the importance of humility in interactions with individuals and communities from different cultural backgrounds.
- Originally, the workgroup recommended: Increase Cultural competency and Cultural safety in health care. This was revised with input from the Steering Committee about clarifying a focus and thinking about scope of the Partnership. Staff will take all of this input to consider making revisions with the workgroup, Steering Committee, and/or Co-chairs.

- Maybe the ‘health care systems’ is not the best term and then we focus on cultural approach and collaboration. *Response*: we can bring this back to the workgroup committee.

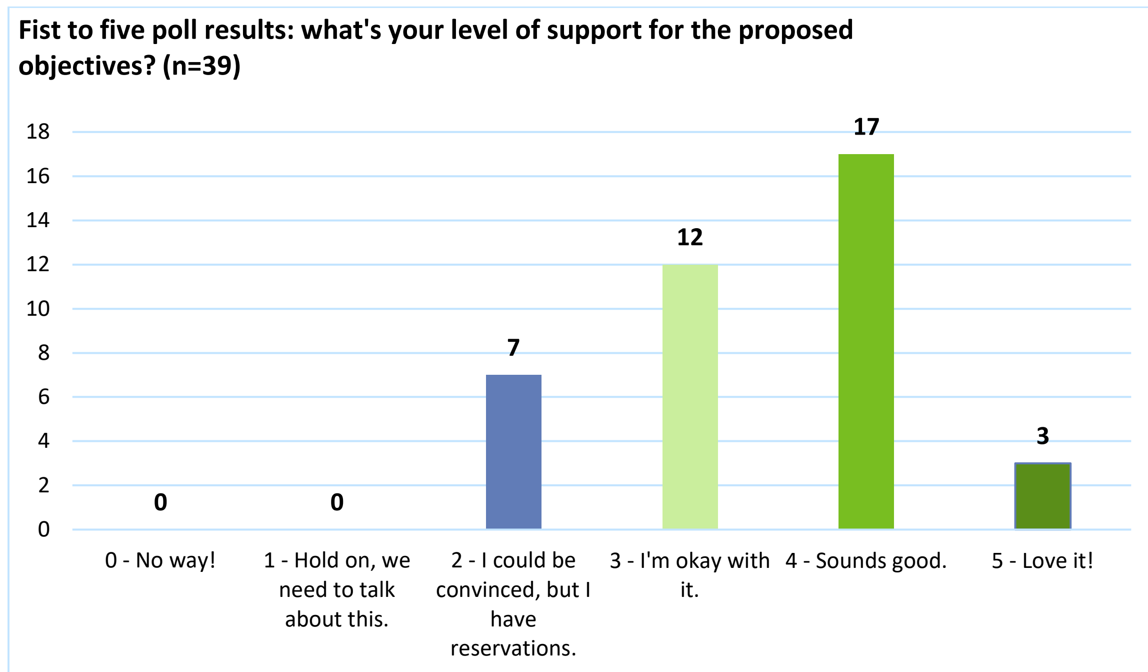
Question: What are the definitions for cultural competency vs cultural safety. *Response*: Workgroup discussed including definitions in the final SHIF document and will further clarify which to use in the final objective during the strategy conversations next month.
Comment: I appreciate the Mental Health & Wellbeing & Substance Use areas prioritizing strength and asset-based approaches!
Comment: There are racial disparities in health outcomes. Where it’s culturally relevant is that one approach may not be an appropriate approach for another community. Eexample: different communities use of emergency services differently. Some communities are more reluctant to call emergency services).

Question: What are the next steps and how to measure understanding? *Response*: Workgroups will recommend strategies (action steps), reviewing with Steering Committee, and identifying measures and how to track and monitor the plan.

Assessing support to adopting proposed objectives

To assess support the proposed objectives, Attendees were asked to respond to a poll using Mentimeter. How Strongly do you support adopting these 5 objectives for the Statewide Health Improvement Framework?

Out of all attendees, 39 responded to the poll (34 people responded via Menti, 5 people responded via chat).



Fist to five poll results: what's your level of support for the proposed objectives?

- 5 – love it: 3
- 4 – Sounds good: 17
- 3 – I'm okay with it: 12
- 2 – I could be convinced but I have reservations: 7
- 1 – Hold on, we need to talk about this: 0
- 0 – No Way: 0

Consensus was noted because most responses (82%) reflect some level of agreement (3 – 5) and only 7 people (18%) selected 2 (I could be convinced but I have reservations).

Staff opened discussion to hear reactions and concerns to take back to the Steering Committee and workgroups for potential language revisions.

Reactions and discussion:

Comment: One attendee selected 2 regarding previous concerns about the health care system objective. Also wanted to add the goals need to be spelled out. There is a lot of potential for cross-sectoral collaboration – regarding education, barriers, etc. – when we should see what the policy suggestion and actions are.

