

**Community Health Services Advisory Committee  
CHIP | Health in All Policies Action Team  
Meeting Minutes  
August 3, 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:**

- Kari Umanzor | Racial & Health Equity Liaison
- Jessie Saavedra | Opioid Prevention Coordinator
- Maita Lee | WIC Supervisor
- Katherine Keller | Environmental Health Supervisor
- Heather O’Carrick | Public Health Nurse Supervisor
- Cathy St. Michel | Support Staff

**Guests:**

The meeting was called to Order at 5:30 p.m. by Chair Carol Thunstrom. Everyone was welcomed to the meeting and introductions were made around the table.

A motion was made by David and seconded by Alyssa to approve the minutes for June 1, 2022. Motion passed by affirmation of the committee.

Agenda item:	Speaker/Discussion:
Opioid Prevention Work, Jessie Saavedra, Opioid Prevention Coordinator	See Jessie’s slides, attached to the minutes. Question: Are there stats on the number of overdoses that do not result in death? MDH has those numbers, but many of those cases are not reported. Xylazine is the newest synthetic drug. Many opiates are cut with synthetic drugs, and it is hard to judge the strength. Fentanyl is dangerous because it is a quick high and very cheap.

Agenda item:	Speaker/Discussion:
	<p>Question: Do we know traffic stats of where opioids are coming from?  These drugs can be ordered online. Lots of drugs flow through reservation lands where the laws are more relaxed.</p> <p>Question: Percocet has not been mentioned.  Any mood-altering drug is involved in this issue. It is generally opioids, but there are many different drugs. Jessie is looking holistically at helping a victim be fed, clothed and housed as they work toward harm reduction.</p> <p>Question: Doctors have to re-authorize narcotics. How can it be so easily transported?  Drugs are available on the black market and so much is online. Many of these drugs can be made at home.</p> <p>Question: Are there demographics on victims – age, income level, race, etc.? Jessie will compile this data and send it to the committee.</p> <p>Question: Narcan training is offered by Street Works on a social media neighborhood page. 60 people showed up at a last-minute training for Narcan. What training can we bring to the community? Libraries, shelters, Walgreen’s all offer flyers for education at Clinic 555 for Nalaxone.</p> <p>Question: Police will take Narcan away from people. On what grounds are they taking Narcan? Some law enforcement officers carry Narcan and administer it, but there is bias against the homeless and unsheltered who ride the trains all day. Steve’s Law protects people from being arrested for calling 911 for someone who is overdosing. Clinic 555 gives Narcan to clients of the Syringe Exchange program.</p> <p>Question: What are the ages of people who are taking opioids?  There is no age limit for Narcan and clean needles. Clinic 555 has very low barriers. The focus is on building relationships without judging so that people return, and hopefully seek help.  Jessie will send data to Cathy to send out to the committee.</p> <p>Question: Is this issue concentrated in specific areas of the county?  In 2018 there were large encampments in the county. Now the encampments are closed down, so the issue more dispersed.</p>

<p>Racial &amp; Health Equity Updates, Kari Umanzor, Racial &amp; Health Equity Liaison</p>	<p>Kari addressed the CHSAC in February. Today she will provide a summary of R-HELT activities to date. See Kari’s slides, attached to the minutes.</p> <p>A Request For Quote (RFQ) will be ready by September. During October and November, applications will be accepted and reviewed. Approvals will be made by December.</p> <p>The cycle will start again in May or June, and be repeated every six months.</p> <p>A total of \$240,000 is available. The tier will affect the amount awarded. Up to 12 applications will be approved each cycle.</p> <p>The intent is to approach all areas of health. Awards are not limited to a specific category. The Community Health Assessment has over 120 different categories. Ingenuity is important to this work. Applications can point to reducing crime, nutrition, a mobile medical unit, any area that has an impact for the community. All applications will be reviewed.</p> <p>You do not have to join R-HELT to submit an application. There are two representatives from each public health division. To date there are no community members, but R-HELT will reach out to community boards.</p> <p>On August 18, from 10:30 a.m. – 12:30 p.m. there will be an R-HELT business meeting, with social time to follow. It will be a deeper dive into the Strategic Directions reviewed by this committee in May and June. Kari will share the meeting details with Cathy to distribute.</p>
<p>Updates and Announcements, All</p>	<p>We will return to a two-hour format for meetings in September.</p>

Minutes taken by Cathy St. Michel.

Motion to adjourn at 6:40 p.m. passed by affirmation of the committee.

