

APPENDIX A. DETAILED METHODS OF THE STATEWIDE HEALTH ASSESSMENT

The process to develop the statewide health assessment is as important as the report itself. It is a collaborative process involving multiple partners, relying on feedback loops and input from these groups.

Groups supporting the statewide health assessment

Healthy Minnesota Partnership

The Healthy Minnesota Partnership brings together community partners and the Minnesota Department of Health (MDH), to improve the health and quality of life for people, families, and communities in Minnesota. The Partnership is charged with developing a statewide health improvement plan around strategic initiatives that ensure the opportunity for healthy living for all Minnesotans and that engages multiple sectors and communities across the state to implement the plan. Member organizations include:

- American Heart Association
- Blue Cross and Blue Shield of Minnesota
- Center for Community Health (vacant as of September 2023)
- Council on Asian Pacific Minnesotans
- Eliminating Health Disparities grantees (vacant as of September 2023)
- Local Public Health Association
- Minnesota Board on Aging
- Minnesota Council of Health Plans
- Minnesota Council on Latino Affairs
- Minnesota Department of Corrections
- Minnesota Department of Health
- Minnesota Department of Human Services
- Minnesota Department of Transportation
- Minnesota Hospital Association
- Minnesota Housing Finance Agency
- Minnesota Public Health Association
- National Rural Health Resource Center
- State Community Health Services Advisory Committee (SCHSAC) (vacant as of Sept. 2023)
- TakeAction Minnesota
- University of Minnesota Boynton Health Services
- University of Minnesota College of Design
- University of Minnesota School of Public Health
- Voices for Racial Justice (vacant as of September 2023)
- Health plan representatives

MDH staff to the Partnership

- Audrey Hanson
- Austin Wu
- Deanna White
- Jeannette Raymond
- Paul Bolin
- Ruby Roettger
- Tara Carmean

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Healthy Minnesota Partnership subcommittees

Healthy Minnesota Partnership subcommittees acted on behalf of the Partnership to guide the development of the statewide health assessment. National standards for public health accreditation require the state health department to co-create the assessment with a cross sectoral Partnership. These subcommittees are:

- Steering committee: directing the development of the assessment and ensuring framing and narratives are consistent with the larger Partnership’s vision for the assessment.
 - Kelley Heifort, Minnesota Department of Corrections
 - Kelly Nagel, Minnesota Department of Health
 - Maureen Kenney, Minnesota Board on Aging
 - Nissa Tupper, Minnesota Department of Transportation
 - Rosa Tock, Minnesota Council on Latino Affairs
 - Sarah Grosshuesch, Healthy Minnesota Partnership Co-chair, Wright County, and Local Public Health Association
- Assessment group: ensuring the statewide assessment aligns with local public health and hospital assessment work across the state.
 - Ann March, Minnesota Department of Health
 - Annie Halland, UCare
 - Chelsea Georgesen, Minnesota Council of Health Plans
 - Christy Dechaine, Minnesota Hospital Association
 - Katie Peck, Wilderness Health & Bridging Health Duluth Steering Committee
 - Maria Malinowski, Blue Cross Blue Shield
 - Patrick Stieg, Carver County
 - Richard Scott, Carver County

MDH workgroups

An MDH statewide health assessment workgroup helped identify and gather data for possible inclusion in the statewide health assessment. Members served as a liaison between the project team and state department of health programs. A COVID-19 group was also convened to identify COVID-19 data for this assessment.

- Angela Noll
- Anne Kukowski
- Ashley Chavez
- Chris Brueske
- Dan Fernandez-Baca
- Denny Vang
- Emily Becher
- Hannah Woods
- Jacy Walters
- Jessie Carr
- Kelsey Kannenberg
- Liana Schreiber
- Madison Anderson
- Mia Robillos
- Mira Sheff
- Molly Meyer
- Pam Willow
- Rachel Cahoon

Data collection

A statewide health assessment gathers a select amount of data on people, the environment, health status, health behaviors, health care, social and economic forces, and community resources all in one place to tell the story of health in the state and to prepare for planning and action. The intent of the statewide health assessment is to convey a picture of health and well-being across the state of Minnesota, providing links to many different data sources (rather than being a single comprehensive source of data).

The assessment relies on data from many organizations and sources across the state and nation. This data already exists. This data was not collected for the sole purpose of the assessment. Rather, Partnership staff collects, reviews, and elevates data in the assessment that is relevant to understanding how conditions impact health in Minnesota. Most data within this assessment should be considered a piece within a larger puzzle. Since the last assessment in 2017, data across Minnesota is increasingly available to the public through dashboard and summary websites.

MDH data collection

A group of representatives from across MDH reviewed and identified potential data for this next assessment. Using the list of indicators from the last statewide health assessment, this group engaged their divisions, sections, and programs in reviewing the old indicators they submitted and asked which data is still relevant or needed updating for telling the story of health in Minnesota. This group was also asked to identify system-level data (data reflecting activities of systems, organizations, or policies; not always individual people) if possible. This group of MDH staff met over the course of three months to identify indicators for consideration and brought questions back to their teams and divisions within the larger department of health.

