



## Meeting Summary: Healthy Minnesota Partnership

Date: September 25, 2019

### Attendance

#### Members and Alternates

Barbara Burandt, Kathleen Call, Jenna Carter, Meghan Coleman, Linda Davis-Johnson, Christen Donley, Courtney Jordan Baechler, Kathleen Call, Sarah Grosshuesch, Kelly Heifort, Mary Hertel, Gretchen Musicant, Kim Nordin, Joan Pennington, Bob Robbins, Rosa Tock, DeDee Varner

#### Guests

Bill Adams, Cana Karatekin, Tiffany Kovalski, Jean Lee, Siri Simmons, Justine Nelson, Kristen Boelcke-Stennes, Angie Fertig

#### MDH Staff

Liz Arita, Dorothy Bliss, Jeannette Raymond, Cherylee Sherry

### Welcome and Introductions

Assistant Commissioner Courtney Jordan Baechler welcomed everyone. All those present then introduced themselves and shared a reason they come to these meetings.

### Approval of the June 27, 2019 Meeting Summary

Sarah Grosshuesch moved approval of the June 27, 2019 meeting summary; Joan Pennington seconded. The Partnership approved the summary on a voice vote.

### Partnership Updates

The MN Board on Aging used the frames and thought process in the development of their area plans, which then goes to the federal government and then to Area Agency on Aging (AAA) offices. Meaghan Coleman said that Minnesota will kick-off an initiative for Minnesota to become “age friendly,” starting with a governor’s order or proclamation. It takes a lot of work, covers eight or nine domains, and has a very forward-looking focus.

Barbara Burandt said that Sherburne County is looking at housing and transportation and acknowledging that these have an impact on health. She noted that there was a September 25 program on MPR featuring Tom Friedman, originally from St. Louis Park, and now of the New York Times, talking

about the challenges of rapid change on small towns, including Willmar and Red Wing. He notes that towns that embrace change and growing diversity are flourishing right next to towns that are struggling. <https://www.mprnews.org/story/2019/09/25/tom-friedman-at-univ-of-minn>

Kelley Heifort from the Department of Corrections said that their unit had changed their name from “Community Reentry” to “Community Stability” to reflect their changing narrative about the emphasis of their work. Kelley Heifort shared that a group, called Strengthening Families Affected by Incarceration, had reached out to DOC to identify some new priority areas to support families. In 2016, the group thoughtfully produced a strategic plan with recommendations for partnering with Corrections, but the plan did not get much traction at the time. With new leadership at DOC, however, the plan is being reinvigorated. One of the recommendations is simply to figure out how to identify parents in the prison system. Kelley shared that DOC is also trying to find ways to create and support pregnant women who are incarcerated, such as growing their ability to learn and practice improved parenting skills. They hope to have some goals in place by December. She added that the new executive team in place at DOC is very interested in community engagement to inform our programs, policies and practices. This is just one example of that new commitment to stakeholders.

Kelley also shared that DOC has a new planning grant to implement strategies for improving the employment of formerly incarcerated men and women. The grant will allow DOC to follow and study the issues affecting men and women leaving the corrections system and looking for work. Two of those known issues are perceptions of employers in hiring practices and racial disparities within criminal justice populations. Large numbers of people are automatically excluded from systems and processes because of their background or those of their families’ backgrounds. She said that even when people look through a lens of equity, they often do not see the disparities affecting people of color who have a criminal justice background.

Jean Lee that more people are talking about trauma to inform caregiving, and that one of the issue facing seniors is building code enforcement – when they are unable to keep their homes up, they can face fines and criminal charges, which can lead to trauma and homelessness.

Gretchen Musicant said that Hennepin County, with Bloomington, Edina, Richfield, and Minneapolis formed a community health improvement partnership and are looking at the intersection of mental well-being and housing. They want to both build on the assets of faith communities and prepare faith communities to deal with these intertwined issues. They are also looking at the role housing plays in building and maintaining social connectedness, which in turn improves well-being.

Gretchen said also that Minneapolis public health department is looking at themselves as an organization and asking if they are trauma informed, and if they recognize and address the trauma experienced by those they serve. She said they are learning from many people and organizations on this journey.

Canan Karatekin said that she studies adverse childhood experiences (ACEs), and is currently conducting a systematic literature review of the definition of ACEs. She said one challenges is that as the concept of ACE has become better known, more and more researchers are using it, and some are defining it far beyond the original eight to ten conditions. She is hoping to introduce more rigor into the

definition and its application. She also noted that the original definition focused at the household level, but that the work of the Partnership has helped raise issues around adversity in childhood at the community level, such as community poverty, and that she and her team of researchers are hoping to quantify some of that as well.

Kate Elwell of Boynton Clinic said that 18 percent of students at the U of M report being food and housing insecure. She said they are using the Partnership narrative frames to bring forward a conversation about the impact of these on health and learning. She said they are working with the City of Minneapolis on zoning and bringing students to the table. Gretchen added that a radio show discussed possibilities for combining student housing and senior housing.

