

Community Health Services Advisory Committee
CHIP | Health in All Policies Action Team
Meeting Minutes
October 5, 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
- Lucy Arias | County at Large
- Brady Johnson | County at Large
- Hongyi Lan | County at Large
- John Larkin | County at Large
- Erica Morris | County at Large
- Steve Nelson | County at Large
- Rajaram Swaminathan | County at Large
- Carol Thunstrom | County at Large
- Mark Traynor | County at Large
- Christiaan Van Lierop | 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
Gina Pistulka | Clinical Services Manager
Lynne Ogawa | Medical Director
Lynnette Tschida | Special Projects Manager
Cathy St. Michel | Support Staff
Michelle Godfrey | Support Staff

Guests:

Marcus Ogawa

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 Manoj Doss and seconded by John Larkin to approve the minutes for September 7, 2022. Motion passed by affirmation of the committee.

<p>Relocation of Clinic 555, Sara Hollie, Director Gina Pistulka, Clinical Services Manager Lynne Ogawa, Medical Director</p>	<p>Please see the slides attached to these minutes.</p> <p>Question: Are there multiple clinics managed by Ramsey County?</p> <p>Response: There is one clinic location, and we offer community clinics for COVID-19 vaccinations. We will soon have a van that will travel around and offer birth control and STI screening. It is possible we will also offer syringe exchange from the van in addition to the clinic.</p> <p>Question: Accessibility will be important so that clients can get to the clinic.</p> <p>Response: This will be shown in the next few slides.</p> <p>Question: What is the timeline?</p> <p>Response: We will be out of the Cedar building by the end of 2023. This idea has been discussed for a long time, and we are seeing the last phase, which is the actual move.</p> <p>Sexual Offense Services (SOS) is being aligned with Administration, although they will be advocates for clients and walk along side them. SOS will work closely with Regions Hospital nurses to connect with victims of sexual violence.</p> <p>Question: Do other counties contract with Ramsey County for TB Services?</p> <p>Response: In Washington and Dakota counties, case rates are very low. We treat TB clients who are east of the river. For other clinical services we accept clients from many different areas. We provide in-home services as observed medication for TB cases. The Nurse Family Partnership provides home visits for families, and COVID-19 vaccine is administered to homebound residents.</p> <p>COVID-19 exposed many gaps in services for individuals. Some examples are care of elders to help keep them in their homes, wound care, vaccinations, medication management, chronic disease management. We are looking at getting back into public places where services are needed. Residents 1st (R1) recognizes that many people will not/cannot go to the clinic for services.</p> <p>Question: What is Residents 1st (R1)?</p> <p>Response: R1 focuses on providing all services that a resident needs. We will meet them where they are and wrap around the services they need. Many residents do not know how to navigate county systems.</p> <p>R1 facilities were opened during the pandemic. Community Navigators assisted residents and connected them with services. Because of the work done as part of R1, areas were identified pre-2019 where there were the most needs. There is a lot of concern about transportation. SPRCPH applied for funds to expand engagement strategies. We are surveying and collecting data to find additional areas where services are needed.</p> <p>We are exploring which services people want to see at the hub sites, and engaging other agencies to see how they could partner with us.</p>
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Question: Thank you to Clinic 555 for the history and all the different services in a very small building!

Response: We are looking forward to a bigger, better space, but change is hard.

The current building is 38,000 sf, of which the clinic occupies 15,000 sf. Clinical Services is looking for a new home. R1 will provide additional services at the new location. There are benefits to co-locating services with public health, and we want to allow for future expansion.

With this timeline we are looking for an existing building.

Question: Faith-based organizations support new refugees. There have been complaints about stress when refugees are pushed into employment services and told to find a job, at the expense of learning to speak the English language.

Response: Thank you for that suggestion. All services are on the table.