Next meeting: September 7, 2022.

# Opioid Prevention CHSAC Update

---

August 3, 2022

# Session Agenda

## I. Introduction

### Presentation

- Jessie Saavedra, Interim Opioid Prevention Coordinator

## II. Questions and Discussion

## Session Objectives

- To provide an overview of the impact Opioids in Ramsey County.
- To share information on the Opioid Settlement and legislative updates.
- To discuss Ramsey County's opioid prevention initiatives and future opportunities.

## Opioid Epidemic Response Advisory Council

- In 2019, Governor Tim Walz signed the Opiate Epidemic Response bill into law, which raises funds from prescribers, drug manufacturers and distributors to fight the opioid crisis, while creating the Opioid Epidemic Response Advisory Council to oversee the funding.

## The purpose of the council

- The Opiate Epidemic Response bill establishes the Opioid Epidemic Response Advisory Council to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.

The council will:

- Review local, state, and federal initiatives and activities related to education, prevention, treatment and services for individuals and families experiencing and affected by opioid use disorder
- Recommend to the commissioner of human services specific projects and initiatives to be funded
- Develop recommendations for an administrative and organizational framework for the allocation, on a sustainable and ongoing basis, of any money collected from the Opiate Epidemic Response.

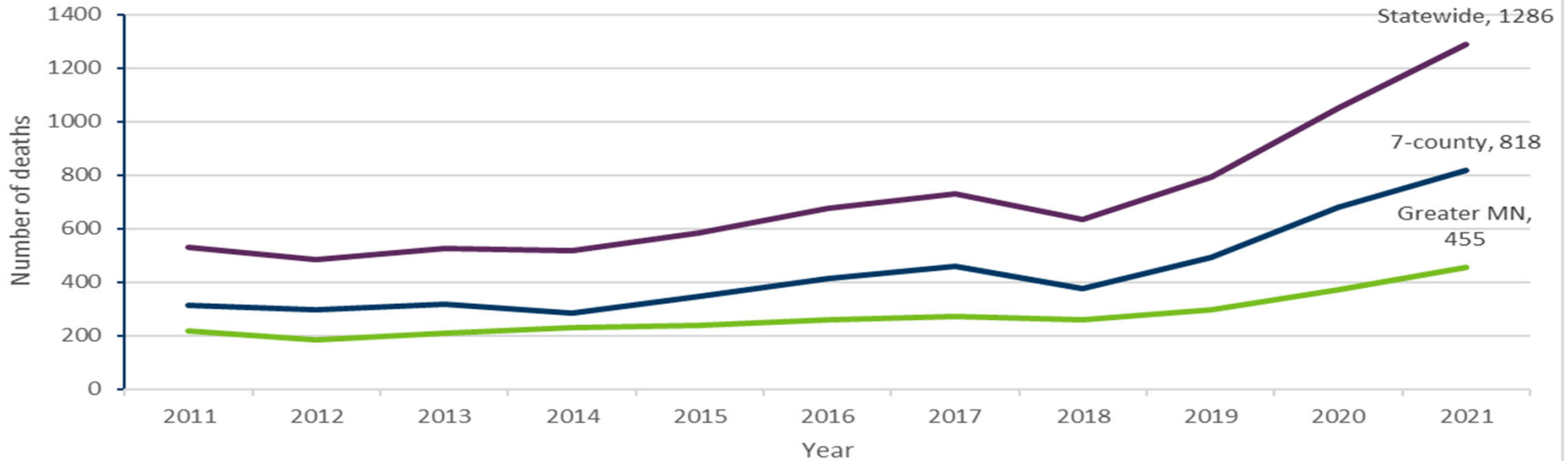


## Overview

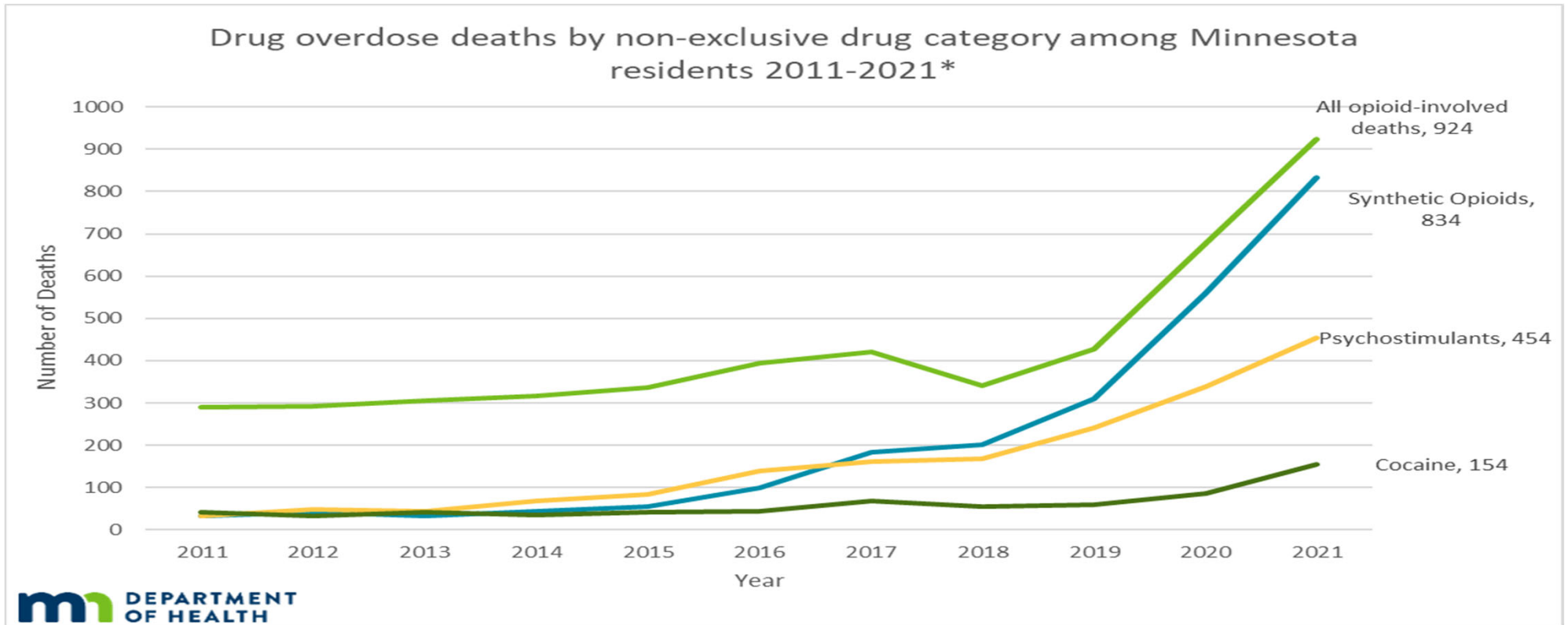
- **In 2021, Overdose mortality became the leading cause of injury death in Minnesota, overtaking Fall mortality**
- **Drug overdose deaths increased 22% from 2020 to 2021, driven by synthetic opioids (i.e., fentanyl) and stimulants (i.e., cocaine and methamphetamine)**
- **Greater Minnesota saw a larger increase in overdose deaths when compared to the Metro area**
- **Statewide overdose mortality rate masks significant racial disparities, which are growing worse**

# Drug Overdose Deaths

Number of drug overdose deaths,  
7-county metro vs. Greater MN, MN residents, 2011-2021\*

