December 2021 HAPP Meeting Minutes

December 9, 2021; 7:30 a.m.

- **Welcome**
  - Mike Melius from Olmsted County Public Health Services welcomed everyone to the meeting. He commented on the importance of the HAPP partnership. Mike also made mention of the resignation of Graham Briggs, former Public Health Director, and offered best wishes his way and thanked him for his service to Olmsted County. Mike, as well as Denise Daniels, will be sharing the director duties in the absence of a director. He encouraged anyone to reach out to either of them with any questions or concerns.
  - Derrick Fritz welcomed all attendees and shared the Mentimeter information.
- **Core Agency Updates**
  - Mayo Clinic – Sue Fargo-Posser
    - $5 million dollars was provided to the Rochester Housing Coalition, which was announced last week. This was in collaboration with Rochester Area Foundation as well as Olmsted County and other organizations.
    - Committed an additional $100,000 towards “Seasons of Gratitude.”
    - Provided additional funding to community-based organizations within the areas of youth enrichment, shelter, and housing.
    - Mayo Clinic will be matching donations to the Salvation Army kettle campaign up to $50,000.
    - Supporting an initiative with Dr. McCoy and the Paramedic Program to provide services to those in daycare shelter.
    - Also supporting a program to ride with city police officers and being able to assist with certain calls that make sense for their skillset.
    - Looking for more innovative ways to bring services to the community and to people in need within the CHIP priorities, financial stress, substance, and mental health.
  - Olmsted Medical Center
    - No update.
  - Olmsted County Public Health Services
    - Mike Melius shared how Olmsted County Public Health Services (OCPHS) has been focused on the continuing response to the pandemic. OCPHS continues to update the data around that, cases, vaccines rates, and transmission while trying to maintain an awareness of all that from a surveillance point of view.
    - Vaccine planning:
      - Partnering with Mayo Clinic, OMC, and a long list of partners to administer vaccines. Trying to find the most efficient ways

to get this done without adding more burden on the already burdened health care system.
        - OCPHS will be hosting three vaccine clinics next week, primarily focusing on schools around the county.
        - Looking at opportunities to get vaccines into the 5–11-year-old age group.
    - Continue to work on providing boosters.
- Joint study on "Racism as a Public Health Issue", 12/9 at 6 p.m. at the Government Center.
    - Presentation of the preliminary recommendations that are being proposed at this point.
    - Part of the process to come up with the core recommendations.
    - Beginning of community engagement process that will take place for several months; culminating with board review and action in early summer.
        - *Question asked by Al Lun if the meeting would be available online. Abby Tricker provided the answer: "There will be the meeting minutes posted to our website. In the last couple weeks of January, we will be hosting 3 engagement sessions with community organizations who serve communities impacted by systemic racism. Diversity Council, among many others, will be invited to provide feedback on all the recommendations at these sessions."*

- **CHAP Process**
    - Derrick reviewed the CHAP process and the updates that are being provided at today's meeting as well as timelines in regard to the next few years.

<u>2021- 2023 Community Health Improvement Plan (CHIP)</u>

- **2021-2023 CHIP Priorities**
    - Mental Health
    - Financial Stress
    - Substance Use
- **2021-CHIP Overview, Update, and Future Timeline**
    - Overview
        - The purpose of the CHIP is to offer guidance to improving the community health priorities.
            - Able to provide data to organizations, community partners, and non-profits that are working on these issues.

        - CHAP/CHIP process work together collaboratively for population level strategies that have been identified in regard to these specific health priorities.
    - The 2019 CHNA results developed the 2021-2023 CHIP priorities.
        - Data from the February 2021 COVID-19 Impact Survey reaffirmed these priorities.
    - With the pandemic, 2021 was spent further defining the priorities and identifying CHIP priorities.
        - Gathering more information.
        - Having conversations with residents with lived experiences.
        - Identifying the CHIP strategies.
- **Mentimeter Question**
    - *Which of the three community health priorities is new for the 2021-2023 CHIP?*
        - Substance Use
- **2021 CHIP Timeline**
    - Derrick explained the process outlined below and the reasoning behind it all.
        - 2021 Timeline:
            - January 2021
                - 2021-2023 CHIP is released
            - February-March
                - COVID-19 Impact Survey
            - April 2021
                - CHAP data review session
            - June-July 2021
                - Community dialogues
                    - These were very impactful.
                    - Great group of facilitators.
                    - Miguel was one of the facilitators. *He also shared his podcast link with the group where he talks about CHAP in Olmsted County.*
            - August-September 2021
                - Strategy development sessions
                    - Worked with residents and partners in Olmsted County to come together and look at the feedback and input that was shared by the residents.
                    - Then were able to recommend certain strategies for these priorities.
            - November-December 2021
                - Initial strategy development workgroups.

