

# Healthy Minnesota Partnership Meeting Notes: 2/13/2024

**LOCATION: WEBEX & WILDER FOUNDATION (HYBRID)**

## Attendance

### Member Representatives & Alternates

In Person: Assistant Commission Sarabia (MDH, co-chair), Sarah Grosshuesch (Local Public Health Association, co-chair), Chelsea Georgesen (MN Council of Health Plans), Annie Halland (Health Plan Representative) Ivette, Izea-Martinez Online: Malissa Adams (Dept of Human Services), Christy Dechaine (Minnesota Hospital Association), Claire Fleming (American Heart Association), Matt Flory (MN Public Health Association), Diane Holmgren (LPHA – metro), Jim McKinstra (MN Board on Aging), Susan Palchick (LPHA – metro), Melinda Pettigrew (U of MN, School of Public Health), Amy Reineke (LPHA – greater MN), DeDee Varner (Health Plan Representative), Alyssa Wetzel-Moore (MN Housing Finance Agency), Mai Chong Xiong (SCHSAC)

### Guest Attendees

Tracy Ackman-Shaw, Murphy Anderson, Bill Barberg, Kylie Battee, Adina Black, Amy Caron, Brittney Dahlin, Toni Dauwalter, Vikki Ebenhoh, Cheryl Elj, Andrew Greenlee, Andrea Hickle, Joanne Hill, Martin Jennings, Abby Jessen, Canan Karatekin, LuVessie Knox, Meghann Levitt, Grace Li, Amber Lightfeather, Stephani Malone, Kimberly Martinez, Priscilla Mayowa, Carrie McLachlan, Leyla Mumin, Kelly Nagel, Victor Obisakin, Lyndsey Reece, Michell Scharenbroich, Nimo Yusuf, Amber Ziegler

### Partnership Support Staff

Tara Carmean, Audrey Hanson, Jeannette Raymond, Deanna White, Austin Wu, Paul Bolin, Chelsie Huntley

## Meeting Notes

### Welcome

- The meeting was opened by Co-chairs Assistant Commissioner Sarabia Minnesota Department of Health (MDH), & Sarah Grosshuesch (Local Public Health Association (LPHA)
- Reading of new Tribal State Relations statement
- Reading of the Healthy Minnesota Partnership (Partnership) vision, values, and principles
- Agenda review & introductions

## Membership Updates

Assistant Commissioner Sarabia, MDH

- Three new representatives from current member organizations were welcomed:
  - Ivette Izea-Martinez (Minnesota Council on Latino Affairs)
  - Diane Holmgren (Local Public Health Association)
  - Melinda Pettigrew (University of MN, School of Public Health)
- Update on new member recruitment: staff shifting to more broad new member recruitment to help fill gaps in the current Partnership, including people with disabilities, LGBTQ community, and more racially & ethnically diverse communities. More community-based and grassroots organizations welcome to participate. Watch for more information, including social media. Contact Partnership staff if you have questions.
  - Attendee recommended recruiting the AICHO- American Indian Community Housing Org in Duluth, Duluth Community Schools Collaborative and other community schools' collaboratives in MN and a group merging from the Food Group and Hunger Solutions, and suggested invite Executive Director, Sophia Lenerz-Coy, or another team member to this partnership. Another recommendation was given for the

## Approval of 12/15/2023 Meeting Summary

Assistant Commissioner Sarabia, MDH

- Staff emailed December meeting notes prior to meeting. No questions or edits raised.
- DeeDee Varner motioned to approved, seconded by Chelsea Georgesen. Motion passed.

## Approval of draft 2023 Annual Report

Sarah Grosshuesch, LPHA

- Each year, the Partnership posts an annual report in the new year to document Partnership activities during the previous calendar year. There are annual reports online beginning in 2018.
- Staff emailed Annual report draft prior to meeting. No edits or additions raised.
- DeeDee Varner motioned to approve, seconded by Matt Flory (MPHA). Motion passed.