After this group identified data, MDH staff uploaded key data to a web platform for consideration for the statewide health assessment, along with the key findings or take-aways, interpretation notes, limitations of the data, and different ways data could be broken down. Participants also tagged data with its source, year and how frequently it is updated. MDH built this data collection website to support future assessments and to track data within the assessment.

Data collection from outside MDH

Collecting additional data from outside MDH followed a similar process, using the 2017 data as a starting point. Partnership staff reviewed Minnesota government agency websites and reports for updated data from the 2017 assessment. Then, staff convened the agencies noted below to discuss the most relevant indicators for explaining how their work impacts health, any additional data sources that should be reviewed for the assessment, and any important framing considerations for how to present their data. A number of these agencies are members of the Healthy Minnesota Partnership. Agencies engaged in these conversations included::

- Minnesota Board on Aging
- Minnesota Council on Disability
- Minnesota Department of Corrections
- Minnesota Department of Education
- Minnesota Department of Employment and Economic Development
- Minnesota Department of Human Services
- Minnesota Department of Natural Resources
- Minnesota Department of Transportation
- Minnesota Housing Finance Agency
- Minnesota Pollution Control Agency

Community engagement

MDH staff conducted several community engagement activities to include input while developing the assessment. Staff planned activities with the understanding that communities have engagement fatigue and do not want to be defined solely by deficits. Staff consulted with the Healthy Minnesota Partnership steering committee and the MDH health equity bureau throughout the process. The community engagement activities included:

1. **Community engagement inventory:** a review of community engagement efforts conducted for other local and statewide assessments to inform the assessment and future engagement efforts.
2. **Group conversations:** eight facilitated discussions with advisory boards, committees, and other groups (approximately 110 people) to identify how communities support health and well-being.
3. **State strengths survey:** brief public survey to check on and identify state strengths for health and well-being (538 people responded).
4. **Public comment:** open review to receive input on the draft assessment.
5. **Dissemination input:** facilitated questions during meetings with the Partnership, subcommittees, other state agencies, and partners for input on the dissemination plan.

Demographics were only collected for the state strengths survey and for people who filled out the written form for public comment. These demographics demonstrate that these samples are not a representative sample of the state. Future community engagement activities will strive for demographic categories of respondents to reflect the demographics of the state.

The table below shows the levels of community engagement from the International Association of Public Participation and how the Partnership engaged groups involved in developing the assessment.⁴⁴⁰ For future assessments, community engagement efforts should strive to fall under even more of the collaboration and empower rows.

Table 6: Engagement during 2023 assessment development

IAP2 SPECTRUM GOAL	Engagement goal (from IAP2 spectrum)	Key players involved	This assessment's activities have included...
INFORM	To provide balanced and objective information to help them understand the problem, alternatives, opportunities, and/or solutions	Healthy Minnesota Partnership (those attending meetings) Additional partners: <ul style="list-style-type: none"> • Minnesota Department of Health staff • State community health services advisory committee (SCHSAC) • Center for community health • Minnesota Public Health Association (MPHA) • Urban and tribal health directors 	Communications via: <ul style="list-style-type: none"> • Healthy Minnesota Partnership email list • Healthy Minnesota Partnership website • Minnesota Department of Health intranet • Presentation at partner meetings
CONSULT	To obtain feedback on analysis, alternatives, and/or decisions	Healthy Minnesota Partnership (those attending meetings) Additional partners: <ul style="list-style-type: none"> • Other collaborative groups (group conversations, health equity advisory council, etc.) • SCHSAC and local public health • Public individuals and communities 	<ul style="list-style-type: none"> • Statewide health assessment questions at 2021-2022 health equity advisory council meeting • Key informant interviews through public health student • State strengths survey • Group conversations • Dissemination questions at June 2023 SCHSAC meeting • Public comment

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IAP2 SPECTRUM GOAL	Engagement goal (from IAP2 spectrum)	Key players involved	This assessment's activities have included...
INVOLVE	To work directly with them throughout the process to ensure their concerns and aspirations are consistently understood and considered	Healthy Minnesota Partnership (those attending meetings) Additional partners: <ul style="list-style-type: none"> • Other state agencies • MDH office of American Indian health • Local public health 	<ul style="list-style-type: none"> • MDH data workgroup • Data conversations with other state agencies • Meetings with MDH office of American Indian health • Assessment and alignment committee • COVID-19 ad hoc group meetings and conversations
COLLABORATE	To partner with them in each aspect of the decision, including developing alternatives and identifying preferred solution	Healthy Minnesota Partnership (those attending meetings) Additional partners: <ul style="list-style-type: none"> • MDH health equity bureau 	<ul style="list-style-type: none"> • Healthy Minnesota Partnership meetings • Statewide health assessment steering committee meetings • Monthly MDH health equity bureau engagement workgroup meetings
EMPOWER	To place final decision-making power in their hands	Healthy Minnesota Partnership (those attending meetings)	<ul style="list-style-type: none"> • Healthy Minnesota Partnership meetings • Statewide health assessment steering committee meetings