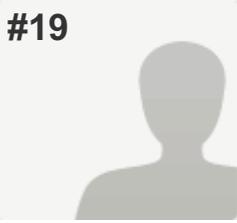


Affiliate Health Equity Final Report

#19



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Collector: Web Link 1 (Web Link)
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PAGE 3: Affiliate Information

Q1: Affiliate name	Minnesota Public Health Association
Q2: Affiliate position	Other (please specify) MPHA Past President
Q3: Provide the requested information below.	
Name:	Carol Berg
Email Address:	cberg@ucare.org
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PAGE 4: Evaluation Questions - Narrative

Q4: Identify the strategies/activities addressed by your Affiliate's approved proposal. Check all that apply.	Public or policymaker education, Civic engagement and advocacy, Policy development
Q5: Summarize your Affiliate's progress towards achieving the stated goals and objectives included in your approved proposal.	
Goal 1:	Organize and implement strategic planning event
Objective 1:	Hire consultant/facilitator, work with project partners to organize and implement a visioning event to develop recommendations to sustain health improvement and health equity work into the future.

Affiliate Health Equity Final Report

Progress to date:	<p>Hired Community Initiatives (http://www.communityinitiatives.com/) as consultant/facilitator for this project. A cross-sector work group organized a visioning event which was held on 8/19/14 . The State Community Health Visioning Process event was facilitated by the consultant and 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 from across MN and diverse sectors participated. A complete list of participants is included in the event summary (sent as part of this interim report and attached again with this report, Attachment A).</p>
Goal 2:	<p>Synthesize results of strategic planning and produce sustainability plan.</p>
Objective 2:	<p>The consultant, MDH staff, and MPHA representatives will synthesize the results of the “State Community Health Visioning Process” event held in August.</p>
Progress to date:	<p>A summary of the event participants’ input was written by the consultant and reviewed by the core planning work group (Attachment A). Input from this gathering was used by the work group to develop key information interview questions with select participants and additional stakeholders to further develop recommendations for next steps to sustain this health equity work going forward. The consultant conducted the interviews and prepared a summary of the key themes of recommendations for statewide collaboration to support sustainability of community health improvement and health equity efforts that emerged from these interviews (Attachment B). The core planning work group also reviewed options for how to best move these recommendations forward by reviewing MN collaboratives and national models for structuring a statewide approach to sustain the momentum of the Statewide Health Improvement Program and previous CTG efforts as well as strengthening opportunities to create health equity. Models were reviewed for how to best assure diverse representation and provide authentic opportunities for a strong community voice in efforts to advance community health and health equity. See goal 3 area for next steps.</p>

Affiliate Health Equity Final Report

Goal 3:	Disseminate the plan and collectively implement action steps to support health equity efforts into the future.
Objective 3:	Strategic planning input will be shared widely with SHIP and CTG partners across the state and next steps will be taken to support this health equity work.
Progress to date:	The summary report of the August visioning event was shared on 10/10/14 with all those who were invited/attended the event. The core planning group that organized the August event continued to work with the consultant to synthesize the input from participants and develop next steps regarding recommendations of participants. It was determined that no one organization has capacity to staff the effort to realize all the recommended aspects of a "strategic plan" or take on leadership role to implement all the recommendations for a successful statewide approach to support this change model. It was decided to take an incremental approach to implementing the recommendations and we will begin with a focus on one of the key theme areas: to develop a unified approach for advancing community health among Minnesota's community health leaders, key funders and other interested parties. We are planning a webinar to invite all those who participated in the visioning event, as well as some new partners, to share our progress to date and agree on next steps.

Q6: Did your Affiliate complete all activities identified in the approved proposal?

No

Q7: If "no" to the above question, indicate which activities were not accomplished and provide justification.

As noted in previous section, it was determined that neither Minnesota Department of Health nor MPHA had the staff capacity to support pursuit of establishing a new structure to implement all aspects of what stakeholders identified for a vision of a statewide sustainability plan for collaboration. We have agreed to implementation in phases to help realize the recommendations that came out of the visioning event and key informant interviews.

Q8: List at least one major accomplishment for this initiative.

We learned a great deal from a strong cross-section of stakeholders across the state about barriers and benefits to achieving a broader statewide collaborative or change model approach to this work, ideas for new ways of working together, suggestions for structuring this broader collaborative approach, and keys to success for this model. We will apply this input to further explore how we can meaningfully implement a collaborative model that will:

- Help large groups plan/coordinate across regions
- Support targeted networking/peer learning across communities
- Facilitate access to relevant, real-time resources
- Be a catalyst for collective action on a big goal(s) (pursuing this through funders group)
- Support collective advocacy/awareness building.

