

**Community Health Services Advisory Committee  
CHIP | Health in All Policies Action Team  
Meeting Minutes  
June 1, 2022**

**Members Present/Representation**

- Hannah Fairman | Co District 1
- Alyssa Fritz | Co District 2
- Georgie Kinsman | Co District 3
- Ayah Mohammed | Co District 4
- Manoj Doss | Co District 5
- Pa Vang | Co District 6
- Jennifer Arnold | Co District 7
- Brady Johnson | County at Large
- Hongyi Lan | County at Large
- Erica Morris | County at Large
- Steve Nelson | County at Large
- Carol Thunstrom | County at Large
- Thomas Kottke | City of Saint Paul
- Hanna Getachew-Kreusser | City of Saint Paul
- David Muhovich | City of Saint Paul
- Sarah Osman | City of Saint Paul
- Regina Rippel | City of Saint Paul
- Kerri Elizabeth Sawyer | City of Saint Paul

**SPRCPH Staff:**

- Sara Hollie | Director
- Diane Holmgren | Interim Deputy Director /  
Administration Division Manager
- Tommi Godwin | Planning Manager
- Cathy St. Michel | Support Staff

**Guests:**

- Ramona Banks | Community at Large

The meeting was called to Order at 5:30 pm by Chair Carol Thunstrom. Everyone was welcomed to the meeting.

A motion was made by Hongyi Lan and seconded by Carol Thunstrom to approve the minutes for May 4, 2022. Motion passed by affirmation of the committee.

Agenda item:	Speaker/Discussion:
<p>Review and Discuss Strategic Plan, Sara Hollie, Director; Diane Holmgren, Interim Deputy Director / Administration Division Manager; Tommi Godwin, Planning Manager</p>	<p>Diane and Tommi were intricately involved with the creation of the Strategic Plan in 2019. Due to the interruption of the pandemic, we are reviewing and refreshing the Strategic Plan (SP) to recognize the progress we have made and obtain feedback from staff and community.</p> <p>Please see presentation slides attached to the minutes.</p> <p>Our conversation picked up tonight with the scope of the SP. Tommi reviewed the four strategic directions and accomplishments over the past two years.</p> <p>There was a question about intentional hiring. The county has a program – Talent Attraction, Retention and Promotion (TARP) - and we are</p>

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	<p>compiling workforce statistics that resulted from this effort. We can present those statistics to this committee at a future date.</p> <p>Strategic Direction 1</p> <p>Ramsey County reached into the community to educate on vaccine. One member commented that as a former teacher from a different country looking in from that perspective, Ramsey County has done so much. It was a huge test to tackle this issue. One great example is our hiring a person of color as the Director of Public Health.</p> <p>The Eastside community has a racial disparity gap. There is a need for education. There is a lack of services. Neighbors help each other, but no one visits the clinics. We need to identify barriers to services.</p> <p>Do the clinic staff somehow make people uncomfortable? One example is a person who sees a doctor and is sent home with a blood sugar monitor, but no instructions on how to use it.</p> <p>Sometimes people do not know what resources are available. Language is a barrier. Trust is a barrier. Clinic providers do not spend a lot of time with the patient to build a trust relationship. Providers need to be sensitive to patients' fears and make sure patients receive and understand medical instructions. This issue ties into the goal of Prevention Across the Lifespan.</p> <p>One member noted that a lot has been done to move in a positive direction. We should partner with community agencies that are ethnic-specific and already have ties into community. Insurance is intimidating. This issue ties into the goals of Prevention and Partnerships. Prevention is a key factor, but people do not think about prevention while they are healthy. We need to know why people do not ask for care.</p> <p>Strategic Direction 2 – Partner to Champion Prevention Across the Lifespan</p> <p>How do we see Ramsey County incorporating this into the work?</p> <p>The clinics are out there, and they are doing amazing work. But they are not utilized. We did a lot of engagement around COVID and learned a lot about community and hesitancy. There is a lot of distrust of the system. We know what the barriers are, and need to find ways to move beyond them. One suggestion was mobile clinics. People in general need awareness and education of what is available.</p> <p>We can reach people by 'modern' methods – using the phone or social media. We have looked at methods of communication, especially with younger people, like a virtual navigator. Older people need paper – mail or flyers. Radio is another good way.</p> <p>Some struggle with the idea of rewarding people for doing what they should be doing anyway. The politics around vaccine is very divisive. It is</p>

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	<p>more empowering to educate people to do the right things for their health so they can overcome pre-conceived ideas and learn healthy habits.</p> <p>Strategic Direction 3 – Resources Align with Priorities</p> <p>There needs to be balance working with emergency issues and continuing with normal work. Maybe the pandemic is slowing down now, but PH has to incorporate COVID into its daily work. We also have to manage TB, climate change, STIs, Opioid prevention, violence prevention, etc. Mental health is a big issue that seems to lack sufficient resources. As a whole, we are grieving the loss of a way of life. There are too few counselors, and they are overwhelmed. There was a recent legislation to increase the ratio of counselors, so that is good news.</p> <p>Strategic Direction 4 – Intentional Change</p> <p>PH needs to spend more on targeted work. More people are needed to deal with insurance issues. Insurance is a barrier to patient care. It feels like there is not enough transparency. Patients have to be their own advocate.</p> <p>Qualitative and quantitative data can be used to make changes. Telling story makes a stronger statement. Leadership who can make changes need to be in the room with community. We need to find a way to utilize community navigators and remove the barriers to make them more effective. One example is a family home visit where the visiting nurse has a laptop that could contact clinics immediately to locate services.</p> <p>Next steps:</p> <p>By rule, we refresh the SP every five years. Priorities have shifted due to the pandemic. We are engaging this committee, staff and community to refresh the plan and address priorities.</p> <p>We have a community session coming up in July. We will also tap into focused groups – faith organizations, cultural centers, etc., for feedback.</p>
<p>Updates and Announcements, All</p>	<p>We will continue to meet in person.</p> <p>Future topics:</p> <p>Workforce trends</p> <p>Trusted messenger activity</p> <p>Infrastructure grant – link to the MDH page</p>

Minutes taken by Cathy St. Michel.

Motion to adjourn at 7:00 p.m. passed by affirmation of the committee.

Next meeting: August 3, 2022.