

Meeting Summary: Healthy Minnesota Partnership

Date: June 27, 2019

Attendance

Members and Alternates

Jenna Carter, Meghan Coleman, Linda Davis-Johnson, Courtney Jordan Baechler, Dan Kitzberger, Jan Malcolm, Anjuli Mishra Cameron, Gretchen Musicant, Kim Nordin, Joan Pennington, Tim Sexton, Veronica Svetaz, DeDee Varner

Guests

Bill Adams, Diego Diaz-Rivero, Samantha Holte, Tiffany Kovaleski, Jean Lee, Josh Ney, Karen Nicolai, Sara Rohde

MDH Staff

Liz Arita, Dorothy Bliss, Jeannette Raymond, Laura Sutter

Welcome and Introductions

Jan Malcolm welcomed everyone. Commissioner Malcolm introduced Assistant Commissioner Courtney Jordan Baechler and shared that Courtney would be taking primary responsibility for the Healthy Minnesota Partnership from the MDH Executive Office.

All those present then introduced themselves and shared a reason they come to these meetings.

Approval of the March 18, 2019 Meeting Summary

DeDee Varner moved approval of the March 18, 2019 meeting summary; Joan Pennington seconded. The Partnership approved the summary on a voice vote.

Partnership Updates

Tim Sexton, a new Partnership member from the **Department of Transportation** (MnDOT), shared that he is the director of their newly named Office of Sustainability and Public Health. He noted that health is integral to the mission of MnDOT, but that they have not been as explicit about it as they could. His office will engage the community and work toward a vision of sustainability in transportation. He said they are still figuring out what kind of action that will entail, and that they want to be thoughtful in

their approach. For now, they have focused on internal engagement with MnDOT office and districts statewide, but they are planning to ask more broadly for ideas and understanding about the connections among transportation and health, what MnDOT could do or do differently, and what role MnDOT could and should play in promoting public health. Jeannette Raymond will organize a conference call for the Partnership so they can participate in this conversation.

Karen Nicolai from Hennepin County Public Health reflected that they have been asking the question, “how does transportation create community?” and linking health to strong communities.

Gretchen Musicant commented that their violence prevention steering committee used to think that the only connection of transportation to health was physical activity, but are starting to understand how something like bicycling in a community changes relationships and the whole atmosphere of the community. Tim agreed, and said that they want to support all modes of mobility. They are working, he said, to figure out the “fuzzy edges” of these issues, such as what makes people feel safe and connected, and to determine the roles MnDOT can play to clarify and work on these issues; it is more than just bike lanes.

Jenna Carter commented that transportation can be a difficult issue to address because of multiple jurisdictions – for example, people are often concerned about the speed of vehicles on community roads, but the multiple jurisdictions over the roadway complicates matters.

Jenna also shared the results of a survey that the **Blue Cross Blue Shield Center for Prevention** did on what contributes to health (<https://www.centerforpreventionmn.com/pr/minnesotans-underestimate-social-determinants-powerful-health-influence/>). They found that many people underestimate the role of social and economic factors on health. She noted the importance of the Partnership’s narrative approach to overcome this gap in understanding, and said that she is using the narrative about what creates health as she runs for public office.

Gretchen asked if the Center for Prevention will do this survey again, to see if understanding changes; Jenna said she would find out. Veronica Svetaz said it is good to see the findings and to realize what we need to do to expand understanding. She commented that people may actually have an intuitive or experiential understanding of these things but do not always have the means to express them. Courtney Jordan Baechler added that it can be hard for people to say “it’s out of my control.” Jeannette Raymond added that it can be overwhelming to recognize these outside forces, but that having a narrative to articulate this can be a powerful tool in advocating for change (e.g., the work of CTUL on wage theft, <https://ctul.net/>).

Karen Nicolai said that the Community Health Improvement Plan for **Hennepin County** focuses on two areas: community well-being and housing. One aspect of their community well-being work is to promote trauma informed practice. In their housing work on rental applications, they are exploring a system that would have people “apply” once in any 90-day period in a shared, free system – so that low-income people do not have to pay multiple application fees. Other cities have done this.

Linda Davis-Johnson said the **Department of Human Services** (DHS) is having all staff trained in health in all policies, based on the DHS equity policy and the Equity Framework tool, to evaluate legislative (and other) proposals. Jeannette said she would send the framework tool out to the Partnership.

Tiffany Kovaleski, Minnesota state coordinator for **Building Healthy Military Communities**, said that the **Department of Defense** emphasizes data and measurement, and has some excellent tools. She requested that HMP staff to send out a like to the Community Readiness Open Data Dashboard that shows the population of veterans and predicted health outcomes. She said that Partnership members and others are welcome to use these data. Veronica Svetaz said it is important to emphasize the forces that create the unequal conditions and to name them in any charts we use.