- **Mentimeter Question**
  - *How many residents participated in the eight community dialogues?*
    - 60
- **Strategies Identified** for the CHIP priorities by community partners and residents and approved by the CHAP Core Group:
  - Financial Stress
    - Assessment of housing policies on homeownership.
    - Education around housing as a social determinant of health.
  - Mental Health
    - Working with school districts to assess/expand student supports around mental health.
  - Substance Use
    - Build foundation of a substance use prevention system in Olmsted County.
  - These are currently in the idea phase and then will talk through planning and bringing in collaborators to really drive and spearhead this work.
- **Where we are currently at! Fall 2021 Update:**
  - The 2021 -2023 CHIP Report is being updated with focus areas and strategy workplans
    - It will be shared on the Olmsted County/CHAP website by the end of January.
    - An initial strategy workplan is being developed by representatives from Core Group agencies.
    - Larger collaboratives will be established for the strategies in early 2022.
      - If you are interested in being involved in any of these strategies, please let Derrick know.
  - Implementation and evaluation of strategies will occur in 2022 and 2023.
- **Future Considerations and Timeline:**
  - 2022
    - Implementation and evaluation of 2021 – 2023 CHIP strategies.
  - 2023
    - Implementation and evaluation of 2021 – 2023 CHIP strategies.
    - Development of the 2024-2026 CHIP.
  - Future Considerations:
    - Community engagement workgroup's work.
- **Mentimeter Question**
  - *What type of questions do you have about the 2021-2023 CHIP update?* No questions in the Mentimeter. One question in the chat.
    - Q "Are you thinking about Results Based Accountability to track progress?"

        - A: “Absolutely. This has really been something that has been implemented in the CHAP process previously, and something that really stands out especially since we have that community/population approach. Essentially with RBA in a nutshell, it has specific high level, population level indicators. Many of those are pulled from the CHNA and/or existing data sources. Those indicators help drive the work as well. The questions that we ask around the strategies and the population as well; how much are we doing, how well are we doing it, and is anyone better off, are part of the RBA principle and parts that will continue with the strategy and the better off approach will continue with our overall CHAP process and with our CHIP priorities. Hoping to see a reduction in financial stress.”
        - Mike Melius – Shared about the opioid crisis that as a nation has experienced and that there are now many units of government that are negotiating right now for a settlement. Similar to the tobacco process that happened two decades ago. He expects this to set local communities up as a support mechanism to consider and start looking at how we can use not only the financial resources but also improving and strengthening thing infrastructure of our health system around substance use and prevention, and responding to the problems that substance use causes. Specifically with opioids, but is hopeful that whatever is built in terms of infrastructure and supports can be applied across the board. Because it’s a priority [for the CHAP process], he is very hopeful that as the settlement emerges, it will be a booster shot for the health system to respond to this issue.

2022 Community Health Needs Assessment (CHNA)

- **2022 CHNA Update and Timeline**
    - Mentimeter Question
        - *This upcoming CHNA cycle will mark which cycle for the CHAP process?*
            - Fourth
    - 2022 CHNA Update:
        - 2022 Community Health Needs Assessment
            - The next installment of the assessments.
        - The CHNA helps us learn about the health status of Olmsted County residents.
        - Community surveys this fall started the data collection process:

- Mailed surveys are currently in the field.
    - Multiple survey methods are being used.
        - The CHAP Core Group identified three samples for the mailed surveys.
            1. Random sample, or what has been done historically, with the randomized mailed survey sent to 2,000 households.
            2. Greater Olmsted County, where additional surveys were sent out to communities outside of Rochester.
            3. Communities of color, utilizing census tracks that our vendor has as well.
        - This will help us create opportunities with our mailed surveys in regard to representation, in addition to having our mailed surveys complement our convenience surveys.
    - Convenience Surveys will be started later this month.
- Additional CHNA data collection, including gathering qualitative data and prioritizing data, will occur in quarters one through three in 2022.

- 2022 CHNA Timeline:
    - November 2021-January 2022
        - Mailed surveys.
        - Convenience surveys.
    - 2022
        - Conversations with residents.
        - Prioritization process.
        - Creation of the CHNA dashboard.
    - Expecting the CHNA to be released to the public in October of 2022.
- **Mentimeter Question**
    - *How many indicators will be part of the 2022 CHNA and how many were added for the upcoming CHNA?*
        - 37 (Two were added for 2022).
            - In 2019 there were 35, two were added for 2022.
            - Took the ideas from community residents in terms of what indicators may be missing and what current questions should be continued.
            - The two indicators are focused on sexual health.
                - Youth sexual health behavior.

