SHIP: Vision & Sustainability

"Expanding Leadership for Health across the State"

NOTES from August 19, 2014

The Minnesota Public Health Association (MPHA) and Minnesota Department of Health (MDH) convened a State Community Health Visioning Process, held on Tuesday, August 19, 2014.

This opportunity emerged after MPHA leadership, who also serve as members of the Community Transformation Grant (CTG) Minnesota Statewide Leadership Team, identified APHA resources that could help Minnesota respond to the premature loss of CTG funding due to federal budget cuts. Recognizing that Minnesota has a strong Statewide Health Improvement Program (SHIP) and a growing mission to address health inequities in the state, the MPHA secured an American Public Health Association grant that provides an opportunity to convene a range of SHIP and CTG partners to participate in a Statewide Community Health Visioning Process. Our goal is to begin to build a stronger statewide support system for our community health work and build on efforts to build health equity. (Appendix 1 provides a brief overview of the APHA grant.)

Who Was There

The State Community Health Visioning Process event consisted of small group discussions, an oral presentation on the Statewide Health Improvement Program and Healthy MN 2020, and large group dialogue. Approximately 45 people participated. Among the sectors and organizations represented were: Local Public Health Association (public health representatives from across the state); members of SHIP Community Leadership Teams who represented different sectors, such as health care, city planning, schools, local elected officials, senior organizations, non-profits, etc.; Community Transformation Leadership Team members and grantees; Minnesota Department of Health; Minnesota Public Health Association; hospitals/health systems; Minnesota Council of Health Plans; and other organizations such as Bicycle Alliance of Minnesota; Farmers Legal Aid Group; Public Health Law Center; American Indian Cancer Foundation; Blue Cross Blue Shield Center for Prevention; Vital Aging Network; etc.

Summary of Input

The following summarizes high-level themes, as well as proposed next steps, identified during the August 19, 2014 strategic convening.

This meeting is part of a larger, evolving planning process to establish a shared direction and approach for advancing and sustaining SHIP's community health improvement and health equity efforts. More specifically, the objectives for this meeting were to begin to:

1. Gain agreement on a shared vision and priority results

2. Develop strategies to help strengthen, grow and sustain local and state community health improvement, engagement and health equity efforts
3. Identify leadership principles, structure(s) and processes to support greater collective action across the state
4. Determine next steps

What's Our Current Reality: The Positives We Can Build Upon?

Policy/Systems/Environmental Lens—We have made a shift from individual and programmatic change to now include PSE—which is helping drive greater impact and sustainability. It is an essential part of norms change. Our understanding and capacity to do this type of work is maturing. We can now focus more on taking action vs. just building awareness around the need to take PSE into account. People are talking about health in a way they weren't before—including benefits to areas that fall outside of the traditional health frame.

Investment in Prevention—SHIP and CTG have provided essential resources—funding and technical assistance—to invest in upstream prevention. Through these investments, SHIP has helped build an infrastructure and the local capacity (particularly of local health departments and non-profits) to do deeper community level (system) change. We are building on a long history and strong history of public health infrastructure.

Seeing Broader & Deeper Partnership—We are starting to see more community empowerment as result of more community engagement/ownership; seeing more collaboration with non-traditional partners and individuals most affected by health improvement efforts. Funding and other incentives for cross sector collaboration have helped.

We are realizing—and acting on the fact—that we can't do this alone or in silos. People at local and state levels, who haven't talked to each other previously, are starting to talk and are seeing connections. Greater awareness of shared interests and values around health is very encouraging. We've started (over last couple of years) to gather a lot of the right players.

Peer Sharing—Communities are beginning to work together, mentor one another and share lessons. The ability to leverage one another's success (and sometimes have healthy competition) is essential for spreading impact and growing our movement.

Results—We are starting to see real results from our community level investments, capacity building and strategies. We're moving from abstract ideas to tangible work and outcomes. There is a clearer sense of how to do this work in order to get results—and a sense that this work is getting results and will pay off.

Steps Forward on Health Equity--Non-traditional partners and partnerships with populations experiencing health inequities/disparities are becoming more common. CTG dollars specifically targeting inequity, including socio-economic in Northern MN, has been a positive. The "health in all policies" work has helped boost health equity strategies/understanding. In Minneapolis, health equity has been foundational to policy development work. Health has been pulled into the general narrative/discussion about growing inequities on many fronts—including groups with a social justice emphasis.

The MDH health equity report was a bold and important step, saying things that state agencies don't normally say, such as calling out the need to address institutional racism. It's an important piece we should continue to build on.

Change—Having to respond to new changes and challenges is uncomfortable but may help us get stronger and deepen our resolve to do this work in the future.

What's Our Current Reality: Where We Have Work to Do (Challenges)?

