



The 360|Report

Carver County Public Health

A Healthy Welcome Project Overview, 2018-2019

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Carver County Public Health
2018-2019 Final Report

The 360 Project Overview | A Retrospective

The 360 | Total Numbers Served

Whom Did We Serve? Total No. Participants Served | Approximately 555 participants have been engaged in the model of IZI in Carver County for this project including 359 through individual outreach surveys and 196 through the mechanism of individual community engagement gatherings held in the fall of 2018 and winter of 2019 as part of Carver County's *Healthy Welcome* initiative. All events were broadly open to the community and an average of 54% of event participants were Indigenous or other people of color.

Total Number of Engagement Events Hosted | 3

The 360 | 2018-19 Event Details

Where Did We Go?

SUMMER 2018

- Preliminary Research & Outreach (July 2018-February 2019)
 - 359² community members engaged across Carver County
 - On-the-ground outreach and individual engagement
 - Collection of qualitative feedback
 - Development of Social Capital Landscape Assessment

FALL 2018

- A Healthy Welcome I | October 4
 - Chaska, MN
 - 86 participants
 - 73% IPOC
 - 27% under the age of 24

¹ The numbers and demographic percentages listed above are based upon multiple in-room counts that are averaged against one another. As such, they represent close approximations of the total number of participants and demographic makeup of community events.

² Although outreach and research for this project began in July of 2018, this figure represents the total number of outreach interviews completed for the project, including those conducted between November 2018 and February 2019.

- A Healthy Welcome II – Western Carver County | November 29
 - Waconia, MN
 - 48 participants
 - 35% IPOC
 - 17% under the age of 24

WINTER 2019

- Imagine Carver | January 31
 - Chaska, MN
 - 62 participants
 - 53% IPOC
 - 32% under the age of 24

The 360 | Project Summary

Looking Back...

Over the life cycle of the project (2018-2019), we brought together 196 community participants for interactive convenings designed to build bridging social capital and catalyze relationships across difference in the interest of improving health outcomes in Carver County. Participants provided qualitative feedback on community health needs and helped identify local priorities and barriers to healthcare access and equity that can be closed through collaborative and sustained efforts toward inclusion and authentic engagement. Additionally, 359 community members provided qualitative feedback during brief one-on-one survey interviews with outreach specialist and project manager Blanca Martinez Gavina, conducted between July 2018 and February 2019. In total, approximately five hundred and fifty-five (555³) community members have been engaged in this process, sharing their stories, observations, lived experiences and healthcare priorities.

The 360 | “Big Learning”

What Did We Learn?

The following is a brief summary of the outreach, research, and engagement findings for each of the three events convened for the project based upon the Mindstorm notes and oral report transcripts from each event’s small group discussions and the deidentified outreach interview notes⁴.

Outreach & Preliminary Research | Interviews (n=359)

Top three health and wellness priorities/needs identified:

- Access to **affordable or subsidized healthcare** (commonly framed by participants as a desire for a local sliding-scale/low-cost clinic or similar mobile/flexible resource) and comprehensive insurance
- **Dental** care, dentures/braces; **mental** healthcare **and resources for the disabled**
- **Coordinated, accessible communications** about insurance issues and healthcare resources, programs, and care options available in the community utilizing a range of communications mediums and available in multiple languages

³ This number does not include the several hundred community members who spoke with our outreach specialist but opted *not* to participate in the interview survey.

⁴ More detailed information and analysis can be found in the individual event reports produced for this project.

Additional health and wellness priorities uncovered in the outreach process:

- Support, care and resources for those with disability, especially children with disabilities
- Children's healthcare, insurance coverage for children and families
- Vision
- DMV-D
- ACES & health
- Physical therapy
- Immunizations
- Education
- Physicals (general medical care and well person check-ups)

Top three challenges identified:

■ ***Transportation and hidden costs***

- Related to frequent mention of need for a sliding-scale, free or low-cost-clinic in Carver County and the **burden of traveling out-of-county to access resources** in Minneapolis and St. Paul described by outreach and discussion group participants;
- **Disproportionately affects** English language learners who require translation/interpretation services, those without reliable transportation, those without insurance, low-income residents and immigrant community members, especially those with concerns about citizenship status (their own or a loved one's) or other social vulnerabilities.

