APPENDIX

RAMSEY COUNTY community outreach
DECEMBER 2017 – APRIL 2018 OVERVIEW

60 community locations visited

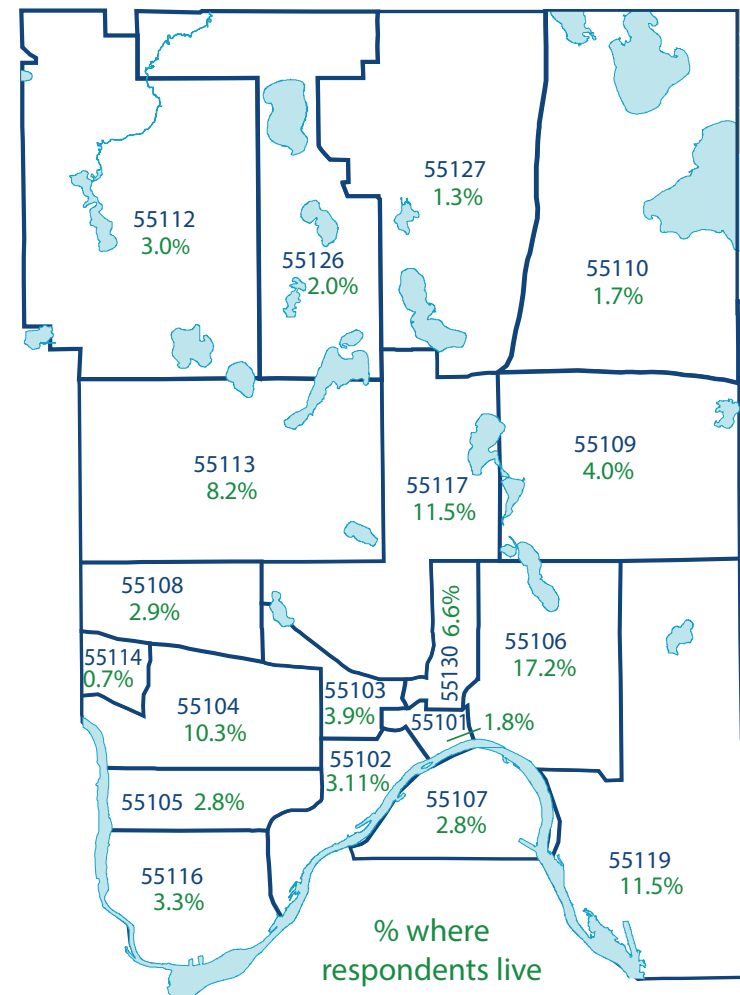**2,118** voices heard

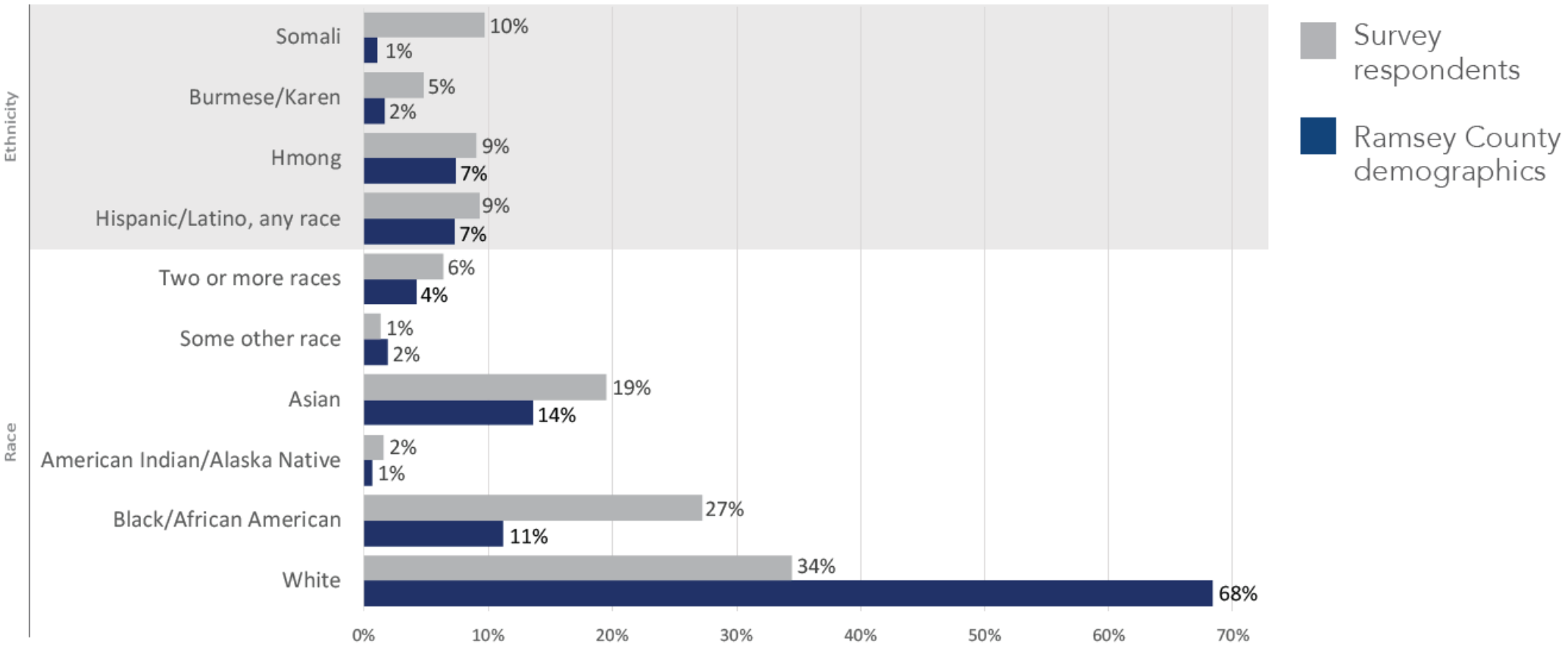**11** → non-profit partners

10 → libraries

10 → schools & colleges

9 → community centers

20 → OTHERS: apartment buildings, WIC clinics, food shelves, Fix-it clinics, community meetings, workforce centers

55127
1.3%

55112
3.0%

55126
2.0%

55110
1.7%

55113
8.2%

55117
11.5%

55109
4.0%

55108
2.9%

55130 6.6%

55106
17.2%

55114
0.7%

55104
10.3%

55103
3.9%

55101 1.8%

55102
3.11%

55107
2.8%

55105 2.8%

55116
3.3%

55119
11.5%

% where respondents live

RAMSEY COUNTY
Working with you to enhance our quality of life

COMMUNITY HEALTH ASSESSMENT 2018

Public Health Needs to Hear from You
Many things impact your health, your family's health and your community's health. Saint Paul - Ramsey County Public Health would like to hear from you. Your experiences and opinions will help us improve:

- ways you connect and belong with others;
- how your health relates to earning enough to support yourself and your family;
- safe spaces where you live, work, and play.

All responses will be confidential and anonymous.

YOUR INDIVIDUAL HEALTH

1. What helps you stay healthy?

2. What keeps you from being healthy?

YOUR FAMILY'S HEALTH

3. What helps your family stay healthy?

4. What keeps your family from being healthy?

YOUR COMMUNITY'S HEALTH

5. What helps your community stay healthy?

6. What keeps your community from being healthy?

YOUR DEMOGRAPHIC

7. Zip Code: _____

8. What racial group(s) do you identify with? (Choose all that apply)

❑ White   ❑ Asian

❑ Hispanic, Latino, or Spanish Origin   ❑ Native Hawaiian or Pacific Islander

❑ American Indian or Alaska Native   ❑ Black or African American

❑ Other (please specify)

