



# The 360|Report

## Carver County Public Health

### *Imagine Carver! Community enVisioning Session*

IZI Facilitated by MTI, Hosted at Chaska Community Center in Chaska, MN

**Date: Thursday, January 31<sup>st</sup> 2019 | 6:00-9:00 p.m.**

**Report Generated on 6 February 2019**

**Lead Evaluator: Elexis Trinity, Research & Projects Director**

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## The 360 Report | Event Overview

### *The 360 | Demographics<sup>1</sup>*

**Total Guests of Event** | Approx. 62

**Indigenous or Other People of Color** | Approx. 33 (53%)  
**Youth/Under 24** | Approx. 20 (32%)

**Generational Breakdown** | 62 total participants

**Silent Generation** | 2 (3% of activity participants)  
**Baby Boomers** | 7 (11% of activity participants)  
**Generation X (“Gen X”)** | 21 (34% of activity participants)  
**Millenials** | 15 (24% of activity participants)  
**Generation Z (“Gen Tech”)** | 17 (27% of activity participants)

**Human Survey Results** | Indicated by “show-of-hands” during facilitator-led in-room check-ins.

**Met one new person across race, class, culture** | 95%  
**Met someone with whom you plan to stay in touch/collaborate** | 95%  
**Would come to another event like this** | 100%  
**Would invite others to another event like this** | 100%  
**Felt welcome during the event** | 100%  
**Had a good time during the event** | 95%

**Table 1: Community Health Needs Identified & Prioritized by Event Participants**

Community Health Needs	FIRST PRIORITY (n=participants voting)	SECOND PRIORITY (n=participants voting)	Total Participant Priority Votes
Health Insurance, Access	3	8	11
Dental Care	2	9	11
Mental Health Resources	4	9	13

<sup>1</sup> **Note:** Percentages above have been rounded up to the nearest whole percent and are therefore approximations.

Culturally-appropriate Health & Wellness Services	0	6	6
Improving Communication	3	0	3
Youth Services	4	1	5
Elder Services	1	2	3
Disability Services	2	0	2
Food Access	1	0	1
Building Community across Difference(s)	2	0	2
Transportation	6	9	15
Low-cost Clinic	16	2	18

In keeping with the findings of this project's previous small-group discussions and outreach interviews, the community health priorities identified by participants of the January 31<sup>st</sup> visioning session include investment in a low-cost clinic serving (and accessible to) Carver County residents, the need for transportation support of all kinds and resources and services for mental health needs. Additionally, participants expressed significant interest in improving access to dental care and insurance, reflecting similar themes raised during community outreach interviews and the small-group focused discussions held throughout the engagement process.

### **The 360 | Summary, Overview**

On Thursday, January 31<sup>st</sup> 2019, we brought together 62 community members at the Chaska Community Center in Chaska, Minnesota for an engaged conversation and visioning session on health, wellness and authentic welcome in Carver County. During the event, participants discussed an array of social and environmental determinants of health and wellness in the context of their own experiences and personal perspectives in the county, identified community priorities, resources and needs, and collectively strategized solutions for barriers and challenges uncovered in the process.

Activities and tools during the event made use of Sticky Stats (to inform the conversation with relevant factual information), an interactive demographics review (Human Survey), playful Continuum activity session, and a Mindstorm small-group focused conversation session to elicit community feedback on health needs, gaps in services or access, and personal stories about health care needs and experiences in Carver County. The final event in a year-long series of engagements, research and relationship-building, this visioning was hosted by the Carver County Public Health and facilitated by Marnita of Marnita's Table in the model of Intentional Social Interaction (IZI). Project coordination, outreach and facilitation support provided by project director Sammie Ardito Rivera and outreach manager Blanca Martinez.

As with the previous events in the series, this engagement was open to the community and centered around a feast appropriate for all dietary needs from vegan to carnivore, provided by local caterers Chaska My Love and Afro Deli. The gathering concluded with a ritual Circle Share-in session in which participants were asked to share one action to which they are willing to commit that will help move forward the work of making Carver County healthy, safe and welcoming for all who live and work in the area. The following report consists of data collected from the above activities and the categorization of their results as conducted by the Marnita's Table research team.