■ ***Comprehensive, affordable insurance***

- **Challenges finding (qualifying for or affording) insurance** that is inclusive of medical, dental and mental health needs for individuals and families.
- Issues with **accessing information** about insurance needs and processes, paperwork, coverage, etc. and lack of clarity about whom to speak with when questions arise.

■ ***Access and equity: addressing gaps***

Of the 359 total outreach interview surveys completed, respondents said that they have faced barriers in seeking healthcare in Carver County. When disaggregated by race, respondents who identified as **indigenous or other people of color (IPOC) reported experiencing obstacles to meeting their healthcare needs in the county at over four times the rate of white respondents** (over 60% of IPOC and only about 13% of white respondents) (Figure 1). By a wide margin, insurance-related challenges constituted the most commonly-cited obstacle to meeting healthcare needs (Figure 2).

Additionally, when asked whether they had ever been contacted by county agencies or affiliates in official capacity, **white respondents reported having contact with the County at nearly three times the rate of indigenous and other people of color**, with about 50% of white and less than 20% of IPOC respondents reporting contact with the County, indicating a significant disconnect between communities of color and local public agencies broadly (Figure 3).

A keyword frequency analysis of the outreach interviews reveals **a balance of concerns and needs which largely track with the social determinants of health** and range from human-centered social supports like “community” and “people” to a repetition of themes emerging elsewhere in the interview surveys and Mindstorm small group discussions such as “transportation,” “insurance,” and more broadly, “access” (Figure 4).

Figure 1: Who Experiences Barriers in Seeking Healthcare in Carver County?