        - STI (sexually transmitted infection) and STD (sexually transmitted disease).
            1. This information will be pulled from the Minnesota Student Survey and the Rochester Epidemiology Project.
- **Tentative Timelines: Putting it all together:**
    - Derrick explained a visual of the cycles outlined below and timelines for upcoming years.
    - 2022:
        - CHNA
            - Data collection and prioritization sessions.
            - Creation of the 2022 CHNA.
        - CHIP
            - Implementation and evaluation of 2021-2023 CHIP strategies.
    - 2023:
        - CHNA
            - Data development for the 2025 CHNA.
        - CHIP
            - Implementation and evaluation of 2021-2023 CHIP strategies.
            - Identification of the strategies for the 2024-2026 CHIP.
    - 2024:
        - CHNA
            - Community survey planning.
        - CHIP
            - Implementation and evaluation of 2024-2026 CHIP strategies
    - 2025
        - CHNA
            - Data collection and prioritization sessions.
            - Creation of the 2025 CHNA.
        - CHIP
            - Implementation and evaluation of 2024-2026 CHIP strategies.
- **CHNA StoryMap/Dashboard:**
    - Background
        - During the September HAPP meeting, we took the opportunity to review a community dashboard approach to demonstrating CHNA information in lieu of the report method.

        - Overwhelmingly, meeting participants preferred the dashboard approach.
            - 23 of 25 participants preferred the dashboard approach.
    - Core Group approved the dashboard during their October meeting.
    - The dashboard will be created throughout 2022, with it being finalized in October 2022.
        - The goal is to make this easier to navigate and create better accessibility.
        - There will be a website link for the dashboard once it is created.
            - The link will take the person to a landing page with different topics that people can click on to view more information.
        - New (non-community survey) data can be added and updated in real time, so that folks would not have to wait until the next CHNA cycle to see the updated information for some data points.
    - During the March 2022 HAPP meeting, we will be asking for your input on the dashboard's layout and information.
        - Wanting to make sure that we are hitting the goals of being accessible and something that is easy to use as well.

- **Discussion:**
    - "When looking at performance/results is there a sense of comparing how we are doing in the context of comparing statewide/regionally how they are doing to have some culmination between the efforts we are doing, and then performance results? I would expect, being that we are a city for health, we have this emphasis or notion of this Destination Medical Center (DMC), we have this notion of being best practice, so I would sort of expect the end result per capita would be better than other communities, I expect that, but I am not so sure per say. So that's the number one reason, comparatively as we invest in all these different efforts in conjunction with DMC and all that. I would expect the result to be superior. Secondly, if the end result is not as clear, but to declare the connectivity our processes, tell the story about our progressing, that we may fall short in the outcome maybe, but to tell the story collectively would be a good selling point for our whole community. So, it's beyond public, but to attract investment, private sector investment, to attract the right kind of businesses to come in, that they are socially conscious. They care about health. I would kind of encourage you I guess to think about logic context. I think I have raised this point several times before that the CHNA is very

technical, the language being used, you have to really know those aspects of health. Maybe somehow you can translate it into a more commercially informative way. For example, involve area employers like IBM. Bring them on board too to say that we are collectively building this system that goes beyond just this health care sector, but builds out a whole ecosystem. Beyond the non-profit sector, but also involve the for-profit sector. So, I would try and encourage that aspect of communication. In particular, you receive feedback for the dashboard and attract some health care entrepreneurs. We have a few of them. Knowing the fact that Mayo has this venture capital notion and that building of this whole ecosystem, Discovery Square and all that, there are a lot of entrepreneurs and businesses coming in that are health care related. Get their perspective as well."

- "I appreciate you sharing those thoughts and I should have added that the HAPP feedback sessions is one piece of the puzzle, so to speak, with the larger feedback of really being able to reach out to residents, partners who utilize the data, and maybe those who don't utilize the data, and I really love your suggestions. Especially when we think about potential future investments, or investment opportunities really trying to bring the private sector businesses. I will touch on a couple of the items you asked right away in terms of the comparison with other states and nationally. That is something that we do with the CHNA and I think that will be important, and I appreciate you bringing that up. That will be really important now that we have really narrowed our focus and have our community health priorities of being able to compare those indicators specifically as well with state and national, and potentially if they are other cities comparable to Rochester's size, so that is something that we do and continue to do. It's important to see us individually as well as it's important to see where we are at, especially with other communities in the state as well. Telling the story, I think that's so important, which you mentioned. There have been conversations about that community engagement workgroup and the work that they are doing around the CHAP process and designing that, looking at community engagement. That was part of the conversation too of how we can really best show a collective approach especially with our community health priorities and best tell that story, especially with the dashboard being approved and created. That could be (once it's all established) an opportunity for us to collectively start to look at from a community lens what programming are we doing around financial stress, around mental health, around substance use, and really being able to tell that story behind the indicators. Using those RBA principles. Really appreciate your questions and excellent feedback."