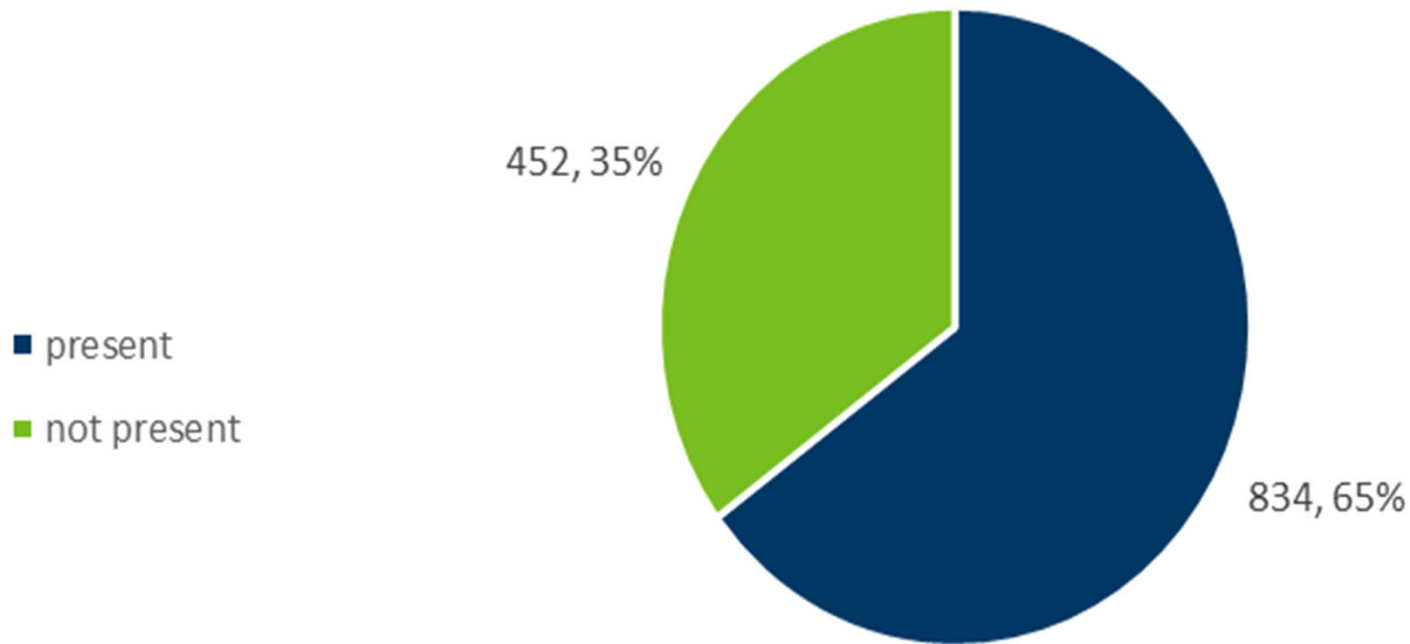


# Increase in mortality is driven by fentanyl and stimulants

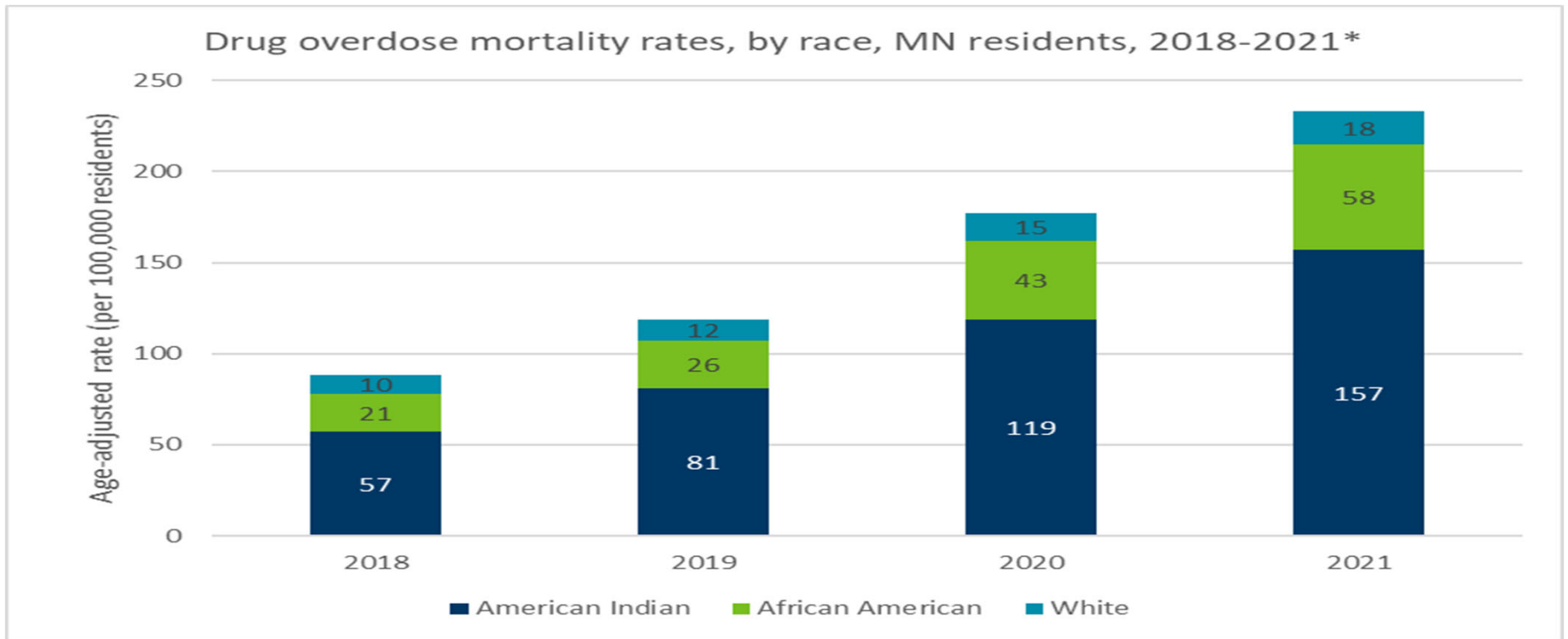


# Most overdose deaths have synthetic opioids (fentanyl) involvement

Presence of synthetic opioids in overdose deaths, MN residents, 2021\*



**In 2021 the drug overdose mortality rates increased dramatically for American Indian and African American Minnesotans, widening the disparity in drug overdose mortality rates by race**



## OD Mortality Key findings recap

- Drug overdose deaths continue to reach historic highs in 2021
- Deaths are driven by:
  - Synthetic opioids (i.e., fentanyl)
  - Psychostimulants (i.e., methamphetamine)
- Polysubstance is growing and commonly involves synthetic opioids
- Low state overdose mortality rate masks significant racial disparities, which are growing worse.

## Legislative Update

- Recent HHS Bill Codifies Governor Walz's order creating the Opioids, Substance Use, and Addiction Subcabinet and the Governor's Advisory Council on Opioids, Substance Use, and Addiction and requires the governor to appoint an addiction and recovery director.

## Agreement

- February 2022 Minnesota Attorney General Keith Ellison announced a multi-state \$26 billion agreement with major Opioid manufacturer Johnson & Johnson , and 3 major pharmaceutical distributors.
- June 15, 2022 Governor Tim Waltz held a ceremonial bill signing with Lieutenant Governor Peggy Flanagan , Attorney General Keith Ellison, Legislators and advocates for a \$300 million opioid response bill. The funding is a result of a multi-state lawsuit against pharmaceutical companies.



## Timeline

August 2022

- Hiring an Opioid Prevention Coordinator

June- on going

- Gathering input on key opioid prevention strategies

September-October 2022

- Develop strategy based on feedback
- Determine funding and resources

## Contact Information

Jessie Saavedra

Interim Opioid Prevention Coordinator

(651) 266-2523

[jessie.saavedra@ramseycounty.us](mailto:jessie.saavedra@ramseycounty.us)

Survey link

<https://www.ramseycounty.us/content/feedback-needed-opioid-overdose-prevention>

# Racial and Health Equity Update

---

8.3.22