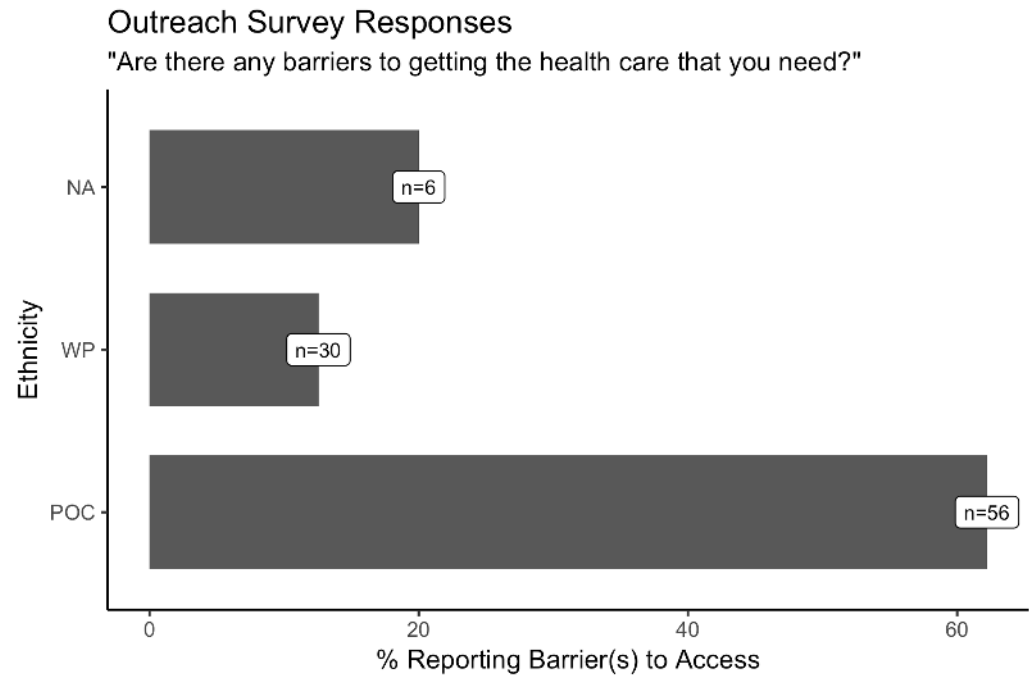


Figure 2: Barriers Facing Respondents Seeking Healthcare in Carver County

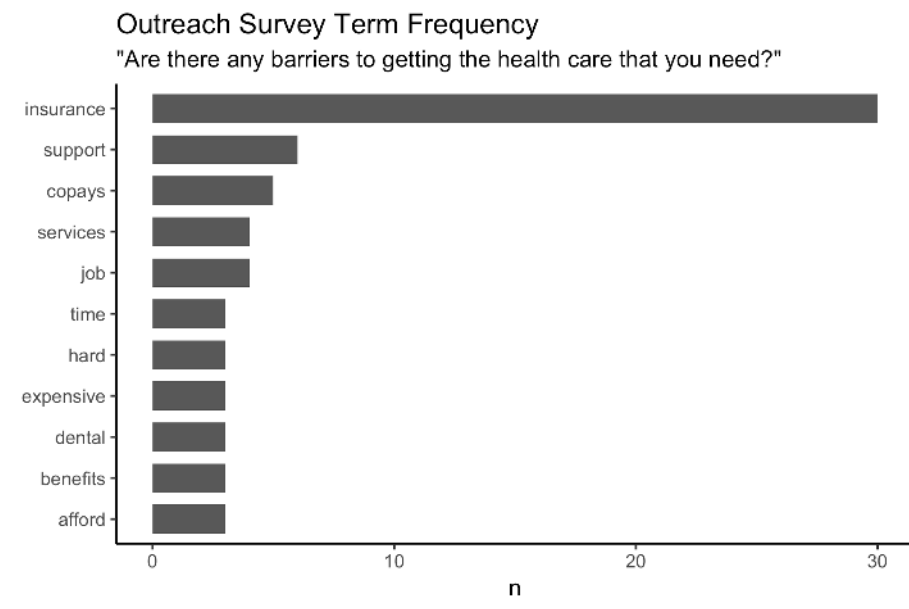


Figure 3: Contact with Carver County Agencies, Organizations & Affiliates

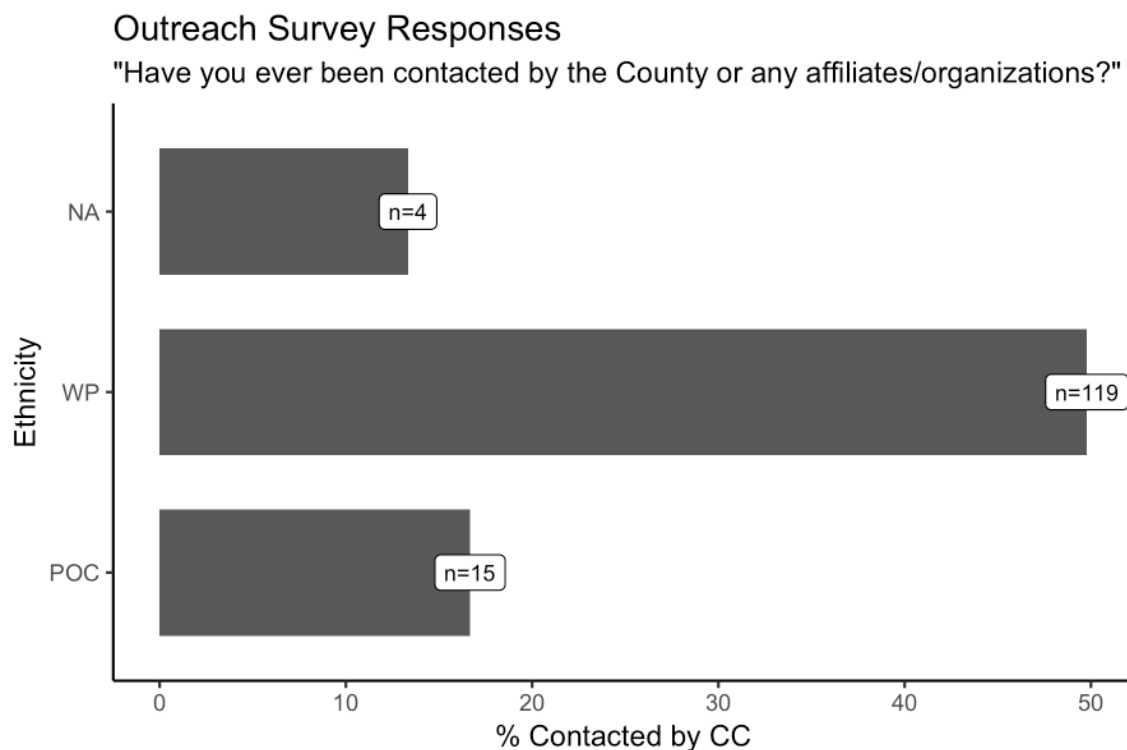
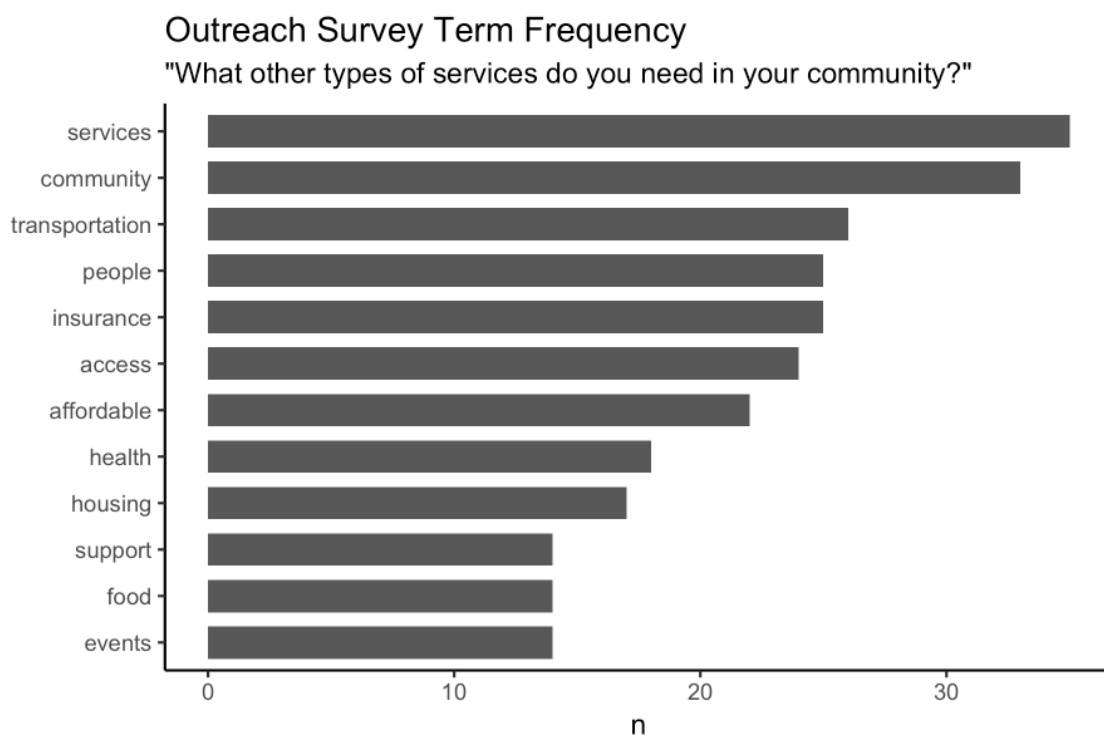


Figure 4: What Other Services Are Needed in Carver County?



Sample of supporting barriers and challenges identified in the outreach process:

- [Need] More support for disability care
- Jobs that don't provide healthcare insurance
- Need medical insurance for *individuals*
- Can't access local hospital (insurance issues), "have to go to St. Paul to get services"
- "Lack of information, because people believe that you will not be seen [by a healthcare provider] without [citizenship status] documentation"
- Co-pays for prescriptions too high for some
- Insurance is too expensive for many
- County services not accessible for the Latinx community
- Many requirements [in order to access/receive services]

Health- and wellness-related needs, services of interest to the community⁵:

Top five (most frequently mentioned):

- Transportation
- Affordable housing (rentals) for low income families and individuals
- Food shelf close to home
- Resources for mental health
- Education

Additional needs and services identified by community members:

- Entrepreneurial services and support (especially for small businesses)
- Daycare
- Services and support for immigrants
- Summer activities for youth
- Cleaning/trash
- Fire/police department
- VA access that is close by
- Resources for reproductive health
- Services for the homeless
- Improved communication (between county, other departments)
- Outreach
- Assistance from Medica for St. Mary's (local church providing a range of supportive services to community members)

(October) Healthy Welcome | Mindstorm Discussion Themes

Table I | Community Comments: Building a Healthy & Welcoming Carver County

Theme	Examples from Participant Notes
Community connection and belonging	<ul style="list-style-type: none">■ Need connection with community■ Opportunities to interact■ Neighborhood involvement

⁵ Based upon analysis of the outreach interviews and recurrent themes emerging from these one-on-one conversations.