**Imagine Carver! A Healthy, Connected Community**  
**Carver County Public Health**  
**Thursday, January 31<sup>st</sup>, 2019 | 6:00 p.m. – 9:00 p.m.**

**Mindstorm**

**Directions:** Find a group that is discussing the issue you are most passionate about. Enter and exit groups as you like. Remember to listen and give everyone a chance to speak. Speak from your own personal point of view.

Identify a scribe who can write legibly to take notes on the blank pages attached to this sheet!

**Questions for Discussion:**

**1. Identifying Need**

- (1.1) What community need is most important to address first?
- (1.2) Who needs to be involved in the projects, programs or services to address this need in order for it to be successful?

**2. Engagement & Accessibility**

- (2.1) How can we make sure it is easy for you to continue to engage with the county on this issue?
- (2.2) How will we make sure that all people who need/want these services can access them?

**3. Resources**

- (3.1) Are there resources the community **already has** to address this need? Name at least three.
- (3.2) Are there resources the community **does not already have** that are necessary to address this need? Name at least three.

**4. Identifying & Overcoming Barriers**

- (4.1) Are there potential barriers to addressing this community need? Name at least two.
- (4.2) Are there potential solutions to the barriers you described above?

**5. Commitments & Actionable Steps Forward**

- (5.1) What can everyone in the group commit to doing in order to address this community need?
- (5.2) What else do we need to know to create a healthy and connected community in Carver County?



## The 360 Report | Mindstorm Themes & Analysis

### Overview | Methodology

This Mindstorm was undertaken on Thursday, January 31<sup>st</sup> by approximately 62 participants in 9 self-selecting groups. The following is an overview of the emergent themes resulting from these discussions, as recorded by participants on the notes sheet included with the questions. These responses have been transcribed, aggregated and made anonymous in a document following this analysis. Parenthetical numerical entries within the question-by-question breakdown indicate the number of times a discrete response appeared in the aggregated data output. Asterisks indicate the highest traction questions (queries that received the greatest number of responses) and therefore are a loose measurement of important themes and concepts emerging from the small-group focused conversations.

### Question One

**I. Identifying Need\* | We asked:** *What community need is most important to address first? Who needs to be involved in the projects, programs or services to address this need in order for it to be successful? (9 groups responding, 68 responses)*

All 9 discussion groups submitting notes for this Mindstorm elected to address this theme, generating a total of 68 responses identifying community health needs and priorities while offering up recommendations of individuals and organizations participants believe should be involved in helping to address the needs identified. Given the content of this discussion topic (and the degree to which its subject matter is germane to the project), it is perhaps unsurprising that question one is the highest-traction section of this Mindstorm as measured in number of groups responding and the total number of responses produced.

Comments in this section concentrate around community interest in a low-cost clinic and affordable specialty services with particular emphasis on the need for dental care and mental health resources, reinforcing the findings of previous Mindstorm sessions and outreach interviews for the project. Relatedly, the discussion notes submitted for this section point to challenges with obtaining affordable, comprehensive insurance (including coverage for dental and mental health), and the need to improve communications about available services and supports in the county.

Additional themes emerging in this section include the special needs of children, elders and English language learners in addressing transportation challenges related to health and wellness. One discussion group noted that elders living in less urban areas struggle to find transportation when arranging medical appointments, while another group points to transportation challenges for working parents and families seeking to provide afterschool care and engagement opportunities for their children. Intercultural and culturally-specific training and programming for teachers, healthcare providers and others serving the

community also appears in the text of the discussion notes, with several groups additionally mentioning the need for bilingual transportation services.

Participants also submitted a list of individuals, agencies and organizations who might provide support in addressing the needs identified during the discussion. These include healthcare/dental providers and hospitals, community members, youth and families, residents in need of services (and “representatives from every ethnic group in Carver County”), employers, translators and interpreters, insurance representatives, public administrators and private industry, politicians, cities and local government programs, and transportation services such as DOT, SmartLink, Southwest Transit/Prime, and WeCAB (a volunteer-driven ride-sharing program).

Themes and comments from the notes are outlined below in Table 2.