## **Racial & Health Equity Leadership Team (R-HELT)**

- Provide guidance in the planning, implementation, and integration of racial and health equity work with the goal of decreasing racial and health disparities in Ramsey County.
- R-HELT members are a committed group of people with creativity and strong connections to Ramsey County communities. In addition, team members are experienced and knowledgeable around issues of health and racial equity, and understand the equity needs of the department.
- R-HELT is accountable to SPRCPH's department leadership team (DLT) and the Health and Wellness Service Team Racial and Health Core Team.

# R-HELT Principles & Values

- Shared Vision – R-HELT values lived experiences and welcomes opportunities for those affected by inequities to identify solutions.
- Truth-Telling – R-HELT members are comfortable being uncomfortable, call out inequities and their root causes, and use data, and storytelling to uplift voices and support change.
- Long Term Commitment – R-HELT will continually reflect and be aware of community voices and work to undo forms of racism that produce gaps in racial and health inequities.
- Internal Reach – R-HELT will build and support the capacity of policies, programs and staff to use a racial and health equity lens in their everyday work.
- Community Outreach – R-HELT values open communication regarding department priorities, resources, barriers, and decision-making processes with community partners.
- Inclusivity – R-HELT will foster a work culture that supports and upholds racial and health equity to ensure people and communities have all they need to thrive.

## Role & Commitment

Racial equity work will not be possible without community input, partnerships, and shared power. We want to engage and ensure leadership from Ramsey community in our work.

### **R-HELT Member Role :**

- Receive and contribute to update progression on R-HELT workplan, related departmental priorities, and Racial Equity Action Plan.
- Determine areas that need adjustments or changes to meet goals.
- Identify areas for improvement and brainstorm solutions about processes, policies, and procedures and their outcomes.
- Help develop community engagement efforts such as town halls, community conversations, focus groups, etc.
- Share power, knowledge, experiences, and thoughts.