	<ul style="list-style-type: none"> ▪ Chaska events/activities are expensive ▪ Encourage leadership to be more aware of diversity ▪ Nice, smiling, know the diversity of the community ▪ Will be nice → open and accepting community <ul style="list-style-type: none"> ○ Not male-dominating society or discriminatory ▪ Not a lot of cultural food
Special challenges facing indigenous and other people of color, immigrants and those with disabilities	<ul style="list-style-type: none"> ▪ Language is a barrier ▪ Need assistance / interpreter > when [we] don't have [a] case worker ▪ Difference – in school, everyone knew [participant's son] was [diagnosed with] ADHD, but couldn't get assistance because of insurance [barriers] and undocumented [immigration status] <ul style="list-style-type: none"> ○ Didn't feel like they had the same access [as others in the community] ○ Even school leaders didn't follow through and advocate for them ▪ Sacrifice to be in the U.S. <ul style="list-style-type: none"> ○ ...Mindset is to give their children opportunities. ○ Hard to think of themselves when focused on kids. ○ Kids have a lot of potential, but two years ago it changed with [the] election, people treated them poorly [including incidents of kids being bullied at school] ▪ Black community feels unwelcome sometimes, as if they don't belong here ▪ White [participant reports that she] – feels welcome everywhere ▪ Some people have [a] college degree, education from other countries, but there is no way to [be] recognized [in] their professions in the US <ul style="list-style-type: none"> ○ Ex. Doctor [of] Dentistry works in factories even though [she]

	has 28 years of experience in her country [of origin]
Special challenges facing community members living with disabilities	<ul style="list-style-type: none"> ▪ Lots of options for seniors, small children, but people with disabilities not included ▪ “In Carver people ignore me or treat me like I’m five. In Minneapolis/St. Paul no one gives a second look / [I] fit in.” ▪ Need more programming for people with disabilities
Special concerns and interests of parents and families, children and youth	<ul style="list-style-type: none"> ▪ Childcare and transportation availability – makes it difficult to interact ▪ Need places to hang out (for kids) ▪ Teen – focused events <ul style="list-style-type: none"> ○ Open mic / karaoke ▪ Good schools – people move here for [the] schools
Improvements in Carver County over time, environments found to be welcoming	<ul style="list-style-type: none"> ▪ Chaska community and schools are very welcoming ▪ Changes have been seen in the last few decades ▪ Less discrimination, prejudices, racism ▪ Not from Minnesota, but from what [this respondent has] seen, Carver County is welcoming, especially when it comes to diversity ▪ Feel welcome at church

(November) Healthy Welcome | Mindstorm Discussion Themes

Table 2 | Community Comments: Building a Healthy & Welcoming Carver County II

Theme	Examples from Participant Notes
Access and equity; community connections and culturally-responsive systems, resources and programs.	<ul style="list-style-type: none"> ▪ Need advocacy groups to represent those who can’t speak [the] language ▪ Driver’s licenses/transportation barrier to work for foreign-speaking [sic] English speakers ▪ Forms with questions not easily translated or understood, location of appointments [is a challenge] ▪ Limited ethnicity of specialists ▪ Hospitals also need insurance for immigrating people ▪ Need more community mobile clinics