Need More Focus On Social Determinants: Still not enough being done to link to critical social determinants, particularly jobs, education, transportation and housing, which have enormous impact on the overall health of individuals and their neighborhoods. It is still easy to default to working just at the individual level on a single issue. Mental health (and related chronic stress) is still not on the radar screen and this is very much tied to social determinants. Need to do a better job of creating partnerships with organizations that address the social determinants of health and root causes of health inequities that SHIP (grantees) do not necessarily or cannot address.

Silos: Need to convene across state departments (and local departments) and sectors so that this work isn't done in isolation. (Per the positive trends of more cross sector collaboration…not enough of it) It's easy to stay in our silos even if we're saying words that suggest otherwise. Foundations and others with money can help ensure that we break these silos.

Hard To Keep Long View: This is long-term work that doesn't always show immediate, measurable change—showing that it is worth the investment and keeping all the players engaged in a long-term view proves to be challenging.

Lack of Shared Priorities: Strategies designed to build or boost community engagement (and meeting communities where they are) are sometimes in conflict with proven PSE investments. In addition, forging consensus about shared priorities with a broad set of organizational stakeholders is not easy.

Challenging Political Climate: While we're getting better at framing this work, there is still a sense that this type of prevention is paternalistic and goes too far in denying personal choice…a challenge in a somewhat anti-government atmosphere.

Limited Use of & Access to Data: Could be better at utilizing data to understand disparities, assets and priority areas for action. The lack of access to meaningful data is a challenge. Developing a mechanism to provide community partnerships more localized data, particularly around the social determinants, would fulfill an important gap. This type of data is increasingly available and there is greater interest in using it, particularly with new and existing Community Health Improvement Plans (CHIPS) and various Community Health Needs Assessments (CHNAs).

Lack of Buy-In from Decision Makers: Establishing strong buy-in from local and state officials is still a major gap. The health department is restricted from lobbying and this can be an obstacle to growing buy-in for these types of investments—there are others lobbying for different priorities.

Uncertain Long-Term Funding: Need to find ways to support this when big grants go away—more consistent, predictable forms of funding aimed at local communities/capacity building. In addition, could be good to get more money to Community Based Organizations, not just LPH staff.

Limited Coordination between Technical Assistance Providers/Funders: Various funders and TA providers (including the State) are tripping over each other, which is not an efficient use of resources and a challenge for local communities. There's no real mechanism to understand who is doing what, as well as a lack of joint planning/coordination among various state players. It was suggested that a common, easy-to-update database/visual might serve multiple interests: coordination, peer learning and the spread of effective strategies. In addition, we're still trying to figure out how to best assess needs and deliver appropriate technical assistance to communities and could be learning to do this better together.

There Is a Ways to Go on Health Equity: There are not enough people of color in leadership positions— and don't have an adequate pipeline for recruiting and training public health professionals of color. It will take a greater willingness to share power and resources to really focus on social determinants (adopt more holistic approach). Need to focus on social justice issues such as more appropriate allocation of resources to particular populations with greatest disparities. One example is advocacy for full funding of American Indian treaties with the Federal government. The language and terminology of the health equity work may inhibit some conversations. We need more training of allies to be more comfortable working with non-traditional partners to engage others and learn to share power in system changes.

Insights/Keys to Effective Statewide Collaboration:

- Sufficient and committed resources—technical assistance, convening supports and data—at local, regional and state levels
- Willingness and culture where it is okay to take risks, being open minded and opportunistic
- Having enough political clout – having engaged individuals who have influence and credibility across multiple stakeholders
- Connecting with economic interests and being able to demonstrate the business case
- Being able to tie in people's passions/talents and to leverage strengths of different organizations/agencies
- A consistent and shared message—speaking with the same voice—and capacity for shared advocacy /and advocacy arm
- Understanding where key assets exist—have incredible assets in this state that aren't linked or fully utilized
- Statewide network/coalition with clear and differentiated roles and expectations—that supports networking and coordination
- Need to combine the structure and power of state organizations/agencies with the passion and insight of local coalitions and champions

Specific Areas/Opportunities for Deeper Collaboration:

1. Build processes & structures that support regular joint planning and communication across the range of major statewide agencies, organizations and funders that are investing in creating healthier and more equitable communities. As noted, the lack of coordination is leading to duplication, inefficient use of resource and gaps in investments. In addition, there was interest in seeing joint resource development and investment, coordinated technical assistance and evaluation.

   Crux questions:

   - What organizations need to be included in joint planning and/or better coordination?
   - What are the differentiated roles and how do we honor the autonomy of various organizations/groups?
   - How can we include the perspective of local communities and those who are most impacted by health improvement initiatives?
   - Does this need a broader frame than SHIP or is this the right starting point?
   - Where would be a good place to pilot new practices?