### **Commitment:**

Community Health Services Advisory Committee Meeting

Possible Dates: February, August, October, and December

## R-HELT Workplan 2020 - 2023

1. Build and nourish R-HELT and its identity
2. Increase SPRCPH staff capacity to promote racial and health equity and apply in daily work
3. Provide a supportive workplace environment for all staff in SPRCPH
4. Develop a structure in place to ensure racial and health equity accountability (support, integration, communication) in SPRCPH

## Build and nourish R-HELT and its identity

### Updates:

- R-HELT is meeting monthly and quarterly with CHSAC. Hosting in person meeting August 18<sup>th</sup>
- **The Community Innovation for Racial and Health Equity Award**, focus on transformational change that uplift, building local organizations in community development capacity, supporting community, exploring innovative community-based models and addressing the barriers and gaps within community that are identified in the Public Health Community Health Improvement Plan and Community Health Assessment.
- **3 Service Area to apply:** Vision and Capacity Building, Planning and Development, and Implementation and Evaluation.



## **Increase SPRCPH staff capacity to promote racial and health equity and apply in daily work**

### Updates:

- Working to have 95% of all Public Health permanent employees to complete the IDI assessment including the post-test individual conference.
- R-HELT will train 4 R-HELT staff members to be IDI Qualified Administrator, open for 2 community R-HELT members to become qualified administrators
- Timeline, attend IDI administrator Seminar August / September, host first cohort with new employees in Fall.

## **Goal 3: Provide a supportive workplace environment for all staff in SPRCPH**

Updates:

## **Develop structure in place to ensure racial and health equity accountability (support, integration, communication) in SPRCPH**

### Updates:

- R-HELT has assist the Workforce Development Team in developing and reviewing the employee survey.
- August 18<sup>th</sup> R-HELT meeting will be a deep-dive on the feedback from staff and community members strategic direction.

## Conversation and Input on R-HELT

- What caught your attention from our updates?
- What stood out to you?

## Conversation and Input on R-HELT

- What is most exciting?
- What concerns you or seem more difficult to achieve?

## Conversation and Input on R-HELT

- What kind of decisions do we need to make as a group to support R-HELT's work?

## Conversation and Input on R-HELT

- What are some next action steps we can take away from today?

## Contact Information

Kari Umanzor: [Kari.Umanzor@co.Ramsey.mn.us](mailto:Kari.Umanzor@co.Ramsey.mn.us) or 651.266.2469

---



# Racial and Health Equity Leadership Team

## Charter Statement

S A I N T P A U L – R A M S E Y C O U N T Y P U B L I C H E A L T H

### Overview

Saint Paul – Ramsey County Public Health’s Racial and Health Equity Leadership Team (R-HELT) will advance racial and health equity in the department by providing guidance in the planning, implementation, and integration of racial and health equity work with the goal of decreasing racial and health disparities in Ramsey County. R-HELT members are a committed group of people with creativity and strong connections to Ramsey County communities. In addition, team members are experienced and knowledgeable around issues of health and racial equity, and understand the equity needs of the department. R-HELT is accountable to SPRCPH’s department leadership team (DLT) and the Health and Wellness Service Team Racial and Health Equity Core Team.

### Team Principles and Values

**Shared Vision** – R-HELT values lived experiences and welcomes opportunities for those affected by inequities to identify solutions.

**Truth-Telling** – R-HELT members are comfortable being uncomfortable, call out inequities and their root causes, and use data, and storytelling to uplift voices and support change.

**Long Term Commitment** – R-HELT will continually reflect and be aware of community voices and work to undo forms of racism that produce gaps in racial and health inequities.

**Internal Reach** – R-HELT will build and support the capacity of policies, programs and staff to use a racial and health equity lens in their everyday work.

**Community Outreach** – R-HELT values open communication regarding department priorities, resources, barriers, and decision-making processes with community partners.

**Inclusivity** – R-HELT will foster a work culture that supports and upholds racial and health equity to ensure people and communities have all they need to thrive.

### Who Should Join?

R-HELT will have up to four representatives from each SPRCPH division representing different program areas, three DLT members, and 2 supervisors and community members (no more than 25 members total).

Community members will be compensated for their time commitment.

### Time Commitment

R-HELT meets the third Thursday every other month from 10 a.m. – Noon and attend the Community Health Service Advisory Committee on a quarterly basis. Subcommittee work will take place in addition to monthly meetings. Members commit to a two-year term and may serve up to four years. R-HELT will provide resources for its members to attend at least one equity training or conference each year.