9. What cultural group(s) do you identify with? _____

10. What gender do you identify with? (Choose one)

❑ Female   ❑ Male   ❑ Other (please specify): _____

11. Have you served in the US military?

❑ Yes   ❑ No

12. What is your age? (Choose one)

❑ 9 or younger   ❑ 10-14   ❑ 15-19   ❑ 20-24

❑ 25-34   ❑ 35-44   ❑ 45-54   ❑ 55-64

❑ 65-74   ❑ 75-84   ❑ 85 and older

13. How many people currently live in your household?

❑ 1   ❑ 2   ❑ 3   ❑ 4

❑ 5   ❑ 6   ❑ 7   ❑ 8

❑ 9   ❑ 10 or more

14. What is your household's annual income level? (Choose one)

❑ $11,999 or less   ❑ $12,000 to $19,999

❑ $20,000 to $34,999   ❑ $35,000 to $49,999

❑ $50,000 to $74,999   ❑ $75,000 to $99,999

❑ $100,000 or more   ❑ I choose not to answer
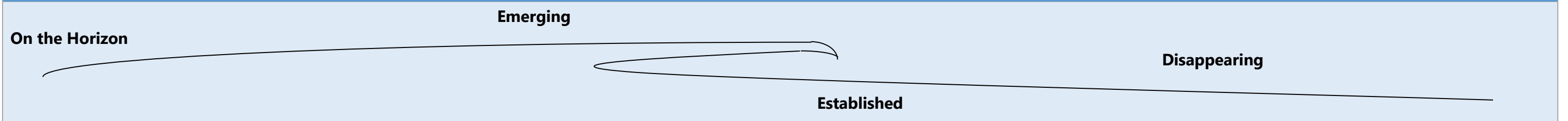
Forces of Change Workshop Participation

About 150 people working in organizations and disciplines related to advancing health were invited to participate with the event. Eighty-one (81) people registered and sixty (60) attended. Of the 60 participants, 22 are affiliated with the Center for Community Health (CCH), serving on one or more CCH committees.

Participating organizations

African Immigrant Services
Allina Health
American Heart Association
Blue Cross Blue Shield of MN
Carver County Medical
Casa de Esperanza
Children's MN
City of Bloomington
City of Minneapolis
Community Action Partnership of Ramsey & Washington Counties
Courage Kenny Rehabilitation Institute
Dakota County
Fairview Health Services
Greater Twin Cities United Way
HealthEast
HealthPartners
Hennepin County
Hennepin County Office of Multicultural Service
Hennepin County Public Health Dept
Lakeview Hospital/HealthPartners
Medica Foundation

Minneapolis Health Department
Minnesota State Demographic Center
Minnesota Council of Health Plans
Minnesota Dept. of Education (MDE)
Minnesota Dept. of Health (MDH)
Minnesota Lung Association
Neighborhood House
Park Nicolett
Pillsbury United Communities
Rainbow Health Initiative
Ramsey County
Ramsey County Human Services Homelessness
Robbinsdale Area Schools
Saint Paul - Ramsey County Public Health
Scott County Public Health
St. Paul Public Housing
Three Rivers Park District
Twin Cities Local Initiatives Support Corporation (LISC)
Washington County
Wilder Research
Woodbury Thrives/Chamber of Commerce

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www.mnmetrocch.org

FORCES OF CHANGE WORKSHOP - DISCUSSION SUMMARY: The Wave – incoming and outgoing trends, ideas, practices and processes, and systems in community health

Note: At any point in history, in any given field, we are in the midst of adjusting and shedding paradigms and approaches in response to changing demands. Participants brainstormed responses below, across a variety of "positives" and "negatives," obstacles and opportunities in each of the four categories. The reader is encouraged to read these responses with that in mind.