## Statewide Health Assessment

Assistant Commissioner Sarabia, Audrey Hanson and Austin Wu, MDH

The assessment is under its final review for approval by the MDH executive office. This was a big undertaking with many groups both internal and external to MDH weighing in, so thank you to everyone who has contributed time and supported getting the assessment to this

stage. Assessment will be posted to MDH's website once released:

<https://www.health.state.mn.us/communities/practice/healthymnpartnership/sha.html>

Austin Wu walked through audiences and ways the SHA can be used, which will be shared on the MDH website when the health assessment is released. These included Partnership members, Minnesota state agencies staff, MDH staff, local and Tribal health departments, health plans, schools of public health and more. Attendee shared the following recommendations for additional audiences and uses:

- Elected officials: state legislators, county elected officials and municipally elected officials should have opportunities to use and share the SHA.
- Metropolitan Alliance of Connected Communities (MACC) will be hosting a forum in April. This may be a great place to share. I am not sure if they are accepting speakers still. <https://macc-mn.org/WhatsNew/2024MemberSummit.aspx>

Finally, staff also shared they are continuing to work on a multitude of dissemination activities; pieces that will accompany assessment to facilitate sharing. These activities include translations and videos.

## Partnership Guiding Principles

Deanna White, MDH

Attendees reviewed and discussed the current principles for grounding and to consider if any updates are needed as the Partnership moves forward. Guiding Principles are set of values and beliefs that serve as a foundation for a group and helps establish a framework for working together. The current Healthy Minnesota Partnership [Guiding Principles](#) are:

- We are explicit about race and racism
- We lead by doing
- We focus on the policy discussions and decisions that shape opportunities for health
- We innovate and practice

Attendees discussed the principles in small groups and were asked to share ways they have put the principles in practice and if the principles are still the right ones or if anything is missing. The small groups reported back to the whole group and while there was general agreement that these principles are still good and relevant, a number of recommendations were made for changes and additions. A summary of these comments include:

- Clarify the definition of health and health equity in the principles.
- Asset-based approaches aren't listed as a priority but have been part of the framework.
- Consider structural racism, social determinants of health and all environmental issues.
- When you're explicit about racism, it has to be about to what end. What outcome?
- There's more upstream than policy. Do politics fit into the principles? Policies are shaped by political factors.

- What about a principle that reflects a people centered approach?
- The importance of income/wealth inequality is missing.
- Clarify different levels of policy.
- One group noticed that a focus could be partnering with community organization. Should we put into the principles the importance of working with and hearing from community?
- Another group talked about being explicit about racism, social determinants of health, and health equity. Could better expand or define health in the principles. Also, the Native American community also need to be included and brought into the conversation in a respectful way.
- Another comment included the need to connect the multiple health equity conversations that are happening with this and other groups (for example, the Health Equity Networks).
- Another group discussed how to bring and include many people into the conversations, including language and American Sign Language. Including new Minnesotans, immigrant communities, and young people – multiple generations

Full notes from the Padlet (a virtual white board) and meeting discussions are saved and will be used to propose additions and changes to the Principles. This information will be compiled for consideration by a smaller group, such as the Statewide Health Improvement Framework (SHIF) Steering Committee. Any propose additions or changes to the principles will be shared with the Partnership for consideration.

## Statewide Health Improvement Framework

Tara Carmean, MDH

### Status update

The Partnership is preparing to move into developing the improvement framework once the health assessment is released. The Statewide Health Improvement Framework (SHIF) is a long-term systematic action plan to address issues identified by the statewide health assessment and reflects a collaborative, community-drive planning/implementation process. It includes health priorities, measurable objectives, strategies and a plan to track progress.

Current activities since the December 2023 meeting:

- Preparing for collaborative process after the health assessment is released.
- Hosted four "SHIF 101" sessions to provide background and context. The next one is 2/15/2024 from 9-10am.
- Recruited and preparing to launch a SHIF steering committee on Wednesday 2/21.

The Partnership is planning an in-person meeting on 5/1/24 from 10am – 3pm to focus on identifying the SHIF health priorities. Watch for more details.

One attendee asked about our readiness to create an action plan if we don't know the root causes: Do we understand why growing health disparities have been "normalized" in the state? Do we understand what the root causes?