Meghan Coleman, on behalf of Mary Hertel, noted some joint activities of **DHS** and the **Minnesota Board on Aging**. These include: the *Age and Disability Odyssey Conference*, which has many interconnecting issues with the work of the Partnership; ongoing work for their 2020 State Plan, where they are asking state agencies to assess their work for aging; and their 2030 Plan, in which they are developing a vision for Minnesota to reframe aging and come up with better narratives – because changing the narrative does change outcomes.

Jan Malcolm of the **Minnesota Department of Health** said that as she meets with other new state agency commissioners, she tells them about the work of the Partnership and is hoping to recruit some additional Partnership members. The commissioner of DNR in particular, she said, is excited to see such a strong emphasis on nature and health in the statewide health assessment. She said that having an emphasis on health in the governor's paid leave initiative was new, and got the attention of state legislators. She added that the emphasis of Governor Walz on equity, and what it takes, will mean exploring new avenues for action. She said the governor is receptive to the products of the Partnership and is interested in the "so what?" of those results.

Proposed Edits to Partnership Narrative

Dorothy Bliss explained the origin and purpose of the Partnership narrative on what creates health. She noted that this narrative provides the basis for training on narrative and for the development of issue specific narratives. She walked the Partnership through the few proposed edits to the narrative, noting that these arose over the last four years of working with this narrative and getting comments and feedback from participants. While many people have had comments on the narrative, few of those comments rose to the level of needing to change the narrative. Dorothy and Jeannette explained that that is because the narrative is not intended as "messaging" – i.e., anyone can start with the ideas in the narrative and then craft wording to fit their own needs.

The most important edit to the basic narrative that staff are proposing, therefore, is to the definition of health. Many have commented over the last few years that the World Health Organization wording of "complete" seems to eliminate the possibility of having a physical or mental disability and yet being healthy (i.e., "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity").

The proposed wording for the narrative is:

- Health has many meanings; people and communities may perceive health quite differently.
- Health sometimes is described as a condition in which someone or something is thriving or doing well. More than a condition of individuals, however, health means being in safe, stable, and nurturing environments and relationships, sharing in the shaping of society's structures, and experiencing with our families and communities our best possible physical, mental and social well-being.

Staff will send the proposed edits to Partnership members for their consideration and comments and a final vote on the proposed revisions will occur at the September meeting.

2019-2020 Work Plan

Jeannette Raymond led the Partnership in a discussion of the 2019-2020 Partnership work plan. She shared that a small group met after the last meeting to discuss the ideas that came up in March. Based on their input, staff developed a list of potential activities for the Partnership over the next year. Jeannette reviewed the list of activities, and then asked those present to have table conversations to identify the activities that they think would be most important for the Partnership to engage in. The activities the participants ranked highest were #5, 8, 10 and 15:

- Engage key groups to consider the expanded conversation about health (Partnership members with support from MDH staff)
- Hold discussions regarding the statewide health assessment (Partnership members)
- Develop narrative frames with community-based organizations from communities most impacted by health inequities (Partnership members and community partners)
- Share an existing tool to bring an equity lens to policy discussion and development (Partnership members with MDH staff)

Gretchen Musicant commented that most of these activities are “pushing out” the work of the Partnership to a broader range of actors. She said she is interested in learning from the Center for Prevention survey that found many people still have no idea about the social and economic factors influencing health.

Jeannette said that staff would update the work plan and share it with Partnership Members and attenders in advance of the September 25 Partnership meeting.

Update on Membership

Before the next meeting, Assistant Commissioner Courtney Baechler Jordan and Commissioner Jan Malcolm will be connecting with Partnership members to discuss how they and their organizations will contribute to the Partnership and implementation of the work plan. Partnership members should review the proposed work plan and consider how their organization will contribute to its implementation. These conversations will inform membership recruitment efforts for the Partnership.

Next Steps and Adjourn

Next steps include:

- Update and test a proposed work plan.
- Hold a conference call discussion around transportation and health.
- Assistant Commissioner Courtney Baechler Jordan and Commissioner Jan Malcolm will connect with Partnership members to discuss how they and their organizations will contribute to the Partnership and implementation of the work plan.
- Develop performance measures for the Partnership.

The next meeting of the Healthy Minnesota Partnership will be on **Wednesday, September 25, 2019**, from **1-4 p.m.** at the Wilder Foundation. **PLEASE NOTE LONGER MEETING TIME IN SEPTEMBER.**

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