Add our logo here with the date the team adopted the charter-we may need in the future for PHAB documentation – updated 9-2021

## Roles & Responsibilities

- Receive and contribute to update progression on R-HELT workplan and related departmental priorities.
- Determine areas that need adjustments or changes to meet goals and priorities.
- Identify areas for improvement and brainstorm solutions about processes, policies, procedures and outcomes.
- Help develop community engagement efforts such as town halls, community conversations, focus groups, etc.
- Share power, knowledge, experiences, and thoughts.

## 2019- 2021 Racial and Health Equity Leadership Team Members

<b>Kari Umanzor (Coordinator)</b> Racial and Health Equity Liaison	<b>Kathy Duffy</b> WIC	<b>Gina Pistulka</b> Clinical Services
<b>Chivon Lashley</b> Administration	<b>Macy Caldwell</b> Correctional Health	<b>Katie Keller</b> Environmental Health
<b>Dr. Lynne Ogawa</b> Office of the Director	<b>Hawa Hassan</b> Correctional Health	<b>Patricia Baker</b> Healthy Communities
<b>Open</b> Family Health	<b>Maita Lee</b> WIC	<b>Abigail Phillips</b> Environmental Health
<b>Open</b> Health Protection	<b>Morgen Sedlacek</b> Clinical Services	<b>Jessie Saavedra</b> Officer of the Director
<b>Open</b> Family Health	<b>Lia Yang</b> Healthy Communities	<b>Sue Mitchell</b> Administration
<b>Open</b> Family Health	<b>Wendy Boppert</b> Administration	<b>Zitlali Ayala Chavez</b> Environmental Health
Community Member	Community Member	Community Member
Community Member	Community Member	Community Member

For more information:

Kari Umanzor at [kari.umanzor@ramseycounty.us](mailto:kari.umanzor@ramseycounty.us)

Add our logo here with the date the team adopted the charter-we may need in the future for PHAB documentation – updated 9-2021

Objective	Indicator	Strategies	Timeframe
1.1. By <b>12/31/2022</b> , each quarter, 90% of R-HELT members will increase their knowledge of cultural communities residing in Ramsey County.	% of R-HELT members who agree or strongly agree	1.1a. Plan and implement cultural competency-building team activities each quarter of the year.	Q1, Q2, Q3, Q4
		1.1b. Develop and administer R-HELT member survey after each quarterly event.	
1.2. By <b>06/30/2022</b> , increase the knowledge of R-HELT members by 50% of racial and health inequities in Ramsey County in order to further the expertise of R-HELT.	Knowledge pre/post-tests	1.2a. Determine a process to use the Community Health Assessment (CHA) and the 2019 MN Student Survey to teach members about inequities.	Q2
		1.2b. Attend Workforce Development Team training on the CHA (WDT Obj 1.2).	
		1.2c. Partner with PPIT to review other data sources that report on inequities in Ramsey County and present to R-HELT.	
		1.2d. Develop and administer knowledge pre/post-tests.	
1.3. By <b>03/31/2022</b> , 90% of R-HELT members will increase their knowledge of other R-HELT members about each other (lived experiences; interest in racial and health equity) to enhance positive working relationships.	% of R-HELT members who agree or strongly agree	1.3a. Plan and implement a process for members to share their lived experiences and interests in racial and health equity.	Q1
		1.3b. Develop a plan to increase attendance at R-HELT meetings.	
		1.3c. Meet with division managers to solicit new R-HELT members and ensure attendance of current members.	
		1.3d. Develop and administer R-HELT member survey after each quarterly event.	
1.4. By <b>12/31/2022</b> , increase awareness of R-HELT by presenting at 100% of SPRCPH staff meetings on R-HELT, its charter and workplan, and how employees can become involved.	% of staff meetings	1.4a. Develop a presentation.	Q1, Q2, Q3, Q4
		1.4b. Ask supervisors/ managers for time on agendas and produce a calendar.	
		1.4c. Solicit R-HELT volunteers to sign up to present at staff meetings.	
		1.4d. Develop inventory of SPRCPH staff meetings and track each presentation-include DLT as a staff team.	
1.5. By <b>12/31/2022</b> , 100% of R-HELT members will report satisfaction that their participation on the team is meaningful.	% of team members that agree or strongly agree	1.5a. Assess who is at the table currently and explore opportunities for additional members based on 2019 adopted charter.	Q4
		1.5b. Develop and administer anonymous team survey. Repeat annually.	
1.6. By <b>10/31/2021</b> , R-HELT work plan tasks and assignments for 2020 are specified and understandable by all members	% of team members that agree or strongly agree	1.6a. Update workplan for 2020.	2019 Q4
		1.6b. Create communication plan to update all SPRCPH staff on R-HELT's work plan. (see 1.4 above)	2020 Q1
		1.6c. Get team members to volunteer for specific objectives, including leads/co-leads.	
Objective	Indicator	Strategies	Timeframe
2.1. By <b>06/30/2022</b> , 95% of SPRCPH permanent employees will complete the IDI training including the post-test individual conference.	% of staff completing test & individual conference	2.1a. Track completion of IDI and post-test conferences of permanent employees by merging test cohorts.	Q1, Q2
		2.1b. Meet with DLT to discuss ways to ensure completion of the test and individual conferences.	
2.2 By <b>12/31/2022</b> , 100% of SPRCPH divisions will have annual plans for using the IDI results of their staff to increase their cultural competency.	% of divisions with annual plans	2.2a. Write and recommend a policy to the DLT for using the results of the IDI.	Q1, Q2, Q3, Q4
		2.2b. Develop and recommend to the DLT a list of ways that IDI results can be used to strengthen cultural competency among staff groups.	
2.3 By <b>12/31/2022</b> , 80% of SPRCPH employees understand what it means	% of SPRCPH employees	2.3a. promote racial and health equity lens training curriculum for all SPRCPH employees.	Q1, Q2, Q3, Q4