**Table 2 | Community Comments Identifying Health Needs, Priorities**

<b>Theme</b>	<b>Examples from Participant Notes<sup>2</sup></b>
Community interest in establishment of a low-cost clinic serving Carver County, related issues of transportation for out-of-county services	<ul style="list-style-type: none"> <li>▪ Low cost clinics</li> <li>▪ Clinics closer to home</li> <li>▪ Lack of transportation</li> <li>▪ Low cost dental clinic</li> <li>▪ Affordable access to services</li> <li>▪ Low cost/no need insurance</li> </ul>
Challenges accessing comprehensive, affordable health insurance, specialty services like dental care, mental health, etc.	<ul style="list-style-type: none"> <li>▪ A lot of people have health insurance, but dental is not included – if it is, it becomes too costly</li> <li>▪ Affects people without dental insurance – it’s costly, everyone needs to have checkups</li> <li>▪ What services are covered are not enough</li> <li>▪ Insurance isn’t beneficial – it’s too costly and doesn’t cover enough</li> <li>▪ Denial of MNsure because of legal status</li> <li>▪ Having insurance doesn’t mean you [can] afford dental care.</li> <li>▪ Identification of mental health issues</li> <li>▪ Stigma, people not willing to talk about</li> <li>▪ Understanding different types of mental health conditions</li> </ul>
Special needs of young people and elders in the community	<ul style="list-style-type: none"> <li>▪ Elderly, rural communities (transportation)</li> <li>▪ Children – stay late, activities, sports, painting (no activity buses) – Shakopee</li> </ul>

<sup>2</sup> Examples in this column have been copied verbatim from the raw aggregated transcription document containing all discussion group comments submitted organized by question (see page 13 for full transcription). Responses may not appear in the same order however, since they have been regrouped according to thematic categories. Keywords are bolded for emphasis. Brackets in the text indicate notes added by the evaluator.

Culturally appropriate and multilingual health services and wellness practices, cross-cultural competency training, special challenges facing immigrants/New Americans	<ul style="list-style-type: none"> <li>▪ Intercultural activity and conversation for youth</li> <li>▪ Training for teachers on cultural differences</li> <li>▪ Bilingual options when calling for a ride</li> </ul>
Improving communications	<ul style="list-style-type: none"> <li>▪ Create a public service [agency] in different languages that can direct people to all the kinds of services that the government provides: transportation, proper translators, problems with public lighting, gas.</li> <li>▪ People don't know where to call or where to go to get help about [a] diversity of problems.</li> <li>▪ People don't know their rights.</li> <li>▪ When they reported deficiencies in public services, there is no response. Takes too much time to get an answer which is hard to follow up due to work schedule.</li> </ul>
Institutions, agencies, organizations and individuals who should be involved in efforts to improve services and health and wellness outcomes in Carver County	<ul style="list-style-type: none"> <li>▪ Translators/interpreters</li> <li>▪ Sponsors</li> <li>▪ Parents = for children, and schools – trained professionals</li> <li>▪ For adults = healthcare providers, families, friends</li> <li>▪ DOT, SmartLink, SW Transit/Prime, WeCAB</li> <li>▪ Cities, supporting programs</li> <li>▪ Community members</li> <li>▪ Private sector/hospitals</li> <li>▪ Old and young (seniors and families)</li> <li>▪ Dental providers</li> <li>▪ State insurance/Medicaid</li> <li>▪ Employers</li> <li>▪ Insurance company agent</li> <li>▪ Politicians</li> <li>▪ Consumers</li> <li>▪ Healthcare providers</li> <li>▪ The resident[s] who need services</li> <li>▪ Volunteer doctors/nurses/other professionals</li> <li>▪ Representative[s] from every ethnic group in Carver County</li> <li>▪ Youth!</li> </ul>

## Question Two

**Engagement & Accessibility | We asked:** *How can we make sure it is easy for you to continue to engage with the county on this issue? How will we make sure that all people who need/want these services can access them? (7 groups responding, 34 responses)*

