

APPENDIX D. GROUP CONVERSATIONS FINDINGS

Overview

Between 2020 and 2023, the healthy Minnesota Partnership and others provided multiple recommendations for developing the statewide health assessment. One recommendation came from multiple partners: make sure that the assessment includes strengths and assets that support health. Communities reflected that they are tired of being described as a list of deficits. Statewide health improvement plans should amplify strengths as well as address challenges. To address this and include it in the next assessment, Partnership staff facilitated group conversations with committees, advisory boards, leadership teams, and other networks about how being part of a community supports health and well-being. Findings from these conversations were included in the Introduction, and the assessment's people and belonging sections.

Process

Partnership staff worked with the Minnesota Department of Health (MDH) health equity bureau and the steering committee to plan and develop these group conversations. Due to the timeline for developing the assessment, these conversations were designed to engage pre-existing groups that had prescheduled, recurring meetings that Partnership staff could attend. A list of more than 20 groups representing multiple communities was compiled by engaging the Partnership and steering committee for their suggestions as well as recommendations from staff and other partners. In addition to scheduling eight group conversations, recruitment for the group conversations helped to build relationships with several groups who were unavailable for various reasons.

Partnership staff piloted group conversations with health equity network members in the central region in April and completed group conversations in early July 2023. All group conversations were conducted virtually, with the exception of one hybrid meeting. Most groups had eight to 12 participants; the smallest group contained four participants and the largest contained 32.

Partnership staff facilitated group conversations. Staff offered participants multiple ways to respond to questions, including verbally and by typing responses into the meeting chat. Some groups also used Mentimeter, an interactive online facilitation tool. During each group conversation, staff asked participants about the words that come to mind when participants think about health, examples of communities that participants belong to and how those communities support their health and well-being. Staff also asked some groups how geographic communities support health or how the communities to which they belong support children or people as they age. Finally, participants could share other thoughts.

Group acknowledgment

Partnership staff would like to extend their appreciation to everyone who participated in these conversations, for sharing their time, insight, and perspectives.

Thank you to the Arrowhead Area Agency on Aging, Black Nurses Rock, Central Health Equity Network, Community Voices Committee from the Minnesota Council for HIV/AIDS Care and Prevention, Horizon Public Health Community Partner Leadership Team, Leaders Serving the Hispanic/Latino Community in Minnesota, Living Naturally Abundant, and Rural Health Advisory Committee.

Preliminary findings

These findings are summarized and organized by question.

When you think about health, what words come to mind?

Of all eight groups, participants shared nearly 200 words related to how they think about health. Some notable words shared include equity; culturally based; language; aging in place; and opportunities. Staff grouped other words into themes, listed below with examples:

Theme	Word examples
Well-being	wellness, happy, enjoyment, joy
Social well-being	community, connections, belonging, togetherness
Wholeness/whole health	feeling whole, balance, body-mind-soul, quality of life
Physical well-being	energized, nutrition, longevity, vitality
Environmental well-being	clean air, safe housing, water quality, environmental justice
Emotional well-being	mental health, stress relief, purpose
Access to resources	accessibility, access, choice
Education	education, prevention, informed

What are some of the communities that you belong to?

Staff asked participants to think about community as a group of people with whom they have a relationship or connection. Staff gave participants instructions that also acknowledged that people belong to multiple communities that may be based on geographical areas where people live, work, worship, or play or that may form around culture; race or ethnicity; faith; hobbies; politics; social groups; or other identities and aspects of life.

Participants shared examples of some of the communities to which they belong. These examples are not exclusive but represent a broad range of communities: social groups, advocacy groups, work, physical activities, faith, family, friends, cultural, education, and neighborhoods.

How does your community support your overall health and well-being?

“I feel supported. I feel I belong. I feel valued. I can contribute my talents, skills, ideas. It makes me feel worthwhile” – Group conversation participant

Social connectedness has a major impact on our health.⁴⁴¹ Partnership staff asked each group to share perspectives on how the communities to which they belong support their health and well-being. During these conversations, many participants shared that being part of a community gives them a sense of belonging and purpose, which can have positive health effects.⁴⁴²

Multiple themes emerged from these conversations. Overall, participants from all eight groups shared how the communities to which they belong support their health and well-being through interpersonal relationships, affirmations and support, learning and education, resource sharing, group activities, and assets in their physical environments.

Interpersonal relationships: Participants most frequently shared how the interpersonal relationships with family, friends, coworkers, and other community members support their health and well-being. Some insights include:

- Social connections, friendships, and networks are foundational to health.
- Relationships provide opportunities for listening and sharing with others.
- Relationships help people feel less alone and provide someone to go to when needed or support to face community challenges together.
- From a service perspective, one participant shared that interpersonal relationships build connections within communities and are an important part of sharing information, education, support, and resources with one another.
- Interpersonal relationships help connect people across generations. One participant shared how being part of their community connected them with the elders and the “torch carriers.” Another participant shared how trusted adults within the community help watch and guide children when a parent is not available.