<p>Discussion Topic: What is exciting about what was heard today?</p>	<p>Optimization of space to allow for future expansion. The focus on reaching out to see where more can be done for residents.</p> <p>This move is a huge challenge. It seems that the Cedar building was kind of a hub in a diverse area. It is central, strategic, within public transportation routes, and right downtown. People may not like to go to a 'health center.'</p> <p>It seems great to have many services at one place. Some people do not like to go out, and may not be able to make multiple trips.</p> <p>This is a great opportunity to use our imagination and build a new hub. It gives us a chance to understand the needs now and to project what will happen in the next 10 – 20 years. We can point to the future direction now. Over the next 50 years, the labor is significant. If we can spend more now to make it more convenient and cost-effective and efficient, it is well worth the investment. We have guidelines to make it sustainable and efficient.</p> <p>This committee is impressed that SPRCPH is trying to keep the heart of Clinic 555 beating in different space, and deliver services that meet residents' needs. Members love that we are being thoughtful about how we are approaching this project.</p> <p>One member's experience was that moving into a free-standing building was a mistake. So much renovation and many annual repairs may be needed. It is a nightmare trying to fit into a space that is not suitable.</p> <p>Thinking about expansion, are we looking at the population and what it will look like in 20 – 50 years - more elders, more technology needed – and filling other needs such as health care and insurance? We work virtually more and more. Other services may not be physically in the same building but could be accessible by computer. Some organizations may not want to co-locate services with Ramsey County because they provide similar services. We want to provide services where there are gaps, not duplication.</p> <p>Has SPRCPH looked at what other jurisdictions are offering?</p> <p>Community benefits may have forced hospitals to perform assessments. Is that community benefit and assessment on pause? Sara will check with Pa Shasky and Diane Holmgren.</p> <p>What sounds scary is that we are at a point of history where prevention should be better than the cure. COVID-19 has evolved into long COVID. We are still in disease treatment/management. There are gaps because of the pandemic that we need to address. We are also seeing measles and Monkey Pox. We need to address prevention while continuing response. Integrated into all of PH programs are elements of prevention and being nimble to respond rapidly. MDH looks to LPHs to step in and respond because LPHs are closer to the community. We rely on trust-building within community and working with Trusted Messengers (TMs) to build capacity. We are looking at building skills in the department. We are looking at building a workforce to move into the future, and balancing that with investment in community. We need to focus on</p>
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	<p>getting community to be proactive. Historically community members do not seek services. Specific ethnicities are historically underserved. If we had a facility with rooms that were used for multiple events focused on those communities – Asian, Native American, etc. - people would become familiar with the hub building. Community is afraid because of violence and hesitates to reach out into new, unfamiliar spaces.</p> <p>SPRCPH is looking at continuation of services. We never stopped during COVID-19. Some services were reduced or shifted online for a time, but we really cannot stop services. We will provide services in the current space until the new space is ready to go.</p> <p>Dr. Ogawa had the task of relocating a primary care clinic before she worked for Ramsey County. That clinic moved over a weekend and opened again on Monday. She fully expects a similar experience here.</p> <p>SPRCPH should contact local news channels and tell them Clinic 555 is relocating. They might come in now and brainstorm.</p> <p>With all the years that Clinic 555 has been open, collecting data over multiple years is helpful in moving forward. We need to make sure the clients can find the new location. Communication is critical.</p>
Announcements, All	<p>Sara appreciates the feedback given around Clinic 555. She will forward Environmental Service Center (ESC) info to this group as well. The first of several outreach events is tomorrow evening, and will be a Zoom call.</p> <p>There are four ESC open houses throughout October. The proposed ESC site is 1740 Kent Street next to Volunteers of America.</p> <p>We will share more info on opioid settlement work. We will get our first payment this year.</p>

Minutes taken by Cathy St. Michel.

Motion to adjourn at 7:30 p.m. passed by affirmation of the committee.

Next meeting: November 2, 2022.

555 Cedar Transition
Saint Paul - Ramsey County Public Health

CHSAC Meeting October 5, 2022

Objectives

- To share information on the current services and communities served at 555 Cedar
- To review the relocation of existing 555 Cedar programs and services to a new location(s)
- To review existing engagement and future opportunities
- To review key considerations for this transition and areas of exploration
- To discuss next steps and timeline for this transition

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land since time immemorial. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We are standing on the ancestral lands of the Dakota People. We want to acknowledge the Ojibwe, the Ho Chunk and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. And please join us in uncovering such truths at any and all public events.

The acknowledgment given in the USDAC Honor Native Land Guide - edited to reflect Minnesota tribes.