2. Focal areas that might be ripe for deeper collaboration include: helping local communities align community health needs assessment (CHNA)/community health improvement planning (CHIP) activities; building the capacity of local communities to engage in discussion about health equity; data access and utilization to inform advocacy and evaluate impact; ways to capture and share real time stories (and what is going on); workforce development (more diverse pipeline & greater fluency in supporting health equity); local food systems/healthy food access.

   Crux questions:

   - Are there 1 or 2 areas that would be easy to pilot or learn from (maybe something that is just getting started)?
   - What would be engaging and not require significant resources or time?
   - How can we do this as a pattern for other areas?

Additional Insights & Questions to Consider

- Healthy Minnesota Partnership—is there something we can learn from their model (what's worked and not worked) and is there a way we might leverage their existing structure?
- Can we do this without creating yet another organization – and have enough structure/accountability to make desired change?
- Let's revisit the scope of our effort—is this about SHIP and other statewide organizations and how they work together? Where do other stakeholders, including local coalitions fit in the decision making/shaping?
- What resources can we count on in the interim?
- How do we get clearer on where we want to head so we can shape the collaborative?

Meeting Evaluation & Next Steps

At the end of the meeting, attendees provided feedback on what worked in the meeting and what could be improved. Initial next steps were identified.

What worked?

- Small group activities
- Open to share
- Comfortable to share thoughts
- Learning time
- Ability to hear about others' work
- Ideal world letter
- Letter about future success looks like
- Group diversity
- Parking

What didn't or could be changed?

- Morning energy was better than afternoon—maybe just half day?
- Didn't have time after lunch to talk to new people at the table
- If more prepared – could have provided more feedback\background information
- Involve community
- Ensure more participation
- Disconnect with understanding level—those that know state program/structures and those who don't

Next steps discussed at the August 19th event

1. Synthesize and share ideas that surfaced from this meeting—and explore requests for additional examples
2. Planning group to consider options for 2nd face-to-face gathering—taking insights from this meeting into account
3. Share proposed approach for moving forward with meeting participants

Participant responses to meeting evaluation survey

Following the meeting, attendees were invited to complete an online evaluation survey. Thirty responses were collected. Overall, response to the meeting was generally positive and met the attendees' expectations. The results of the evaluation indicate several overall strengths of the meeting:

- Many respondents felt they left the meeting with new knowledge or connections that they would be able to use immediately
- The small group table discussions were productive and fostered participation
- In general, there was a great deal of input shared during the meeting.

The results of the meeting evaluation also indicated several areas for improvement:

- More clarity on the purpose, goals and outcomes of the meeting. Some respondents mentioned that the focus of the afternoon part of the meeting was less clear and a bit confusing on where the dialogue was going. Suggestions included providing clearer direction for the small group/table discussions and being consistent about keeping the group focused on the intent and objectives of the visioning process.
- In terms of organization prior to the meeting, there should more advance notice of the meeting, as well as materials relevant to health equity and Health in All Policies.
- The process will benefit from having more diversity and wider range of participants, including more individuals directly impacted by and familiar with issues of health inequity.

Examples of key results people noted they would like to see emerge from the vision process:

- Training and best practice leadership structures/resources offered across the state
- More sharing of expertise throughout the state
- Authentic opportunities for voices from people of color to give input into the next steps
- Stronger community presence to advance health equity in areas that are traditionally overlooked
- Coalition created with diverse representation
- A unified approach towards community health strategies amongst funders to reduce duplication of efforts, promote common messaging, etc.
- Better engagement of greater MN and recognition of how efforts and needs are different regionally and for rural versus metro
- Sustain SHIP and address health equity in SHIP work
- Framework to build public support for strong local programs like SHIP and CTG

Examples of suggested key next steps people noted to move this effort forward:

- Look at potential models for moving this work forward and develop a structure for continuing to build on this work and facilitate communication
- Begin to identify a possible backbone organization/steering committee/leadership team, and brainstorm workgroups that might fall under the health equity/community health focus area
- Conduct an asset mapping of statewide organizations and agencies in the defined workgroup areas. Who are they? What is their role? What might they contribute?
- Compile information and schedule follow-up meeting to refine and structure next steps.

- Present sample collective impact models to your defined workgroup moving forward
- Look at other vision processes and documents and determine what the MN priorities are for the next five years
- Narrow scope of the work to concrete areas that can be achieved within the next 1-2 years.
- Continue this discussion and perhaps involve some key legislators

MDH and MPHA would like to express our appreciation to the attendees who completed the State Community Health Visioning Process meeting survey. Your responses help us to continue to improve the visioning process experience. If you would like to make any further comments about the meeting, please feel free to contact Tenzin Baylen, Administrative Specialist, at the MDH for this effort at: Tenzin.Baylen@state.mn.us. You can also contact Martha Roberts, State Initiatives Supervisor, Office of Statewide Health Improvement Initiatives, MDH at: martha.roberts@state.mn.us.