Comment: from an academic perspective, these don't seem bold enough. The approaches seem indirect. Instead of increasing understanding, why not doing something more specific. After the election there is urgency to do something now. The wording of this seems like very little change might happen. Instead, we'll be talking about change and increasing understanding as opposed to make change now. *Response:* We're trying to find the role of the partnership to elevate issues to advance policies versus, instead of being a funder, provider, service delivery. How do we move the system away from only focusing on treatment, but also focused on upstream.

Comment: I feel there is not clear ideas of what we are trying to do. I'm only hearing words, no action.

Comment: I selected "2" primarily due to the discussion under Health care systems, which we already went through. Also, cautious because these objectives aren't written how I typically think of objectives (i.e., specific and time limited) so would like to better understand the "what."

Comment: CMS and DHS have been pushing for actionable, focused, measurable interventions to make a difference, so I agree with the need to find the meat for the next steps.

HMP Co-chair Comment: Regarding substance use, there is not a home for primary prevention of substance use in a lot of the work that is currently happening. Previous campaigns have been ineffective in preventing people from using substances. When I talk about prevention work, providers think it won't help. There needs to be a home for prevention work and the Partnership can fill that role.

- I appreciate that. Things that seem very obvious to me in the world of academia may not be obvious to people on the front lines.

HMP Co-chair comment: themes of these objectives are good but can be revised to reflect the call for more action, definition, adding clarity to language.
Comment: I've had to reframe my thinking towards prevention. From a public health standpoint, we have been reactionary for so long. We talk about going upstream, but we don't actually do it. The phrase "an ounce of prevention is worth a pound of cure." We've been dealing with a pound of cure – it's expensive and isn't the best route. Prevention doesn't sound grabbing and measurable, and we might not know for years. We often don't get the opportunity to sit in a prevention space because we're trying to address issues.

Adjourn

Co-chairs Assistant Commissioner Sarabia & Sarah Grosshuesch thanked attendees for the robust discussion. Reviewed the vision, goals, and guiding principles. Closed the meeting at 3:00pm

Attendance

Member organizations (representatives and alternates)

In person: Maria Sarabia (Co-chair, MDH)

Virtual: Sarah Grosshuesch (co-chair), Amy Reineke (Local Public Health Association), Jessi Evjen (Council on Asian Pacific Minnesotans), Amber Lightfeather (Essentia Institute of Rural Health), Christy Dechaine (Health Care Representative), Annie Halland (Health Plan Representative, UCare), DeDee Varner (Health Plan Representative), Derek King (Minnesota Pollution Control Agency), Diane Holmgren (Local Public Health Association), Earl Miller (Minnesota Department of Corrections), Jim McKinstra (Minnesota Board on Aging), Mai Chong Xiong (SCHSAC), Matt Flory (Minnesota Public Health Association), Nissa Tupper (Minnesota Department of Transportation), Melissa Adams (Minnesota Department of Human Services, Michelle Trumpy, (University of Minnesota, Boynton Health Services), Tracy Morton (National Rural Health Resource Center)

Guest partner attendees (attendees' organizations)

In-person: Katie Albert (St Louis County), Ray Lewis (community member), Tracy Onchwari (St. Louis County), Amanda Welliver (Minnesota Housing Finance Association)

Virtual: Allison Matter (Pennington County), Andrea Hickle, Anna Lynn (MDH) Anna Prescher (Every Meal), Ashley Killday (Waseca County), Audrey Hansen (Blue Cross Blue Shield), Bri Ceaser (Houston County), Bri Keeney, Canan Karatekin (University of Minnesota), Carly Argir (Ucare), Carmen Backowski, Comfort Dondo, Crysil Dougherty (Ucare), Cynthia Swanlaw (Homelessness consultant), Elizabeth Taylor-Schiro (MDH), Erin Schwab (Brown County),Gailann Nehotte (River of Life), Gretchen Etzler (Anoka County), Hannah Resendiz Olson (Scott County), Jessica Schmit (Windom area Health), Karen Gervais (Minnesota Health Ethics), Kelly

Robinson,RN (Black Nurses Rock), Kenya Dalton (Face to Face Health & Counseling), Kim Milbrath (MDH), Lily Rubenstein (MDH), Lindsay Nelson (HealthPartners), Lori Schmidt (ACCAP), Lynn Shannon (MN Board on Aging), Marie Malinowski, Megan Mott (Fraiser), Meghann Levitt (Carlton County), Michelle Glasgow, Mike Thiel (MDH), Natalie Halverson (Scott County), Nila Gouldin (MDH), Pam (Dewitt-Mezap (Face to Face), Paulette Clark, Richard Scott (Carver County), Sarah Patrice Evans (MDH), Savanna Campbell (Wilderness Health), Stef Rothstein (United Way), Laura Stumvoll (Veterans Association), Sue Watlov Phillips, Valarie Stofferahn, Natalie Vasilj (Dakota County), Vicky Mendez (Second Harvest), Wynfred Russell (Anoka County), Shelly Staebler (Traverse County).

Partnership staff

Tara Carmean, Audrey Hanson, Murphy Anderson, Chelsie Huntley, Ashlie Richie.

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11/25/2024

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