In review with SIA and endorsed by Shannon Geshick, Executive Director Minnesota Indian Affairs Council

Goals

Transition existing public health services, programs and staff out of the Public Health Center - Don Juenemann Building at 555 Cedar Street in Saint Paul by December 31, 2023

Create a health and wellness hub that includes public health as well as other client and community services



Clinical Services & Public Health Programs

50 Part-time & Full-time Employees

Sexual Health
Services

Immunization
Services

Refugee Health
Program
(Coordination)

Sexual Offenses
Services (SOS)
*Shared Space within 555
Cedar*

Perinatal Hepatitis
B Prevention
Program
(Coordination)

Outreach &
Syringe Exchange

Tuberculosis
Control Services

Administration

46 Part-time & Full-time Employees

Planning &
Performance
Improvement

Administrative
Support

Health Records &
Compliance

Computer and
Information
Services

Birth, Death and
Other Vital
Records

Building
Maintenance

House Calls:
Housing Stability and
Social Assurance
Services

Finance/
Accounting

Public Health
Laboratory

Employee Health
& Safety

Public Health Clinical Clients

- Majority below 250% of the Federal Poverty Level
- Underinsured or uninsured
- Have experienced and been frustrated by difficult/complex healthcare systems
- Ethnically and racially diverse communities
- Need transportation options
- Experience language barriers
- At high risk for infectious disease, including vaccine preventable disease, tuberculosis, HIV and other STIs
- Have other needs, such as housing, food, clothing, mental health services, substance use disorder treatment options

Clients Served at 555 Cedar and in Community

2021 Summary

- Total clients – 3,446
- Account for 11,877 visits
 - Clinic 555: 3,697
 - Immunizations: 884
 - TB: 7,296
- Overall, 52% identify as male
- 67.4% of population are from racial/ethnically diverse communities
- Syringe Services: 2,774 people served, 3,407 exchanges in 2021

Clients Served – Race/Ethnicity

All:

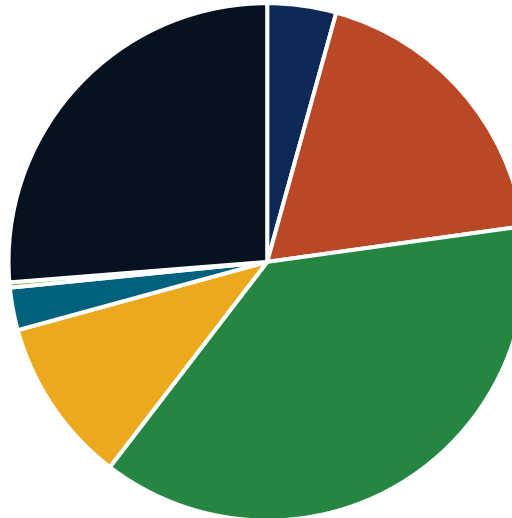
4% Am Ind
 18% Asian
 39% Black/AfrAm
 10% Declined
 3% Multiracial
 26% White
 14% Hispanic

Tuberculosis

Clinic:

<1% Am Ind
 54% Asian
 31% Black/AfrAm
 9% Declined
 0% Multiracial
 6% White
 6% Hispanic

Race - All



■ American Indian or Alaskan Native ■ Asian
■ Black or African American ■ Declined to Specify or Unknown
■ Multiracial ■ White

Immunization

Clinic:

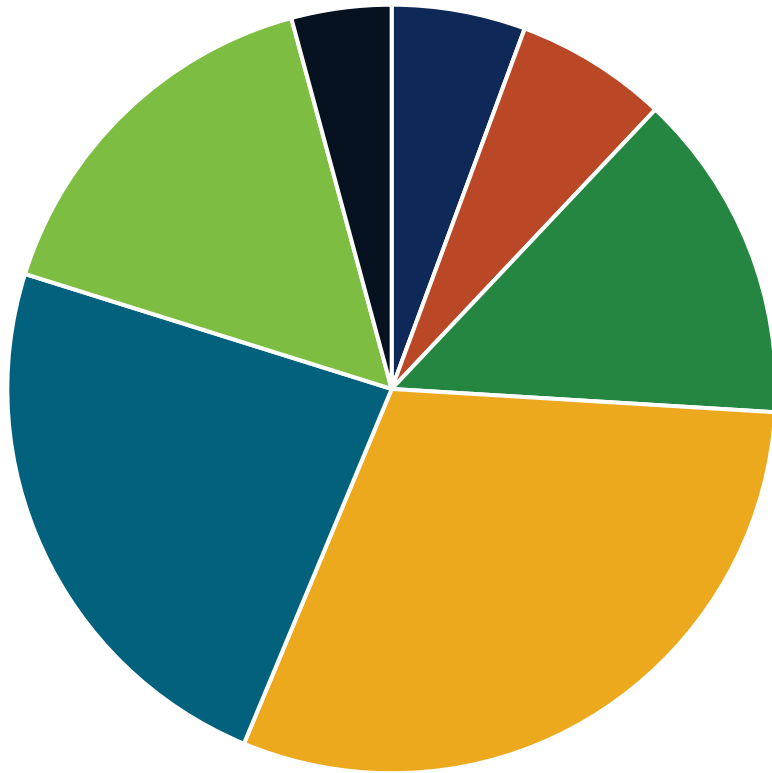
2% Am Ind
 29% Asian
 35% Black/AfrAm
 18% Declined
 <1% Multiracial
 16% White
 22% Hispanic

Clinic 555:

6% Am Ind
 6% Asian
 43% Black/AfrAm
 8% Declined
 32% Multiracial
 33% White
 13% Hispanic

Ages Served

Age - All



■ 0-12 ■ 13-17 ■ 18-24 ■ 25-34 ■ 35-45 ■ 46-64 ■ 65+

- All: 0-17: 12%, 18-24: 14%, 25-45: 54%, 46-64: 16%, 65+: 4%
- Clinic 555: 0-17: 1%, 18-24: 17%, 25-45: 66%, 46-64: 15%, 65+: 1%
- Immunizations: 0-12: 19%, 13-17: 22%, 18-24: 11%, 25-45: 29%, 46-64: 15%, 65+: 5%
- Tuberculosis: 0-12: 10%, 13-17: 5%, 18-24: 8%, 25-45: 39%, 46-64: 21%, 65+: 16%

Current Clinical Services and Public Health Programs Transitioning to a New Site

Approx. 65 - 70 Employees

Outreach & Syringe Exchange

Medical Records/
Central Registration

Public Health Lab

Refugee Health

Immunization
Services

Perinatal Hepatitis B

Sexual Health

Tuberculosis
Services

HouseCalls

Partial Accounting

Administrative
Support

Other Public Health Programs
- TBD (drop-in space)

Program and Staff Transition to Plato

28 Employees

Billing

Partial Accounting
& Contract
Management

SOS - Sexual
Violence Services

Administrative
Support

Maintenance

Computer and
Information
Services

Vital Records @
IPR Service Team
Site

Employee Health
& Safety

What have we learned so far?

Clinical Services Client Transportation

Nov-Dec 2021, 909 clients surveyed

Clinic 555:

- 77% travel by car
- 11% taxi/ride sharing
- 6% light rail

Immunization Clinic:

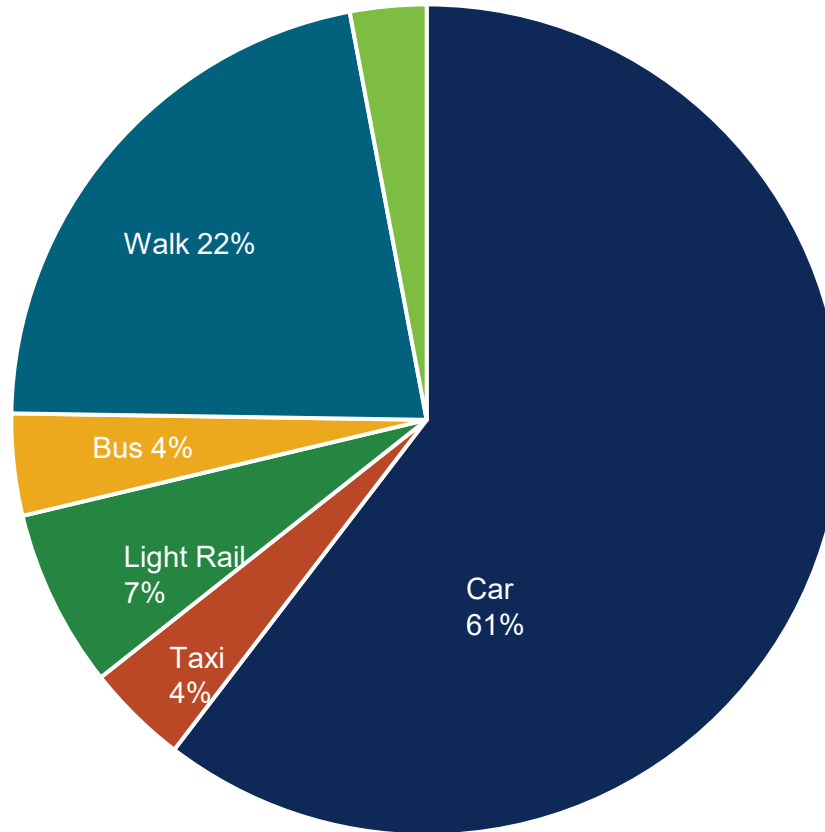
- 86% travel by car
- 7% taxi/ride sharing
- 4% light rail
- 4% bus

TB Clinic:

- 81% travel by car
- 17% taxi/ride sharing

Syringe Services:

- 52% travel by car
- 30% walk
- 8% light rail
- 5% bus
- 5% bike



■ Car ■ Taxi ■ LightRail ■ Bus ■ Walk ■ Bike

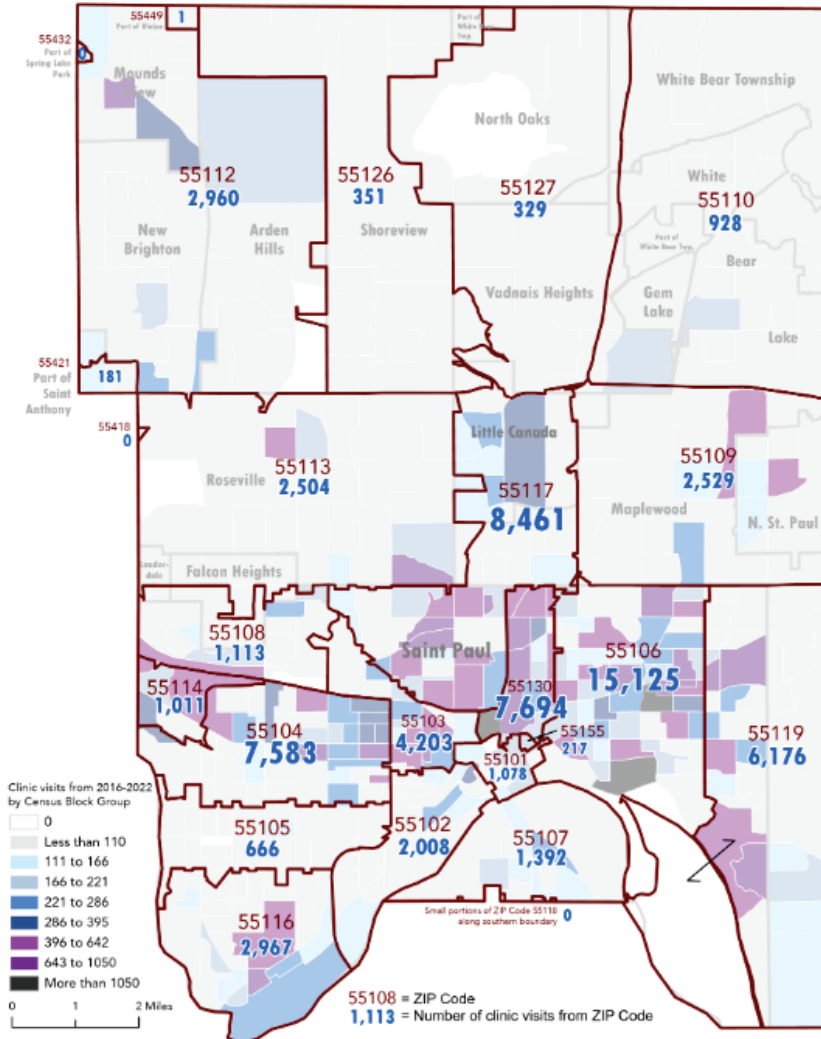
Ramsey County Accessible Service Delivery and Facilities Survey - 555 Cedar