Emerging

On the Horizon

Disappearing

Established

ON THE HORIZON	EMERGING	ESTABLISHED	DISAPPEARING

• Out of school time – community schools model
• Community schools
• Strategies to address social media
• Privilege
• Linking clinical care with community health
• Multi-generational communities and families (4-5 generations)
• Long-term view of health
• We drive social media
• Support cultural healers
• Community at center (established financial support)
• New partners (business, parks, other)
• Informed based practices
• Emerging diseases
• Funding shifts
• Mental health system transformation
• Radical reform of criminal justice
• Continuity
• Cultural outreach corp.
• Health defined with communities
• Mental Health ↔ Housing
• Identity and gender fluidity
• True bridge out of poverty
• Mental well-being
• Triage and referral (Department of Human Services)
• Environmental impacts on health
• Radical change in technology and climate change will drive how we look at community
• Revenue sharing with community based organizations to care for populations
• Give people more resources (minimum wage, paid leave, guaranteed basic income, reparations)
• Incorporate lay people into the medical model
• Community health is an ethical obligation and should be a non-profit system
• Frame public health issues/science in compelling way
• Big data and analytics
• Understanding historic trauma
• Universal healthcare
• Climate change reality
• 65% of our children's job not invented
• Digital bio monitoring and telemedicine
• Gutsier initiatives (social activism, language, partnerships, tech)
	• Restructure investment and funding for community-driven work
	• Public health is cross sector (housing, transportation, mental health, job, employment)
	• Solve problems with not for the community
	• Nothing about you, without you
	• Collaboration beyond boundaries
	• Youth aren't as healthy as we assume
	• Health equity as a practice
	• Concerns about privacy
	• Opportunities for local policies to make a local difference
	• Working across silos
	• Multi-generational interventions
	• Spectrum thinking – illness/wellbeing
	• Understanding of issues related to caregiving
	• Baby Boom generation
	• Independent and healthy living initiatives
	• Health in all policies
	• Behavioral economics approach (make the effort appealing & easy)
	• Anchor institutions
	• Racism/trauma (historical, structural, personal bias, aces)
	• Data collection new ways (participatory, use of technology)
	• Those outside of traditional health community seeing their role in solving health issues
	• Social Determinants of Health (SDOH)
	• Increased used of CHWs
	• Relationships whole person systems – Orgs collaborative(s)
	• Domestic Violence and Substance Abuse is a health concern (addressing healthy masculinity)
	• Welcoming youth in community decisions
	• Community members as experts
	• Use of technology to improve connection to resources for SDOH
	• Income inequality
	• Opioids
	• Community based care/health workers
	• Working with community
	• Health equity
	• E-health and informatics
	• Interdisciplinary research (U of M) and community based research
	• Community health workers
	• Participatory decision making
	• Public Health Accreditation (meeting set benchmarks)
	• New media questioning reliability
		• Community engagement on government time
		• Technology
		  ○ EHRS (Electronic Health Record System)
		  ○ Social media
		• Regulations driving practice
		• Working in silos
		• Entrenched health disparities
		• Evidence-based practices work
		• Local foundation support
		• Community activism and volunteerism
		• Reactionary funding (high) – prevention funding (low)
		• Structural discrimination → disparities
		• Wholesome collaboration
		  ○ Natural spaces
		  ○ Funding
		• Siloed approach
		• Data is a tool
		• Restrictions on data sharing
		• Navigating complex systems
		• Land of 100 ideas – make old new again
		• AHA – AMA – APHA (American Hospital Association, American Medical Association, American Public Health Association)
		• Assumptions that others understand our "language"
		• A divided nation
		• Family home visiting
		• Short-term focus for long-term impact
		• Prevention focused on kids
		• Social justice
		• Health/public health "lingo" ("not well understood")
		• Collaborative partnerships and projects
		• Organization culture of one-way "official" communication
		• Data sources are not connected
		• No shared values on health "health is not a right" type thinking
			• Institutional knowledge
			  ○ Retirements
			• Homelessness isn't a health concern
			• Phone calls and voicemail
			• Chemical dependency isn't a health concern
			• Risk taking
			• Red-lining in land use/ banking (is it disappearing though?)
			• Health is only physical with clinical interventions
			• Old survey techniques
			• Non-fat/low-fat
			• Top-bottom approach
			• Public health clinics/direct services
			• Legal entities providing services without stakeholder/com. Input
			• "Large sized" funding sources for programs
			• Static desktop technology
			• State and federal funding
			• Single sector (non-collaborative) approaches
			• "Clients" rather than participants
			• Education-only approaches for complex issues (e.g. just tell what to eat)
			• Funders funding creativity and flexibility -funding becoming prescriptive (less opportunity to innovate)
			• Obesity just as issue of calories and exercise
			• One size fits all approach
			• "Compliance" we know better than participants
			• Doing "to" rather than "with"
			• An unwillingness to disaggregate data by race and ethnicity.
			• Trust
			  ○ Systems
			  ○ Communities
			  ○ Government
			• Privacy
			• Prevention through medical model lens
			• Addressing specific conditions/diseases in isolation (as different as holistic)
			• Silos breaking
			• Old forms of public input (public hearings)
			• Abstinence only
			• Provider /Medical Doctor knows all

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