<p>Flexibility, adaptability, affordability and choice – including holistic, preventative and traditional medicine, mobile clinics;</p> <p>Resources for women, immigrants, people of color, those with mental health needs or disabilities, and English language learners.</p>	<ul style="list-style-type: none"> ▪ People might have to travel for [healthcare] going to Minneapolis <ul style="list-style-type: none"> ○ Adds extra costs ○ Work: need permission to go ▪ If undocumented, can't get insurance → therefore, need low-cost insurance ▪ Prevention in health ▪ More options – holistic practitioner coverage (by insurance) ▪ Over-focus on interventions rather than prevention ▪ Hennepin County has more affordable programs and information, immunization clinics for other languages, women's health ▪ Would like greater access to alternative modes of healthcare > primary affordability through insurance coverage ▪ Need greater access to culturally relevant healthcare ▪ Accommodations for those with disabilities ▪ Mental health
<p>Sources of information about health, healthcare and wellness; communication with healthcare providers, related challenges</p>	<ul style="list-style-type: none"> ▪ Quality/verified resources, ex. journals ▪ Emails/messages from providers ▪ Nurse line on insurance card ▪ Where else → Drop-in clinic (no appointments needed) ▪ Mackenthuns has dietician ▪ Communicate better → more time at office visits ▪ Generic recommendations – don't feel heard ▪ Insurance nurse line and clinic nurse line – different agendas ▪ Concern about info health plan has ▪ School distributes info only in English (school closing [announcements] only in English) ▪ Give information [on] how to access all different kind[s] of government support programs and their rights ▪ Have more advocacy groups through communities that help through publications to inform

	<ul style="list-style-type: none"> ▪ Doctor visit – speak in English, papers printed in English and Spanish (they [do] not do Somali) ▪ Have to wait for interpreting for doctor's appointment ▪ Need longer time scheduled too ▪ Interpreters for different services ▪ Access to information ▪ Need to find more ways to distribute information to families ▪ Need flyers in Spanish ▪
Basic needs and ability to thrive	<ul style="list-style-type: none"> ▪ Affordable housing ▪ Unsafe and unsanitary housing ▪ Some houses pay \$2,000+ for gas or electricity because installations are inappropriate ▪ Shakopee trailer park/mobile houses in 169 are not taken care of ▪ No transportation ▪ [There is a] dad who drops off [his] child on [a] bike ▪ Transportation – to food shelves, county government and building, medical appointment ▪ Custodian for school walks home ▪ Walking: tough in the country / don't feel safe ▪ Affordable childcare – none in Waconia ▪ No Head Start ▪ Waconia food shelf – doing very well
Community connection, public spaces as resources, and social gatherings as a factor in health and wellbeing	<ul style="list-style-type: none"> ▪ Plan for a changing community ▪ Welcoming schools, great schools – genuine ▪ Community activities being free (more opportunities) ▪ Community centers/parade <ul style="list-style-type: none"> ○ And more diversity with those ▪ More diversity → more/higher comfort level ▪ Community is more diverse than people want to believe ▪ Police not asking for papers makes Hispanics feel safe ▪ 90% police in Chaska speak Spanish, want to try to understand language and

	<p>reach across – even small effort</p> <ul style="list-style-type: none"> ▪ Healthy practices: <ul style="list-style-type: none"> ○ Events ○ Church – parish nurse – free shots ○ Physical exercise, walking paths ○ Free track at CCC ▪ Recognizing all of our differences, rather than assuming that we are all the same and one thing will work for everyone ▪ Not welcoming to senior citizens – no place to gather ▪ More free services for kids ▪ Community centers, sports programs for kids ▪ Welcome across differences, providing resource information
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(January) Imagine Carver: A Healthy, Connected Community | Mindstorm Discussion Themes

Table 3 | Community Comments: Health Needs, Priorities, Accessibility & Equity in Carver County

Theme	Examples from Participant Notes
<p>Community interest in establishment of a low-cost clinic serving Carver County, related issues of transportation for out-of-county services</p> <p>Challenges accessing comprehensive, affordable health insurance, specialty services like dental care, mental health, etc.</p>	<ul style="list-style-type: none"> ▪ Low-cost clinics ▪ Clinics closer to home ▪ Lack of transportation ▪ Low-cost dental clinic ▪ Affordable access to services ▪ Low cost/no need insurance ▪ Denial of MNsure because of legal status ▪ A lot of people have health insurance, but dental is not included – if it is, it becomes too costly ▪ Affects people without dental insurance – it's costly, everyone needs to have checkups ▪ What services are covered are not enough ▪ Insurance isn't beneficial – it's too costly and doesn't cover enough ▪ Having insurance doesn't mean you [can] afford dental care. ▪ Identification of mental health issues