This question received a total of 34 responses submitted by the 7 discussion groups electing to submit notes on this topic. Comments in this section fall largely into the category of recommendations for improving communications in the county with special emphasis placed upon the use of a diversity of mediums (including social media, church connections, flyers, public announcements and signs in multiple languages, in-person outreach, direct mailings, phone calls, newsletters and official county/local communications). Discussion groups proposed a range of collaborative and community-forward interventions involving local schools and churches, community engagement events and public information-sharing sessions, community conversations, and, in the words of one groups' discussion notes: "public health officials going to places where youth are." Respondents emphasized relationally-oriented ways of sharing information and tapping into critical networks (such as the strategic deployment of social networks centered in schools, spaces where youth congregate, religious communities, and public meetings and spaces), all the while underscoring the importance of being able to access information in multiple languages via multiple avenues of communication and messaging.

Three of the 34 total responses highlighted barriers to effective communications related to the needs of English language learners, immigrants and New Americans, such as the difficulty of communicating with SmartLink in languages other than English, challenges accessing transportation schedules in Spanish, and a general need for more translation and interpretation services made available to the community. One group emphasized mental health needs, urging the county and healthcare providers to "dedicate the necessary resources to mental health services to ensure that it is affordable, [so that] people can take advantage in a responsible manner." Themes and comments from the notes are outlined below in Table 3.

**Table 3 | Community Comments on Engagement, Communications & Accessibility**

Theme	Examples from Participant Notes
Strategic use of a range of communications media, recommendations for improving communications on essential resources and services for health and wellness in Carver County	<ul style="list-style-type: none"> <li>▪ Connection through church (flyers)</li> <li>▪ Media, Facebook, one-on-one</li> <li>▪ Include employers (why offer insurance)</li> <li>▪ Multiple mediums (email, snail mail...)</li> <li>▪ Different languages</li> <li>▪ Quarterly newsletter</li> <li>▪ Shakopee circular is sometimes convenient</li> <li>▪ Public announcements/signs</li> <li>▪ Direct mailings</li> <li>▪ Dental offices could post information (ex., "contact this number for assistance")</li> <li>▪ Online/social media – Instagram, Facebook</li> <li>▪ County Commissioner communicate with Public Health, Health &amp; Human Services</li> </ul>



Community engagement, collaboration and relationally-based communications	<ul style="list-style-type: none"> <li>▪ More IZI events</li> <li>▪ Through the education system, schools, churches</li> <li>▪ Public health officials going to places where youth are</li> <li>▪ Public meetings to inform and offer “opt in” for public health “news blasts”</li> <li>▪ Community meeting or gathering <ul style="list-style-type: none"> <li>○ Talk about the issue</li> <li>○ Include the providers – they need to be involved</li> </ul> </li> <li>▪ Dedicate the necessary resources to mental health services to ensure that it is affordable, and then people can take advantage in a responsible manner.</li> </ul>
Transportation and language issues, barriers and challenges to successful communication about health and wellness needs	<ul style="list-style-type: none"> <li>▪ Not easy to communicate with SmartLink – language issues</li> <li>▪ Need to have more community gatherings after translation services</li> <li>▪ Schedules not in Spanish</li> </ul>

### Question Three

**Resources | We asked:** Are there resources the community **already has** to address this need? Name at least three. Are there resources the community **does not already have** that are necessary to address this need? Name at least three. **(5 groups responding, 19 responses)**

In this section, which received 19 responses from 5 discussion groups, participants highlighted local resources, assets and opportunities for improving health and wellness outcomes and addressing some of the challenges identified in the Mindstorm discussion notes. While some groups used this section to revisit the utility of transportation resources like SmartLink and WeCAB, others mentioned mobile dental units for children, and tools for accessing critical information and programs like the Senior Linkages Line and Disability Hub. A secondary theme centers around resource *gaps* and unmet community needs such as services for elders, low-cost dental, insurance open houses for the general public, and a mosque for fellowship and worship in the Carver community. A tertiary theme coheres around a small set of lingering questions participants expressed evincing concerns about how to get access to information and existing services in the county. This underscores the general tone of the section on improving communications and the perspective that such efforts may support increased accessibility and equity. Themes and comments from the notes are outlined below in Table 4.