- “I really appreciate your comments in this conversation and discussion. I just wanted also echo the telling the story, as I reflected on the meeting today and all the specifics in terms of the thoughtful process that we go through to really come up with foundational ideas and input. Thanks to all the people sitting in on this meeting and all in the community who work on this. It’s often times really hard to tell that compelling story, and to look back on the last nine, soon to be 12 years of continuous cycles where some of the health needs are new, and many of them, financial stress, and mental health, are continuing and to reflect on our overall community’s ability to implement or to respond to those health priorities. We are all very humble Minnesotans here, so we inspire each other, our organizations inspire each other to sort of put this into our consciousness, and do things to individually and also collectively to address those priorities, and we don’t necessarily know how to take credit for that. We have really good models for results based accounting and other quality improvement concepts and it’s really hard to fairly represent those over multiple efforts that are very obvious, but also many that are not as obvious. There is not really an answer to that, but to acknowledge that in our work to inspire each other to tell the story, to recognize all the great work that’s been done on our community. It will be easy to measure some of those things and we should do that definitely. It’s also really hard to measure and appreciate aggregate over many years. So, I look at the SERCC (Southeast Regional Crisis Center) and I look at the housing coalition, and I look at the good work of so many non-profits that are starting to think more about some of the health needs in terms of their missions. It’s very remarkable. It’s hard to tell that story and I’m not sure how to do it, but I know that if we could do a better job of it, we would continue to sort of ignite that spark and inspiration to your comments in terms of city for health. So, I appreciate your thoughts.”
- “I just want to say thank you very much for saying that, and as we have been talking in the community engagement group for this work. Something that’s kind of central to the CHNA process and the health improvement plan is pulling together, curating, but also convening around the health priorities so that we are getting a more complete picture and sharing that with the community. Because the disparate efforts that are going on, we know work so much better, and the Housing Alliance and the Housing Coalition are a great example. We do so much better when we work together and look what has come out of even this week with Mayo’s announcement of $5 million more funding going in. I see that being a critical aspect of what we are doing together in this space, is the round up and the curating a message and those kinds of things, because it’s so

important if we are going to impact these health priorities, that we do that in a way that's really, really well informed."

- "This in a way, sort of reminds me of federal government. Some of the things that the current administration are doing from a policy standpoint and a program standpoint, they lack the ability to tell the story; connected emotion and the qualitative part of it is difficult to tell, but I believe that we need to look into that. I think maybe involving the DMC, they have marketing, messaging folks that may have those kind of skill and ways to spin it. So, maybe that's one way, to engage them."
- "Appreciate that suggestion and the work that the community engagement workgroup is doing, that conversation really has been brought up around, telling that story, so I think that further discussion will continue, and I really appreciate you sharing some resources and may be able to help guide us as we continue that conversation. I am really looking forward to what that entails."

- **Announcements and Sharing**
  - Derrick invited the group to share any announcements their organization may have.
  - *Dienna Sabol, Diversity Council* – Provided an update on their Federal Grant Project, which address vaccine hesitancy in minority communities statewide.
    - Four months into the grant period.
    - Work is going very well.
    - Number of local and regional vaccine events coming up and happy to connect with anyone in the group who are willing to help share that information.
    - Project website.
  - *Beth Kangas, Zumbro Valley Medical Society* – Shared about the Street Medicine Program.
    - Brings health care to outside of the clinic setting to people where they are starting with unsheltered individuals.
    - Have had an elective for 27 Mayo Medical students.
    - Have had educational trainings at the Rochester Warming Center.
    - Getting ready now to begin outreach and passing out winter care kits.
    - More information can be found here.
  - *Talor Gray, OCPHS* – Shared an update regarding the Mental Health Promotion, Suicide Prevention, Strategic Planning cohort, in collaboration with MDH and other communities around Minnesota.
    - Have been meeting monthly to talk through the technical pieces and prevention efforts.

        - Discussing on what that looks like locally and ways that the group can be most effective.
        - Working on structured materials.
        - More to come, still in development.
    - *Anne Halland, UCare* – Shared a link to UCare vaccine incentive.
    - Derrick encouraged the group to send any updates that they may think of after the meeting and he will include them in the notes, and he thanked everyone for their input.
- Link to meeting recording: December_ 2021_ HAPP_ Meeting 12-10-21
    - *If you have trouble accessing the meeting recording, please reach out to Derrick Fritz.*
- **Next HAPP Meeting is scheduled for March 10, 2022 from 7:30 a.m. until 9 a.m.**

Respectfully submitted by:
MariClair Schneider
December 13, 2021; 12:41 p.m