APPENDIX E. PUBLIC COMMENT FINDINGS

Purpose

The final community engagement activity for the statewide health assessment was a public comment period. The Minnesota Department of Health (MDH) and the Healthy Minnesota Partnership posted the first draft of the assessment for public comment in October 2023 to allow members of the public to review content and make sure topics and data points were not missing and that narrative framing was correct.

Limitations and lessons learned

Public comment feedback was limited to those who were able to access and engage with the written and verbal participation methods. Engagement numbers show a large number of people were made aware of the public comment period, though fewer people provided written or verbal comments on the draft itself. Small sample sizes (number of participants) for both written and verbal feedback opportunities limit reporting of collected demographics.

Overall, demographics collected for those providing written feedback show respondents were majority white and female. This means that feedback comments do not reflect and are not representative of all people in the state of Minnesota.

Future assessment public comment periods should consider the following:

- Ensure public comment period is promoted to diverse audiences and groups across the state of Minnesota. Tailor promotional materials with support from partners representing communities of color and American Indian communities, LGBTQ+ communities, and people with disabilities.

- Use translation services to offer the draft in different languages, and use translation and sign language interpreters or captioning services to support verbal public comment periods.

- Consider the length and format of the draft and how it may limit or encourage review.

- Consider other methods for collecting demographics for all who provide public comment feedback.

Approach and engagement

The public comment period took place in 2023, from October 2 to 23. Partnership staff posted the first draft of the assessment online and promoted it widely through Partnership member organizations and the Healthy Minnesota Partnership email list, the Minnesota State Register, multiple statewide email lists and newsletters, groups identified for the group conversations, other Minnesota government agency contacts involved in data collection, other key partners, and the MDH LinkedIn account. More than 1,000 unique individuals visited the MDH website with the draft during the public comment period. More than 500 unique individuals opened a copy of the first draft.

Interested participants could choose to provide written and verbal comments. Partnership staff collected written comments through an online form and by email.

Written feedback: Partnership staff provided an online feedback form with the draft assessment. It included a short set of Likert scale questions to gauge how well the assessment captured state health and well-being in Minnesota and a set of open response questions for additional comments. 133 unique individuals visited the online form to provide feedback and 39 completed and submitted a form.

Email feedback: Individuals and organizations emailed feedback to Partnership staff during the public comment period as well. Seven people and six organizations provided feedback via email.

Verbal feedback: During the public comment period, Partnership staff offered three, one-hour virtual listening sessions to hear verbal feedback. The listening sessions included 10 minutes of background information and 50 minutes for attendees to share comments. Partnership staff facilitated the 50 minutes with questions that mirrored those in the online comment form. Partnership staff used virtual breakout rooms when 10 or more attendees were present. Thirty-four people registered for the listening sessions and 17 attended.

Organizing and reviewing responses

Partnership staff reviewed approximately 300 comments of feedback. This number is approximate as respondents sometimes submitted comments as a separate sentence or a list of feedback. Lists were not counted for each separate comment, but as one comment together.

Partnership staff reviewed feedback and input via written and verbal comments using a two-phase process. During the first phase of review, Partnership staff read each comment and applied codes for a set of questions to help organize comments. These questions included:

1. What section of the statewide health assessment is the comment related too?
2. What is the comment referring too?
    – Missing data or data error

    – Missing topic/subsection

    – Narrative/framing change to text

    – Design comment (data visual or layout related)

    – Positive comment with no suggestion

    – Negative comment with no suggestion

    – Unsure/other
3. Is this comment referring to or from a specific population or group? (Yes or No) Partnership staff asked this question to flag feedback that they might need support for responding from subject matter experts and/or members of a specific population.

During the second phase of review, Partnership staff reviewed the comments and grouped them according to how they could be addressed.

1. Is this comment related to the assessment or the statewide health improvement framework?
2. Does this comment need to be brought to the steering committee for a decision on how to address?
   - Yes

     – **Discussion:** Comments needing discussion; Partnership staff did not have a proposal for incorporating or comment was outside scope of assessment (approximately 30 comments).

     – **Approval:** Comments that fit into buckets of proposed edits for incorporating were brought to steering committee for approval (pending data availability, approximately 25 comments).

   - No

     – **Incorporate edits**: Comments that aligned with work that was already a part of the plan for the final assessment or already aligned with the assessment data criteria and framing considerations (pending data availability, approximately 159 comments).