**Table 4 | Community Comments on Community Resources, Assets**

Theme	Examples from Participant Notes
Existing resources, assets, organizations, etc. that provide support for issues or challenges identified elsewhere in this Mindstorm	<ul style="list-style-type: none"> <li>▪ SmartLink</li> <li>▪ SW/Prime</li> <li>▪ WeCAB</li> <li>▪ NYA has bus-city purchased – Peace Villa</li> <li>▪ Lower-cost dental clinics in the area – Shakopee, Jordan</li> </ul>

	<ul style="list-style-type: none"> <li>▪ For children – mobile dental units</li> <li>▪ Give kids a smile</li> <li>▪ Senior Linkage Line</li> <li>▪ Disability Hub</li> </ul>
Resource gaps, outstanding community needs	<ul style="list-style-type: none"> <li>▪ Senior services</li> <li>▪ Low-cost dental options in Carver County</li> <li>▪ Insurance open houses for the general public</li> <li>▪ A mosque to pray</li> </ul>
Lingering questions submitted by participants, concerns about how to get information about resources and services	<ul style="list-style-type: none"> <li>▪ Not sure – what exactly <i>are</i> the services that are available?</li> <li>▪ How do people “get into the system”?</li> <li>▪ Not enough knowledge about what services are available.</li> </ul>

## Question Four

**Identifying & Overcoming Barriers | We asked:** *Are there potential barriers to addressing this community need? Name at least two. Are there potential solutions to the barriers you described above? (4 groups responding, 17 responses)*

Four of 9 total discussion groups elected to respond to this section, submitting a total of 17 discrete responses. Of these responses, 9 concentrate on identifying barriers to addressing community needs emerging during the small group discussions, while the remaining 8 responses explore potential solutions to these obstacles. Barriers identified by participants chiefly concern information access, paying special attention to the language and transportation supports required to navigate local public systems, manage health- and insurance-related paperwork (“especially for undocumented individuals”), and make medical and other appointments more broadly accessible to those with transportation and/or translation and interpretation needs. Other barriers include a general lack of awareness regarding services and resources currently available in the community and long waiting lists to see healthcare providers.

In the notes detailing proposed solutions to the barriers identified here, transportation is front and center with several groups noting the advent of volunteer-run transportation and other ride-sharing services like WeCAB, SmartLink and Uber, as well as a recommendation to increase the number of buses in the local public system. Other proposed solutions to a range of issues identified in the discussions include making more low-cost and free healthcare alternatives available (and on a more frequent basis), providing reduced-paperwork options for those concerned about immigration status issues and discrimination, the development of a “universal website” providing a wealth of information on healthcare services, providers, opportunities and supports available in the county. Finally, one group proposed the possibility of developing a community-driven project to collectively build a mosque in Carver County to meet the needs of the underserved Muslim community. It is a point that is particularly of note given the relative importance and influence of religious institutions upon local social and informational networks, and their demonstrated practical utility in providing supplementary health and wellness services (such as the free screenings, mobile clinics, etc. offered by Christian churches in the area). Themes and examples from the notes are outlined below in Table 5.

**Table 5 | Community Comment on Barriers to Local Health-related Concerns, Potential Solutions**

Theme	Examples from Participant Notes
Barriers identified by community members: transportation, communications gaps and language needs, challenges for immigrants and New Americans	<ul style="list-style-type: none"> <li>▪ Schools have different start times, different schedules, different needs</li> <li>▪ Spanish options – lack of info to Spanish-speaking populations (not TOP barrier)</li> <li>▪ No access to route info</li> <li>▪ Number of people who would use services – when routes created, people don't know about it, or people do anything to find one</li> <li>▪ Paperwork, especially for undocumented individuals</li> <li>▪ Long wait lists</li> <li>▪ Transportation (more services in Minneapolis)</li> <li>▪ Awareness of services</li> <li>▪ How to find what is needed?</li> </ul>
Community-generated solutions to barriers identified in this section	<ul style="list-style-type: none"> <li>▪ Volunteers like WeCAB – community provides others with rides</li> <li>▪ More buses purchased by cities – scheduled trips</li> <li>▪ Local Uber</li> <li>▪ Transportation – SmartLink and volunteer driver services</li> <li>▪ Free options that don't require paperwork (or very minimal paperwork) – once a month (needs to be more often than yearly)</li> <li>▪ Lack of confidence</li> <li>▪ Universal website</li> <li>▪ If we get a [plot of] land, maybe the community would gather to build [it*].</li> </ul> <p>(*In context, “it” is a mosque to serve the Carver County community.)</p>