Affirmations and support: Participants shared how their communities support their physical, mental, emotional, and spiritual health and well-being by providing affirmations and other support. A few examples of affirmations and support include:

- Talking through issues together and sharing advice.
- Having safe spaces for people to receive support: One participant shared how groups are therapeutic. Another participant shared how a community can be “like medication” when people who are connected by common experiences can share traumas in a safe environment that were not shared outside of the group.
- Receiving encouragement to take care of their mental well-being and physical health.
- Having support from others to accomplish a goal or project.

Learning and education: Participants shared how their communities provide opportunities to learn, receive guidance and advice, and help with solving problems. Participants described how communities support their upbringing and help people learn about their community's history, culture, and values. Communities create opportunities for people to learn from others, both personally and professionally. One participant shared how they spoke about a health topic at their church every month. Another participant shared how they learn to think about new ways to teach their children by engaging with their community.

Resource sharing: Participants also reported that their communities help link people to resources, services, and referrals. They described formal and informal ways of sharing resources, including sharing personal skills and time. A few examples participants shared include shoveling snow, lawn care, and financial support.

Group activities: Participants shared how coming together in person and in virtual spaces supports health and well-being, through a sense of belonging, laughing together, dancing, and celebrating life. Some shared how attending church or faith-based activities supports spiritual well-being. Others shared that group activities encourage healthy lifestyle choices through exercising together, growing vegetables, and sharing cultural recipes and through food that creates comfort and a sense of nostalgia.

Physical environment (place-based communities): When referring to the physical communities, participants most often describe assets and strengths in their community related to parks, grocery stores, medical clinics, and opportunities for walking or other physical activities.

Culture: Some participants described how their communities connect people to their culture, language, food, and values.

How does your community support children?

Participants in three of eight groups shared how their communities support children. Some comments about how communities help children grow and thrive include:

- Helping children understand their culture, religion, and/or language.
- Supporting new parents/caregivers with information and resources.
- Empowering and educating parents to navigate systems and advocate for their needs.
- Helping parents care for children.
- Providing children and youth with love, emotional support, and spiritual guidance.
- Providing activities and spaces for kids to be active and play.

How does your community support people as they age?

Participants in three of eight groups shared that their community supports people as they age through interpersonal relationships, sharing resources, and providing emotional support. Several participants shared how their communities value and support intergenerational families and multicultural families. Other comments noted providing:

- Intergenerational activities to support people of all ages, breaking down silos between people of different ages.
- Opportunities for elders to share their wisdom and stories with kids, youth, and adults.
- Mutual or informal support (e.g., shoveling snow) in addition to access to established programs.
- Direct care and caregiving at home, as able.

Thinking about living in Greater Minnesota, what are some of the benefits and strengths of belonging to those communities?

Partnership staff asked three groups representing people living outside of the Twin Cities metro area about the strengths and benefits of living in Greater Minnesota. These conversations highlighted the benefits of physical environment, specifically access to nature and open spaces and having less traffic. Participants also spoke of the interpersonal relationships that come with people having close connections to other people and helping each other during challenges. Despite the benefits of tightknit communities, some participants also acknowledged the difficulty of integrating new residents into a community and that people who are not connected may feel more isolated in rural areas.

Any final comments?

At the end of each conversation, participants were asked if they have any final comments or thoughts. Facilitators observed that many groups used this time to share the barriers and struggles that their communities face. Some of the barriers and challenges shared included:

- Access and availability to mental health services.
- Transportation in rural areas.
- Information and materials that are easy to understand; age-appropriate interventions and activities.
- Appropriate services for communities in need, including rural areas and undocumented communities.
- Scarce financial resources or little funding to do a lot of work; difficulty with reimbursement systems.

Conclusion

Partnership staff included input from group conversations throughout this statewide health assessment.

Group conversations also helped the Partnership build valuable relationships, in addition to gathering input. Partnership staff and members made or strengthened connections to support working to improve health equity and the health and well-being of people across the state. Partnership staff and members also built relationships with several groups who did not participate in a group conversation due to scheduling conflicts and other reasons. Partnership staff and members will continue to build relationships for the statewide health improvement framework and for future assessments.

Lessons learned

Some of the key lessons learned through the group conversations include:

- Consider the timing and resources needed for the engagement process a year before starting the assessment.
- Make sure MDH and/or Partnership funding and organizational policies allow for community engagement, including incentives, food, and other supports. Three groups declined to participate in group conversations due to lack of incentives for participants.
- Leverage healthy Minnesota Partnership member relationships and networks to support community engagement efforts.