Bob Robbins said that the TakeAction health care team is just about ready to drop the “care” part of their title, because “care” needs to happen in all of their projects.

## Presentation on Key Conditions

Justine Nelson and Kristen Boelcke-Stennes of the Minnesota Department of Human Services and Angie Fertig, University of Minnesota, gave a presentation on their project around “deep poverty.”

After the presentation, Linda Davis Johnson commented that the Minnesota Department of Human Services got an increase to the Minnesota Family Investment Program (MFIP) grant that helps low-income families – the first increase in 30 years. Kristen noted that other assistance programs are getting cut, such as food aid. She noted that [they] had done a sampling of families to develop ideas for policy proposals to the legislature, and information on how they would spend the increase in the grant, as a way to provide context (i.e., expand the narrative) for legislators. She said it was extremely helpful to get out and meet with the families affected by the policy.

Jenna Carter asked if similar analyses were being done by other state agencies, such as the Department of Education. Justine noted that they were invited, but had not participated.

Gretchen Musicant said that in Hennepin County they used stories about the power of the income tax credit for people experiencing homelessness

Courtney commented that it is frustrating that we have so many programs that we use to substitute for just giving people some money. Bob Robbins commented that the order in which services are applied can make an important difference. In California, they learned that a policy of “home first” plus food and support for one year reduced drug abuse and increased employment rates, instead of trying to get people off drugs first.

Linda congratulated the team on their research and noted that many silos and systems keep people from doing this kind of analysis. Jeannette commented that people in deep poverty cost “the system” a lot, and that we need to change the narrative: people need and will use additional income to stabilize their lives. Sarah thanked the presenters for not using the narrative of “healthy choices” or blaming of individuals.

## Proposed Edits to Partnership Narrative

Dorothy Bliss reviewed again the proposed edits to the Partnership “emerging narrative” in June. She noted that hundreds of people have read the narrative over the last five years in the context of narrative training and discussion, and a few things consistently came up. Most significant is the definition of health. People often struggled with the World Health Organization definition, especially the wording of “complete,” which seems to eliminate the possibility of having a physical or mental disability and yet being healthy.<sup>1</sup>

Dorothy reviewed this and some minor wording changes, and then asked for comments. One suggestion for a future edits included adding something about white supremacy. After discussion, the members suggested that staff consider how or where that change might be appropriate. Kate Elwell moved to adopt the proposed wording changes and Joan Pennington seconded. The Partnership approved the motion on a voice vote.

## Measurement Framework Steering Team

Gretchen Musicant gave an update of the MDH Measurement Framework Steering Team, a group that is meeting to develop a measurement framework that reflects the complexity of what creates health. She said she is one of the outside partners invited by MDH to be part of this effort. The effort of this group is on moving beyond measuring just what health care systems do, to how they contribute to creating health. After three meetings, the group is trying to open up their thinking about where and how health is created – how to take that frame, measure it, and hold systems accountable for it. The model they are developing looks at community conditions, outcomes and the policy environment. They also are trying to imagine how to move forward.

Bill Adams commented that there was an “aha” moment at the third meeting, realizing that their approach needs to flip around and look at what creates health (especially because we have not “moved the needle” on health outcomes doing things the way we are). He said that many new things can happen when new people are at the table, and that we have a lot of new information and research on disparities in health care that can contribute to the discussion.

Courtney said that in 2008 a lot of silos and barriers were created with the development of SQRMS (Minnesota Statewide Quality Reporting and Measurement System), thinking this was the right thing to do to create health but, as Bill said, we have not moved the needle on either cost or quality of health care. Gretchen added that the people now doing this work are somewhat anxious and are moving into a more open space, willing to involve more people and share responsibility for improving outcomes.

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<sup>1</sup> The WHO definition reads, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

## 2019-2020 Work Plan

Staff shared updates on the activities to advance the work plan. A lot of activity to advance the Healthy MN Partnership Narrative is coming this fall.

## Update on Membership

Courtney shared her experience of calling and talking to all of the Partnership members about their membership, what they value, and what they see as next for the Partnership. She said that everyone really values the narrative work of the Partnership, and are now looking for tangible action – both a “now what?” and “what’s next” for the narrative work and the Partnership. She said members commented that the room was still missing representatives of the populations more impacted by inequities and asked for some discussion about ways to improve that. One suggestion was to hold a joint meeting of the Healthy Minnesota Partnership with the MDH Health Equity Advisory and Leadership Council (HEAL), which is supported by the MDH Center for Health Equity.

Members suggested exploring this option, and to explore possibilities for providing meals, mileage, and meeting at different times to make it possible for people who are not paid to go to meetings to attend. Members also made some suggestions for other state agencies to join the Partnership, such as Education and DEED.

## Next Steps and Adjourn

Jeannette said that the December meeting of the Partnership would include a report on the upcoming narrative trainings. (A webinar on applied narrative will be offered to Partnership members as time ran out during today’s meeting.)

The next meeting of the Healthy Minnesota Partnership will be on **Wednesday, December 4, 2019**, from **1-3 p.m.** at the Wilder Foundation.

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