## Question Five

**Commitments & Actionable Steps Forward | We asked:** *What can everyone in the group commit to doing in order to address this community need? What else do we need to know to create a healthy and connected community in Carver County?* **(6 groups responding, 10 responses)**

In this section participants were provided the opportunity to indicate actionable steps forward that anyone in the community could take to improve health and wellness outcomes and answer some of the needs and challenges identified in this Mindstorm session. This section also includes a prompt to share

any free-form comments, questions or ideas pertinent to the goal of creating a healthy and connected community in Carver that were not yet addressed in the discussion questions. Six of 9 total discussion groups elected to submit notes on this topic, generating a total of 10 discrete responses among them. Personal commitments emerging from these responses include engaging with local politicians, spreading the word about volunteer transportation programs, letter writing campaigns, petitions and the use of surveys to uncover community needs.

Significantly, nearly half of the comments submitted in this section detail ongoing concerns about health and related socio-economic disparities in the community, such as the need for “more integrated housing instead of separation,” interest in “changing the current status of how we address mental health,” the “need to understand who is in the community, what their needs are, and how they want those needs addressed, and the hope expressed by one group “to get someone who speaks in our language at Carver County to talk, to see that we can get access to the resources [we need] easily and raise our needs easily.” Themes and examples from the notes are outlined below in Table 6.

**Table 6 | The What-Now: Individual Commitments to Community Wellness**

Theme	Examples from Participant Notes
Actions everyone in the discussion group/community can take to address local health needs and related priorities	<ul style="list-style-type: none"> <li>▪ Share more information about WeCAB with community members, get more volunteers</li> <li>▪ Write letters to the dental board</li> <li>▪ Talking with your representative</li> <li>▪ Start a petition</li> <li>▪ Survey – asking what people need and what they aren’t getting.</li> <li>▪ Utilize local politicians</li> </ul>
Ongoing needs, addressing disparities and improving mental health care	<ul style="list-style-type: none"> <li>▪ More integrated housing instead of separation.</li> <li>▪ We can change the current status of how we address mental health in future generations.</li> <li>▪ Need to understand who is in the community, what their needs are, and how they want those needs addressed.</li> <li>▪ 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.</li> </ul>

## **Mindstorm Notes | Raw Data Aggregate**

**Note:** 9 total groups submitted notes during this Mindstorm session.

### ***I. Identifying Need***

#### **(I.I) What community need is most important to address first?**

- Improving communications
- Intercultural activity and conversation for youth
- Training for teachers on cultural differences
- Low cost clinics
- Clinics closer to home
- Low cost/no need insurance
- Denial of MNsure because of legal status
- Lack of transportation
- Low cost dental clinic
- Identification of mental health issues
- Stigma, people not willing to talk about
- From children through senior adults
- Understanding different types of mental health conditions
- Affordable access to services
- Transportation
- Elderly, rural communities
- Children – stay late, activities, sports, painting (no activity buses) – Shakopee
- Disabilities
- Medical appointments
- Biking – pay for bikes, car to go
- Bilingual options when calling for a ride
- (1) Why it's a problem and who it affects, (2) Having insurance doesn't mean you afford dental care.
- Dental Care
  - Affects people without dental insurance – it's costly, everyone needs to have checkups
  - A lot of people have health insurance, but dental is not included – if it is, it becomes too costly
  - What services are covered are not enough
  - Insurance isn't beneficial – it's too costly and doesn't cover enough
- Health ones
- As a community, we don't have a place to exchange and raise our needs such as [an] office
- Low-cost clinics (medical and dental)
- [Dental] not covered [by insurance]
- Need low-cost clinics close to where people live
- Reduce drive time – currently Carver County residents who need access to low-cost clinics have to drive to Minneapolis or St. Paul

- Why can't we provide this here?
- What are the barriers?
- Why not here, if can provide in other places, such as Shakopee, St. Paul, Minneapolis
- Need Immigrant assistance
- Need healthcare services regardless of qualification for insurance
- Lack of information about services already available
- We have a large enough residents [sic] in need of these services.
- Start with what we can do...at least basic low-cost health and medical care
- GOAL: Free-standing low-cost, community clinic [offering] medical, dental, mental health and social services.