MDH and MPHA will continue this partnership after the grant ends to carry these recommendations forward as existing resources allow and/or new resources are identified.

Q9: Briefly describe the lessons learned from your Affiliate's health equity work.

We learned very valuable insights from project participants (through the visioning event and interviews) that we will use as we implement their recommendations through existing Minnesota community health improvement collaboratives as well as in the next steps of working more closely with funders to better align funding in common areas of interest that support community health and health equity. We will continue to search for resources to support a more statewide change model approach that will help assure sustainability of this work. Participants expressed appreciation for the strong and successful collaboration that is occurring across the state and look forward to building on this momentum to engage more partners and weave in deeper health equity strategies within their community health strategies in cross-sector activities.

Q10: Describe any factors or circumstances (positive and/or negative) within your environment affecting progress toward achieving goals either generally or as they relate to specific activities.

As noted in question 7, we are lacking an umbrella organization that could serve as the lead for implementing this statewide change model vision. All organizations are dealing with budget constraints and staffing is so essential to implementing and sustaining any collaborative approach. Participants expressed great enthusiasm to build on the strong collaborative spirit in MN to continue enhancing how we connect with one another's valuable community health improvement and health equity efforts (in particular, addressing the drivers of inequity such as structural racism).

Q11: Discuss next steps and plans for sustaining your initiative beyond the end of the grant period (Feb. 27, 2015). Include in your response any partnerships your Affiliate intends to maintain or pursue.

After we complete the webinar with partners about progress and next steps of this collaborative, we will convene funding stakeholders to work on aligning investments in community health and health equity across the state (which is one of the key recommendations). We will continue to search for ways to carry the change model forward and will see if a lead organization or structure will still emerge. Among the sectors and organizations that we will continue to partner with include: Local Public Health Association (public health representatives from across the state); members of SHIP Community Leadership Teams who represented different sectors); Minnesota Department of Health (including the MDH Center for Health Equity); 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; and Red Wing Area Seniors Inc.

Affiliate Health Equity Final Report

Q12: Discuss plans for disseminating the findings of your Affiliate's health equity work beyond APHA. Include in your response relevant web addresses if your Affiliate has promoted tools, resources and events online.

We will share a summary of the webinar with partners and APHA once held. We will present progress and next steps of this initiative at the annual MPHA conference to be held May 28-29, 2015 in Duluth, MN as well as at a statewide "Making it Better" conference being held by MDH later in 2015.

PAGE 5: Evaluation Questions - Financial

Q13: Report on your Affiliate's expenditures below. The budget line items should match those reflected in your initial proposal and/or the Interim Report, if changes were made at that time.

Budget item #1 (specify)	Project Personnel/Consultants
Amount requested (projected) in the approved proposal	\$4,350
Actual expenditure	\$5,800
Budget item #2 (specify)	Strategic Planning/Visioning event costs
Amount requested (projected) in the approved proposal	\$5,204
Actual expenditure	\$3,707.05
Budget item #3 (specify)	MPHA Administrative costs
Amount requested (projected) in the approved proposal	\$400
Actual expenditure	\$492.95
Total expenditure (across all budget line items)	\$10,000

Q14: Provide sufficient justification for the budget items above.

1. Project Personnel: \$5,800
 - Consultant: \$5,200
 - MPHA Project Coordinator (intern): \$600
2. Strategic Planning/Visioning event costs: \$3,707.05
 - Lodging for event participants (from rural MN): \$1,904.11
 - Event refreshments: \$1,802.94
3. MPHA Administrative costs: \$492.95
 - Accounting: \$400
 - Conference calls: \$92.95

Q15: Has your Affiliate expended all of its grant funding or will the funds be spent in their entirety by Feb. 27, the end of the grant period?

Yes

Q16: If "no" to the above question, please provide justification.

Respondent skipped this question

PAGE 6: Evaluation Questions - Additional Information

Affiliate Health Equity Final Report

Q17: Rate your satisfaction with the technical assistance sessions and trainings administered by APHA and CommonHealth ACTION.

Small group Technical Assistance sessions	Satisfied
Individual Technical Assistance hours	Neutral
In-person Trainings	Satisfied
Webinars	Satisfied

Q18: List training topics or resources which would be most helpful to continue your Affiliate's health equity project.

Topic #1:	Collaboration for Health Equity
Topic #2:	Making the Case for Health Equity
Topic #3:	Transforming perspectives in Health Equity Convenings

Q19: Use the space below to share additional information about your grant initiative with APHA.

We appreciate APHA's Support that allowed MPHA and MN partners to help bridge the gap left by the abrupt ending of CTG funding to identify ways to sustain our statewide community leadership collaborative connections going forward.