     – **Share:** Comments that were nonactionable feedback (ex: "This is a comprehensive assessment;" approximately 60 comments).

3. If the comment referred to a specific population or group, what is the group (inside or outside MDH) that might assist?

Written responses

Individuals who filled out the online form to provide written feedback (N=39) provided responses to close-ended questions about the assessment and about themselves. The demographic questions were optional, so N is marked for how many respondents answered.

Responses when N is 10 or less are not reported to adhere with Minnesota Department of Health reporting standards.

Demographics of online form responses

Table 16: What is your affiliation? (N=37)

Response	Frequency	Count
Healthy Minnesota Partnership Member	NR	NR
Local Public Health	NR	NR
Tribal Public Health	NR	NR
Health care	NR	NR
State employee	32.4%	12
Community based organization	NR	NR
Community member	24.3%	NR
Other	NR	NR

Table 17: How did you hear about the draft statewide health assessment public comment period? (N=37)

Response	Frequency	Count
Healthy Minnesota Partnership email	32.4%	12
Other newsletter or listserv email	27%	10
Meeting announcement	NR	NR
MDH website	NR	NR
State Register posting	NR	NR
Other	24.3%	NR
I don't remember	NR	NR

Table 18: What county do you live in? (N=34)

Response	Frequency	Count
Anoka	NR	NR
Blue Earth	NR	NR
Dakota	NR	NR
Hennepin	23.5%	NR
Ramsey	NR	NR
Other Responses	41.2%	14

Table 19: Are you Hispanic, Latino, or Spanish? N=36

Response	Frequency	Count
Yes	NR	NR
No	88.9%	32
Unknown	NR	NR
No response/declined	NR	NR

Table 20: How do you describe yourself? (N=36)

Response	Frequency	Count
American Indian or Alaska Native	NR	NR
Asian	NR	NR
Black or African or African American	NR	NR
Native Hawaiian or Other Pacific Islander	NR	NR
White	86.1%	31
Race not listed above	NR	NR

Table 21: Select your age range (N=36)

Response	Frequency	Count
Younger than 18 years	NR	NR
18-24 years	NR	NR
25-44 years	50.0%	18
45-64 years	27.8%	10
65 years and older	NR	NR
No response/declined	NR	NR

Table 22: How do you describe your gender today? (N=36)

Response	Frequency	Count
Male	NR	NR
Female	86.1%	31
Transgender man	NR	NR
Transgender woman	NR	NR
Genderqueer/Gender non-conforming	NR	NR
Non-binary	NR	NR
Two-spirit (Indigenous Specific Gender)	NR	NR
Gender not listed above	NR	NR
No response/declined	NR	NR

Close-ended question responses

Table 23: Select which sections you reviewed and are providing feedback on (N=39)

Response	Frequency	Count
All/The entire draft	71.8%	28
Introduction	NR	NR
People	NR	NR
Opportunity	NR	NR
Nature	32.4%	12
Belonging	NR	NR
Appendix	24.3%	NR

Table 24: Please share how strongly you agree or disagree that this draft of the statewide health assessment describes the current state of health and well-being across Minnesota (N=38)

Response	Frequency	Count
Strongly agree	NR	NR
Agree	60.5%	23
Neither agree or disagree	NR	NR
Disagree	NR	NR
Strongly disagree	NR	NR

Table 25: Is there anything you hoped to see in the Minnesota Statewide Health Assessment that you did not see? (N=37)

Response	Frequency	Count
Yes	81.1%	30
No	NR	NR

Table 26: How much do you agree or disagree with each of the following statements about the draft assessment? (N=32)

Statement	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The assessment inspired me to want to do something to improve the health of people in the state.	31.3%	37.5%	28.1%	NR	NR
The assessment clearly includes some strengths and assets that support health and well-being.	34.4%	46.9%	NR	NR	NR
The assessment helped me understand how structural racism prevents people from reaching their full health potential.	31.3%	40.6%	21.9%	NR	NR
The assessment helped me understand how systems impact the health of individuals and communities.	40.6%	40.6%	NR	NR	NR

Findings from public comment

The following tables summarize the comment types and how feedback was incorporated from public comment. Feedback will be shared with Minnesota Department of Health staff and departments as is relevant to their work.

Types of feedback received: As noted above, during the first phase Partnership staff organized comments by type of feedback (Phase 1, Question 2). The following table gives the approximate number of comments per feedback type (columns) and is organized by question asked on the online form and during the listening sessions (rows). These numbers are approximate based on format and length of feedback.