**(1.2) Who needs to be involved in the projects, programs or services to address this need in order for it to be successful?**

- Create a public service (agency) in different languages that can direct people to all the kinds of services that the government provides: transportation, proper translators, problems with public lighting, gas.
- People don't know where to call or where to go to get help about [a] diversity of problems.
- People don't know their rights.
- When they reported deficiencies in public services, there is no response. Takes too much time to get an answer which is hard to follow up due to work schedule.
- Representative from every ethnic group in Carver County
- Youth!
- Translators/interpreters
- Doctors (voluntary)
- 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 who need services [sic]
- Translator/interpreter
- Volunteer doctors/nurses/other professionals

## **2. Engagement & Accessibility**

### **(2.1) How can we make sure it is easy for you to continue to engage with the county on this issue?**

- Through the education system, schools, churches.
- Public health officials going to places where youth are.
  
- Connection through church (flyers)
- Social media
- Through schools
  
- County lead focus groups on issue-specific matters
- Recognize how this issue is connected to others
  
- Not easy to communicate with SmartLink – language issues
- Need to have more community gatherings after translation services
- Schedules not in Spanish
- Shakopee circular is sometimes convenient
  
- Community meeting or gathering
  - Talk about the issue
  - Include the providers – they need to be involved
  - Include employers (why offer insurance)
  
- Public announcements/signs
- Direct mailings
- Dental offices could post information (ex., “contact this number for assistance”)
- Online/social media – Instagram, Facebook
  
- County Commissioner
- Communicate with Public Health
- Health & Human Services
- Quarterly newsletter
  
- Fill out contact sheet
- Connecting through churches and flyers
- Media, Facebook, one-on-one
- School
- More IZI events

### **(2.2) How will we make sure that all people who need/want these services can access them?**

- Dedicate the necessary resources to mental health services to ensure that it is affordable, and then people can take advantage in a responsible manner.
  
- Multiple mediums (email, snail mail...)
- Different languages
- Quarterly newsletter
- Public meetings to inform and offer “opt in” for public health “news blasts”

### 3. Resources

**(3.1) Are there resources the community already has to address this need? Name at least three.**

- Not sure – what exactly *are* the services that are available?
- How do people “get into the system”?
  
- SmartLink
- SW/Prime
- WeCAB
- NYA has bus-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
- Disability Hub

**(3.2) Are there resources the community does not already have that are necessary to address this need? Name at least three.**

- Not enough knowledge about what services are available.
  
- County circular
- From West to East
- Need someone to take responsibility
  
- Senior services
- Low-cost dental options in Carver County
  
- Insurance open houses for the general public
  
- A mosque to pray

### 4. Identifying & Overcoming Barriers

**(4.1) Are there potential barriers to addressing this community need? Name at least two.**

- Schools have different start times, different schedules, different needs
- Spanish options – lack of info to Spanish-speaking populations (not TOP barrier)
- No access to route info
- 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

**(4.2) Are there potential solutions to the barriers you described above?**

- Volunteers like WeCAB – community provides others with rides
- Move buses purchased by cities – scheduled trips
- Local Uber
- Transportation – SmartLink and volunteer driver services
- Free options that don't require paperwork (or very minimal paperwork) – once a month (needs to be more often than yearly)
- How to find what is needed
- Lack of confidence
- Universal website
- If we get a [plot of] land, maybe the community would gather to build [it].