- There are multiple factors that contribute, but we cannot point to just one specific factor. There has been some research, debate, and analysis about root/structural factors that contribute. This is a pressing question, and it is why we need to have broad representation.
- There are multiple things that could be a root cause for disparities. One of the things is structural and institutional racism. We all have work to do to change this system. We must not only change policies but also minds and hearts. Part of the response is changing policy, but it is not the only answer. A lot of the work that is being done is catching pieces of the problem, but all of us must join in together to solve this issue.
- We had a conversation as part of developing the assessment that in some cases we didn't even have the data needed. This is a place where we can intervene. We can also challenge ourselves and our departments that we tell this story because it is not being told with the information that we have.

### Prioritization criteria for health priorities

The Healthy Minnesota Partnership needs a set of prioritization criteria to help identify health priorities for the statewide health improvement framework (SHIF). The statewide health assessment includes many health issues and topics. Criteria will help guide prioritization, guide how options are narrowed, and help communicate about how priorities are selected.

For the SHIF, a health priority is a prioritized issue or topic from the SHA that is identified through a collaborative process. Examples from other states' health priorities: health equity, racism as a public health issue, injury, safety, and violence; healthy eating and active living; behavioral and mental health; chronic disease prevention; etc.

Staff researched and shared a list of criteria from other state and national resources for consideration, including impact on health equity, community support, size of issue, urgency or importance of issue, availability of resources, feasibility, political will, and readiness.

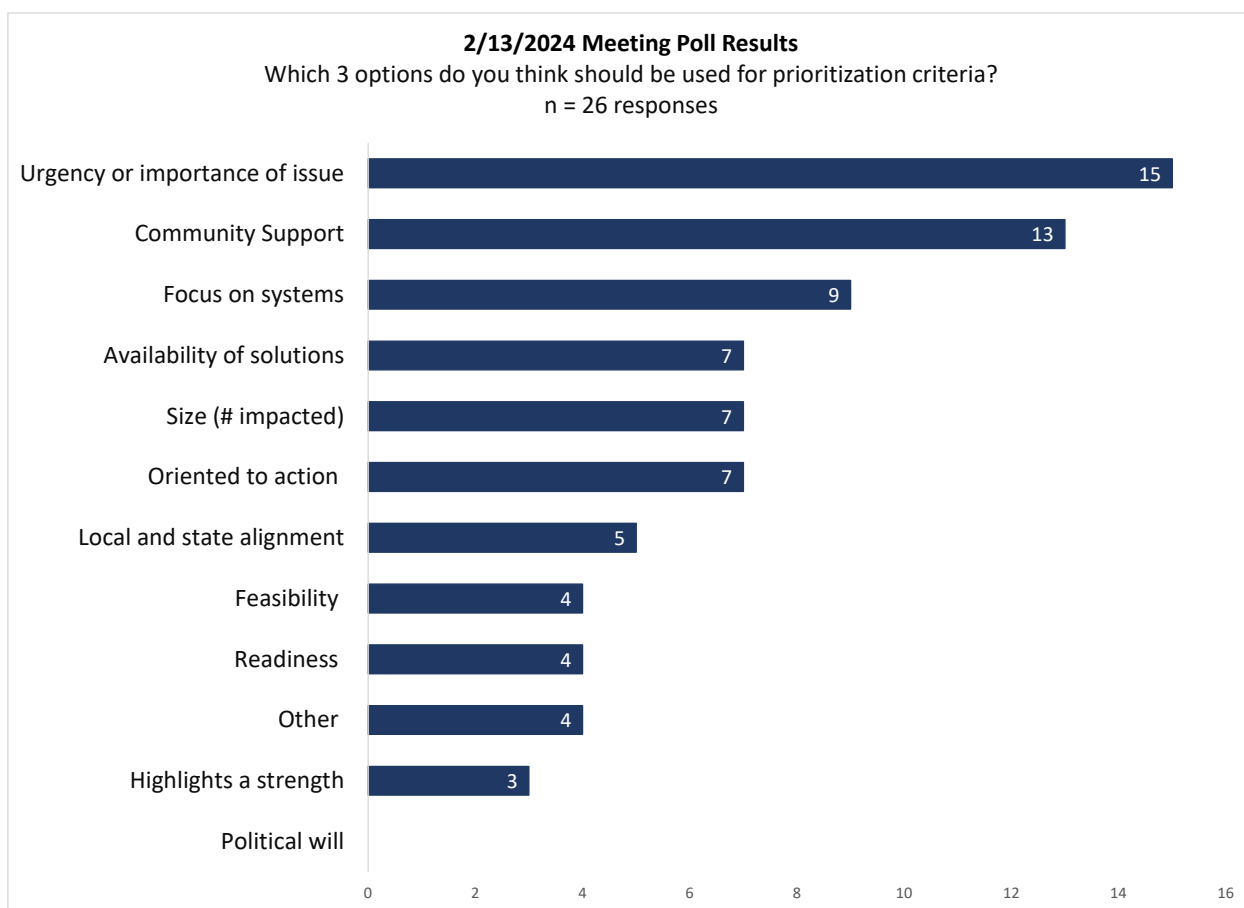
- Assistant Commissioner asked the Partnership to think critically about each criterion, including the size of issue. Some of the biggest disparities are not seen by the dominate population or by highest numbers. Could instead consider the highest cost (cost of life loss, healthcare cost, cost to society, etc.)