Table 27: Types of feedback received during public comment period, 2023

Question	Missing data or data error	Missing topic/ subtopic	Narrative framing/ change to text	Design comment	Positive or neutral comment	Negative comment
What stood out to respondents?	2	13	11	6	34	1
What did respondents hope to see?	18	20	7	7	4	1
Any other comments or feedback?	9	6	10	2	8	3

Steering committee meetings: After organizing the comments of feedback into the buckets by type of feedback, they were reviewed during the second phase of review for how they should be addressed (Phase 2, Question 2). The categories discussion and approval were brought to two meetings (to accommodate schedules) for steering committee members to review. Healthy Minnesota Partnership members were also invited to these meetings, if interested.

Partnership staff grouped "discussion" comments into the following buckets:

Feedback "buckets"	Summary of feedback from public comment	How it was addressed in final assessment and rationale
Disaggregation	Request for data to be disaggregated (by race/ethnicity, SOGI, etc.) throughout assessment.	The assessment is not intended to be a data book. Data collection for this assessment relied on data stewards to elevate disaggregations most relevant for this assessment. Given the scope and size of the assessment in its current format, the Steering committee and Partnership staff agreed this assessment could not meet every request for disaggregation. Data availability was also a limitation in meeting this request. Partnership staff attempted to meet this request by linking data dashboards where additional data is available, specifically disaggregations and local-level data.
Health care system	Requests for additional data and narrative on the health care system to be added. Examples include staffing shortages, health care corporatization, physician-to-patient ratios, provider diversity, etc.	The Steering committee and Partnership staff agreed some of these metrics were out of scope for the assessment and conflicted with the assessment's message of health being beyond healthcare. Additional data was added to the health care system sub-section about critical access hospitals, supply of health care professionals, provider burnout, provider diversity, and dental professional shortages, mental health professional shortages, and data about rural health care access for primary care or a dentist.
Health behavior/ outcomes	Requests for data related to nutrition, obesity, chronic disease, and domestic violence.	The Steering committee and Partnership staff agreed to incorporate additional data regarding these topics as available. Partnership staff worked with subject-matter-experts and data stewards to identify and review additional data points for the following sub-sections: Food, Living with chronic conditions, Physical and sexual violence, and a leading causes of death table.
Local data	Requests for county-level data.	The assessment is not intended to be a data book. Given the scope and size of the assessment in its current format, the Steering committee and Partnership staff agreed this assessment could not meet requests for local data for every data point. Partnership staff attempted to meet this request by linking data dashboards where additional data is available, specifically disaggregations and local-level data. Additionally, the assessment alignment appendix (Appendix F.) provides background and resources on local assessments and locally identified health priorities.

Partnership staff grouped "approval" comments into the following buckets:

Feedback "buckets"	Summary of feedback from public comment	How it was addressed in final assessment and rationale
Rural	Requests for more rural data and narrative throughout the assessment.	Partnership staff proposed and the Steering committee approved the following approach: add additional rural data as available and confer with MDH rural communications staff on terminology. Partnership staff added additional rural data and narrative to the following sub-sections: Income, Transportation, Employment, Health care system, and Isolation. A glossary of identity terms was also added to the introduction of this assessment to define rural and Greater Minnesota for further clarity.
Addiction	Request for more data and narrative about addiction, specifically the opioid crisis.	Partnership staff proposed and the Steering committee approved the following approach: add additional data as available and narrative to describe the impact of the opioid crisis. Partnership staff met with subject-matter-experts to bolster the data and narrative in the Substance use section.
Cannabis	Request for more data and narrative about Cannabis, specifically usage and impacts of policies.	Given the new legislation data is currently limited on cannabis usage. Partnership staff proposed and the Steering committee approved the following approach: add additional data as available and narrative and mark this with a footnote to update when more data becomes available (prior to development and release of next assessment). Partnership staff added currently available data regarding youth usage and medical registry numbers. A note was added that more data will be added as it becomes available.
Longitudinal data	Requests for more data trends over time.	The assessment attempts to provide an overview of the state of health in Minnesota at a snapshot in time. Data collection for this assessment relied on data stewards to elevate timespan comparisons most relevant for this assessment. Finally, COVID-19 limits that ability for longitudinal data (timespan data comparisons). Data Partnership staff proposed and the Steering committee approved the following approach: include a text describing the limitation of COVID-19 on providing longitudinal data, outside of what is already included.