	<ul style="list-style-type: none"> ○ Stigma, people not willing to talk about ○ Understanding different types of mental health conditions
<p>Culturally appropriate and multilingual health services and wellness practices, cross-cultural competency training, special challenges facing immigrants/New Americans</p> <p>Special needs of young people and elders in the community, particularly with respect to transportation challenges.</p>	<ul style="list-style-type: none"> ▪ Intercultural activity and conversation for youth ▪ Training for teachers on cultural differences ▪ Bilingual options when calling for a ride ▪ Elderly, rural communities (transportation) ▪ Children – stay late, activities, sports, painting (no activity buses) – Shakopee
<p>Institutions, agencies, organizations and individuals who should be involved in efforts to improve services and health and wellness outcomes in Carver County;</p> <p>Existing resources in the community.</p>	<ul style="list-style-type: none"> ▪ Translators/interpreters ▪ Sponsors ▪ Parents = for children, and schools – trained professionals ▪ For adults = healthcare providers, families, friends ▪ DOT, SmartLink, SW Transit/Prime, WeCAB ▪ Cities, supporting programs ▪ Community members ▪ Private sector/hospitals ▪ Old and young (seniors and families) ▪ Dental providers ▪ State insurance/Medicaid ▪ Employers ▪ Insurance company agent ▪ Politicians ▪ Consumers ▪ Healthcare providers ▪ The resident[s] who need services ▪ Volunteer doctors/nurses/other professionals ▪ Representative[s] from every ethnic group in Carver County ▪ Youth! ▪ NYA has [a] bus [that the] city purchased – Peace Villa ▪ Lower-cost dental clinics in the area – Shakopee, Jordan ▪ For children – mobile dental units ▪ Give kids a smile ▪ Senior Linkage Line

	<ul style="list-style-type: none"> ▪ Include the providers – they need to be involved ▪ Dedicate the necessary resources to mental health services to ensure that it is affordable, and then people can take advantage in a responsible manner.
Resource gaps, lingering questions and outstanding barriers or community needs	<ul style="list-style-type: none"> ▪ Senior services ▪ Low-cost dental options in Carver County ▪ Insurance open houses for the general public ▪ Not sure – what exactly are the services that are available? ▪ How do people “get into the system”? ▪ Not enough knowledge about what services are available. ▪ A mosque to pray ▪ More integrated housing instead of separation. ▪ We can change the current status of how we address mental health in future generations. ▪ Need to understand who is in the community, what their needs are, and how they want those needs addressed. ▪ To get someone who speaks in our language at Carver County to talk, to see that we can get access to the resources easily and raise our needs easily. ▪ Number of people who would use services – when routes created, people don’t know about it, or people do anything to find one ▪ Paperwork, especially for undocumented individuals ▪ Long wait lists ▪ Transportation (more services in Minneapolis) ▪ Awareness of services <ul style="list-style-type: none"> ○ How to find what is needed?
Actions community members can take to improve health outcomes and address some of the needs identified in this community conversation	<ul style="list-style-type: none"> ▪ Share more information about WeCAB with community members, get more volunteers ▪ Write letters to the dental board ▪ Talking with your representative ▪ Start a petition ▪ Survey – asking what people need and what they aren’t getting.

The 360 | 2018 Heard-in-the-Hall: A Retrospective

What Did We Hear, How Did We Connect?

This section includes a sampling of participant comments shared over the course of our time together in Carver County. The samples selected here consist of entries from the sign-in sheets completed at the community engagement gatherings.

Below you will find a selection of participant comments from the sign-in sheets of **October's Healthy Welcome (2018)**:

- *"I enjoyed being a part of a diverse group where my differences made me an insider instead of an outsider."* – Disabled Community Member
- *"No one else makes this kind of opportunity happen!"*—Family Physician
- *"Es importante la integración de la comunidad, no importa la edad, sexo o color de piel."* – Cook/Chef
[It is important to have full integration of our community regardless of gender, age or skin color.]
- *"I liked meeting new people and would like to come to the next meeting. Can translate!"* – Anonymous
- *"Fun learning!"* – Farmer/Nurse
- *"Great event! Well run! Interesting ice breakers."* – Police Officer
- *"Beneficial."* – Retired Social Worker
- *Fue muy agradable el compartir los temas d' salud, aseguranza, driver's license, lo dificil que es comprar comida saludable.* – Anonymous
[It was great to discuss health-related issues regarding insurance, driver's licenses and how hard it is to purchase healthy foods.]
- *"I really enjoyed hearing the stories and feeling[s] of my table mates. I learned a lot."* – Retiree, Community Volunteer
- *"Wow. What an incredible experience to learn about other perspectives!"*—UX Design Student
- *Muy bien inicio de un proceso.* – Local Church Member
[Great start to this process].
- *"It was amazing, very social, and kind people."* – Criminal Justice & Psychology Student
- *Claro que si. Aquí todo estaba perfecto y la comida deliciosa.* – Secretary
[Of course, everything was perfect, and the food was delicious].

- *“Fantastic! Great Conversation! – Stay-at-home Mom, Former Nurse*
- *Being able to share similar struggles/situations with others from same and different communities. – Teenager, Student*
- *“Very informative conversation. Interesting to learn about others' perspectives.” – RN*

Below you will find a selection of participant comments from the sign-in sheets of **November’s Healthy Welcome (2018):**

- *“I had a great meal, met new people, learned more about ones I thought I knew...” – School Board Member, Substitute Teacher*
- *“I’m intrigued by observing the variety of this community.” – Anonymous*
- *“Always impressed with Marnita’s Table events. It was very interesting to speak with people who lived in Chaska, moved to another community, and then returned...” – Anonymous*
- *“Thank you! It is such a joy to have an opportunity to engage with people who are different than me...I discover we have more shared values and passions in common. I always learn something new. I grow both personally and professionally.” – Public Health Professional*
- *“Nice meeting new people and talking about concerns about health coverage in our city and what needs to be changed. We need more diversity so people from different countries can be more comfortable.” – Community Outreach Specialist at Eastern Carver County Schools*
- *“Even though we discussed serious needs in the county, I feel we thought of and offered possible solutions.” – Retiree*
- *“Wonderful environment (safe) created for community members to share.” – Grad Student*
- *“Thank you for the open conversation.” – Retired OHN Deacon, Volunteer*
- *“Muy agradable positiva. Estuvo fenomenal. Muchas gracias. (Very nice, positive. It was phenomenal. Thank you so much.)”—Anonymous*
- *“My country recognizes and is making the effort to all citizens, not only in word, but in action. Marnita, thank you for your energy and enthusiasm.” – Nutrition Educator*
- *“The food and community connected.” – Anonymous*
- *“Appreciated the opportunity to meet new people and hear different perspectives.” – Anonymous*

Below you will find a selection of participant comments from the sign-in sheets of **January’s Healthy, Connected Community Visioning (2019):**

- *“I like to talk with people with different background[s], so I talked to different people and I’m happy about that. – Student*

- *"I would like to learn about different cultures in the group."* – Home Caregiver
 - *"I liked to stay here because I shared our health needs that we have here in the community. I'm going with the hope that we will be heard about our needs, especially with the clinic."* – Accountant
 - *"Loved it! Very important and felt that there is someone out there who cares and having our voices heard."* – LTO/Shipping & Receiving Professional
 - *"Interesting to hear people's opinion of what they would want to happen in our community and possibly making it happen."* – Community Outreach Specialist, Eastern Carver County Public Schools
 - *"I like how we are addressing so many issues and coming together to solve [them]."* – CNA
 - *"Very great experience connecting with others in the community."* – Youth Aware Program Coordinator with ACT United and Preschool Teacher
 - *"It was great to be at the Table, and I shared and [heard] different ideas."* – Somali Interpreter & Writer
 - *"Me dio mucho gusto esta experiencia porque me sentí muy comfortable de conocer cosas que no sabia. Gracias por su apoyo. 😊"* – Machine Operator
- ["I really enjoyed this experience because I felt very comfortable learning things I didn't know. Thank you for your support."]
- *"I liked it and I would like to keep doing it. Get involved in more events."* – Machine Operator
 - *"Fun, lots of knowledge!"* – Warehouse Lead
 - *"This was a great way to get community feedback!"* – Housing Coordinator