December 2018 - 105 People Surveyed

- 86% used a personal vehicle to reach location
- 23% traveled 11+ miles to reach the facility
- 89% visited the site 2 or fewer times in the last three months
- 25% reported parking as a difficult
- Recommended co-located services – healthcare/insurance, food, housing and social services

Client Zip Code Data

Figure 4: Clinic Visits by ZIP Code
January 1, 2016 through June 22, 2022



Data mapped to provide:

- Census Tract
- Zip Code
- % Minority by Census block
- Health Care Services
- Transit

Residents First Approach

- Residents 1st facilities (north of DT, University area, Payne-Phalen area)
- In community – where people live and work
- Request for Community Engagement funds to expand engagement strategies in 2022
- Further explore what services people would want to see in our next site(s)

Initial 555 Cedar Staff Engagement

- Change is hard
- The building/space holds almost 65 Years of significance
- Impact of moving away from the Green Line LRT
- Having other resources nearby will be good
- Quarterly updates and communication from leadership
- New space - easy parking and transportation are essential
- Determining the range of services at the new site

Initial Public Health & HWST Leadership Engagement

- Residents 1st and resident facing is critical
- Very interested in opportunities for co-location of services
- Utilize the location of current clients - to help inform site selection
- 555 Cedar transition expands Public Health's capacity to provide services in community

Key Considerations for Future Space Needs

- Approximately 65-70 PH staff will transition from Cedar to new location
- 45,000 – 60,000 as initial estimate
- 45,000 square feet required for clinical services space
 - Laboratory, X-ray, Exam Rooms (including negative air)
 - Vaccine-grade refrigerators and freezers, generator
 - Registration and lobby area(s)
 - Staff workstations
 - Receiving area for medical and office supplies, vaccines, etc.
 - Storage space

Other Key Considerations

- Residents 1st and leading with race and health equity
- Benefit of co-locating Public Health services
- A site or hub that is embedded in community
- Expanded options for onsite hybrid space
- Opportunities for expanded community partnerships
- Role of navigators in a new location
- Identifying a location and space that fits our needs and the needs of our community
- Allows for future expansion of services

Information Gathering

1. Met with M Health Fairview and toured St. Joe's Hub site prior to opening, toured vacant hospital space.
2. Developed space needs/specifications for services to be relocated from Cedar (Clinics and Supportive Services) with Property Management
3. Zip code analysis and mapping of 5-year client data
4. Surveys re: barriers to access, location, service needs – Residents, Staff, Clients
5. Share results and obtain additional input from Public Health Divisions and other HWST departments

Area of Exploration: Community Hub Concept

Definitions:

- A community hub is a public space that brings several community agencies and neighborhood groups together to offer a range of activities, programs and services.
- A community hub connect residents most impacted by inequities to health and social services and improve their health outcomes.

Ramsey County Health and Wellness Community Hub Concept

- Relocate existing 555 Cedar Clinical Services
- Plan space for additional public health services and human services programs (HWST) including behavioral health services and other environmental health services to this site
- Leverage the county's community navigator model
- Partner with other community resources and agencies

Estimated Timeline

Q4 2022:

- Complete Survey Analysis (PH)
- Site Search (PM)
- Location Decision and Secure Project Funding (PH/PM)
- Staff Committee to Plan Cleanout (PH)

Q1 – Q2 2023:

- Design, Construction Bid and Award (PM/PH)
- Design Build, Construction (PM)
- Monthly Cleanout Underway (PH)
- Staff and Clients Design Welcoming Environment (PH)

Q3 – Q4 2023:

- Design Build, Construction, Cleanout

Q4 2023:

- Relocate
- Facility Opening

HWST Service and Space Identification

- What services are clients seeking in community locations?
- What frequency would services be available?
 - Daily
 - Regular but not daily service space
 - Drop in by appointment
- What would space configuration look like?
 - Counter space
 - 1:1 consultation
 - Small group meetings

Discussion and Questions