**5. Commitments & Actionable Steps Forward**

**(5.1) What can everyone in the group commit to doing in order to address this community need?**

- 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.
- Utilize local politicians

**(5.2) What else do we need to know to create a healthy and connected community in Carver County?**

- 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 the Carver County to talk to see that we can get access



## The 360 Report | Oral Report Notes

### Mindstorm Oral Report Notes

**Group 1** | Transportation: two things we discussed, we talked about potential solutions. We talked about Norwood Young America, and that the city purchased a bus. It's an idea, it's new, we don't know if it's working, but it's an idea to keep an eye on. The other idea to consider is WECAB, something that exists, but something we don't know if people know about it. WECAB needs more volunteers to drive. It's a volunteer-run organization where people call for rides and volunteers drive. There is a lot more demand than volunteers at the moment.

**Group 2** | Our topic was about low-cost clinics. The two things we talked about was the lack of low-cost clinics in our area. There are some available in other counties, but people here lack transportation to these counties due to their immigration status, or lack of understanding of the health care system.

**Group 3** | We talked about youth services and culturally-appropriate services. With community needs, we need international cultural activities and conversations for youth, as well as training for teachers on cultural differences.

**Group 4** | We were talking about mental health, the couple of things we talked about... One, there is a certainly a lack of available mental health services, and the ones that are available aren't well-known. So, if you recognize mental health issues in friends and family, they may not know where to get help. We talked about how mental health affects all ages, we have an opportunity to change how we view mental health, so that when children become adults, the conversation is very different from how it used to be.

**Group 5** | We talked about dental care, and why it's a problem – it's kind of a big problem. Most of us have health insurance, but dental care isn't available. I have health insurance, but my parents don't. All the services that are covered are too expensive. Because it is covered by healthcare, but not all of it, and lower-cost health clinics are not as available in the area, and we don't have transportation to get there. We just need to have people here, communities that can help make dental care less expensive, and it's not easy for us to get health care with dental.

**Group 6** | We talked about health insurance and how we would find it in our community. We talked about the groups and making sure we all have insurance. Companies, politicians, health care providers, they can help spread health insurance. We also talked about how the information that is out there is so overwhelming, there needs to be a system where we can actually find what we are looking for. And for seniors, there are open houses, there are open enrollment sessions – they can explain all the questions. But if you're not a senior, you have to do your own research. If there was an open house [for general audiences], we could explain available health care options for everyone, not just seniors. Finally, we talked about how we are here because of Carver County Public Health, and maybe they are the go to [contact for information], but how does that information get out. Maybe a quarterly newsletter, but

how do we get that information out? Sending out a newsletter individually doesn't work so well, but maybe having a program like this, where it can be explained to everyone and people can opt in for email notices. Maybe having a public relations person who can put out news blasts? Where can we find the information?

**Group 7** | We talked about the lack of communication and how people don't know where to go. Having a public system, it's about knowing where to go to get the services you need. Having a proper translator for services. Another thing is the potholes in the streets and there is no answer for where to go.



### Circle Share-in

**One Sentence:** Please share one thing you are willing to commit to ensure the success of Carver County's efforts to create a healthy and welcoming community for all.

- I am going to keep welcoming you to the table
- I would love to stay connected in whatever way I can
- To create more events like this
- Everybody to be honest
- I think showing up every day
- I'd like to be involved with more of these events, a thing you can learn and grow and change your community
- Stay involve in your community as I am
- Whenever to see people become involved and stay connected
- Listen to the community more and become the solution
- Be the voice of people that don't come to these events
- Stay connected with legislators to provide these voices to them
- Stay true to the people
- Partner with other organizations to communicate with the Latino community
- Communicate more effectively
- To know how we can come together and to know how we can come together and discuss these issues and improve the health of all of the community
- Union makes us stronger, all together we can make everything happen
- Be more involved with the community and create more awareness
- I want to participate in more of these events and become engaged with my community and help others

- We need to work together, we can do a lot of things if we work together. I'm going to do my best to stay engaged and work together and bring more people together
- Do my best to raise up the voices I've heard tonight
- I'd like to participate in more community conversations like this
- Continue to grow our youth leadership and all of our programs
- Participate in anything that can bring us together
- Increased community participation and outreach
- Continue to listen and learn and take action
- Communicate clearly about what services are available
- I'd like to come to more events like this.