Staff also reviewed the statewide health assessment framing considerations. Some of the framing consideration may work as criteria: Be focused on systems; be oriented to action; highlight assets and strengths; reflect and be shaped by community concerns; alignment with state, community, and hospital health assessments. These framing considerations may help with identifying areas of priority for the SHIF.

Attendees were asked to complete a poll to share what criteria is most important to them. Since equity is a Partnership value and recommended by multiple resources, **Health equity will be a criterion so it was not included on the poll.**

2/13/2024 Meeting Poll results (as seen in the below chart)

- Urgency or importance of issue, 15 votes
- Community support, 13 votes
- Focus on systems, 9 votes
- Availability of solutions, 7 votes
- Size (# impacted), 7 votes
- Local and state alignment, 5 votes
- Feasibility, 4 votes
- Readiness, 4 votes
- Other, 4 votes
  - Clear policy solution options
  - Impact on overall wellness, outcomes
  - Years of potential life lost
  - How long the inequity existed: for example, the American Indian and Black student graduation rate in Duluth Public schools is and has been around 40 percent for decades
- Highlights a strength, 3 votes
- Political will, zero votes



Attendees discussed the results and shared the following questions and reflections

- Criteria needs to be defined. What does each mean? How are they applied?
  - Who defines what is urgent? What does that mean and who is it urgent for?
  - Feasibility might include many other factors (e.g., political will, readiness, etc.)
  - There is an opportunity to define one overall prioritization consideration (e.g., opportunity to increase health equity among black and indigenous Minnesotans) and define all other criteria and prioritization in relationship to those overarching criteria.
- Does impact on health equity mean looking at disparities in outcomes?
- Health equity is important. Keep overall goal in mind. Broadly, health care should be accessible to everyone regardless of where they live in the state and who they are.
- Urgency of an issues connects to community concern. The community should define urgency.
- One attendee was happy that no one voted for political will. Another attendee reflected it was interesting that in a potentially big election year political will was zero.
- Community support is important, need to hear from communities.
- Look at more disparate impact, not the highest number.

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- American Hospital Association/Association for Community Health shared criteria they use
  - 5 criteria for quantitative data--size, seriousness, number of disparate populations, are there effective interventions, meeting Healthy People 2030 goal.
  - Typically, three to six priorities are selected, based on the magnitude of the problem or asset.
  - Severity of the problem, Community's capacity and willingness to act on the issue. Ability to have a measurable impact on the issue. Availability of hospital and community resources. Existing interventions focused on the issue. Whether the issue is a root cause of other problems. The priority the community places on the problem.

The SHIF Steering Committee will use the poll results, discussion notes, and other information to identify prioritization criteria for the health priorities and shared with the Partnership.

### Wrap Up

- Watch for the release of the statewide health assessment and share it with your organizations and networks.
- Watch for more information and plan to attend the 5/1/2024 meeting, from 10:00am – 3:00pm. The location will be announced once confirmed but is expected in St Paul.
- Attend a SHIF 101. The next one is 2/15/2024 from 9-10am.

Co-chairs Assistant Commissioner Sarabia & Sarah Grosshuesch closed the meeting at 3:02pm

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