to use a racial & health equity lens approach in their job.	who agree or strongly agree	2.3b. DLT needs to mandate this training for all employees. 2.3c. In addition to this training, communicate lesson plans available on the R-HELT webpage on Ramsey Net to all employees. 2.3d. Assist WFDT in development and administer employee survey. (WFDT strategy 4.1d.)	
Objective	Indicator	Strategies	Timeframe
3.1. By <b>09/30/2022</b> , 95% of employees report that SPRCPH provides a supportive workplace from discrimination based on protected class.	% of employees who agree or strongly agree	3.1a. Identify and train racial and health equity ambassadors in all divisions to host “REAL Talk” gatherings. 3.1b. Evaluate “REAL Talk” events; track attendance. 3.1c. Participate in the creation of “employee resource groups/affinity groups” for protected class employees. (WFDT strategy 4.1c.) 3.1d. Assist WFDT in developing and administering employee survey. (WFDT strategy 4.1d.)	Q1, Q2, Q3, Q4
Objective	Indicator	Strategies	Timeframe
4.1. By <b>12/31/2022</b> , R-HELT will review 90% of SPRCPH - wide policies to ensure they address underlying racial and health inequities and recommend new policies that are needed.	% of policies reviewed	4.1a. Create an inventory of all department-wide policies. 4.1b. Participate in the Workforce Development Team’s de-constructing policy training. 4.1c. Identify a toolkit/ model to be used when reviewing policies to ensure that they address racial and health inequities. (WFDT strategy 2.1a.)	Q1, Q2, Q3, Q4
4.2. By <b>12/31/2022</b> , R-HELT will ensure a racial and health equity analysis is applied to 98% of SPRCPH 2-year budget reviews.	% of budgets	4.2a. Use Community Health Assessment data to recommend to DLT the budgetary shifts and/or changes in programs, services, activities that will contribute to a decrease racial and health inequities among residents. 4.2b. Recommend a process to the DLT to ensure employee participation in the development of the department’s budget.	Q1, Q2, Q3, Q4
4.3. By <b>12/31/2022</b> , R-HELT will partner with 90% of department-wide workgroups/ teams to ensure that racial and health equity is incorporated into their workplans.		4.3a. Identify all department workgroups/teams to interface with R-HELT. 4.3b. Have department-wide workgroups/ teams present their work plans to R-HELT for recommendations.	Q1, Q2, Q3, Q4
4.4. By <b>03/31/2022</b> , review 85% HR hiring policies to ensure and advocate for crediting community/ cultural experience in hiring process.		4.4a. Implementation to include elements related to racial and health equity expectations. 4.4b. Add resource/s to the R-HELT webpage that address bias in interviewing techniques.	
4.5. By <b>12/31/2022</b> , 90% of SPRCPH supervisors will have tools to evaluate staff attitudes and capacity regarding racial and health equity when conducting annual performance evaluations.		4.5a. Develop racial & health equity attitude and capacity indicators that can be used in staff performance evaluations. 4.5b. Investigate 360 management performance reviews with racial equity component.	Q1, Q2, Q3, Q4