State Innovation Model in Minnesota
Case Study of Community Engagement in an Accountable Community for Health: Northwest Metro Healthy Student Partnership

Prepared for SHADAC
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*The Center for Medicare and Medicaid Innovation. Administered by Minnesota Departments of Human Services and Health, SIM funding was used to implement the Minnesota Accountable Health Model framework. Evaluation results are not endorsed by the federal government. These findings do not reflect the views of and may differ from the federal government's evaluation.*
I. INTRODUCTION

As part of the state’s evaluation of the State Innovation Model (SIM) in Minnesota, the state’s evaluation contractor, the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, engaged Rainbow Research, Inc., a Minneapolis-based non-profit evaluation and research firm, to evaluate aspects of the community engagement and partnership efforts implemented by the state under SIM in Minnesota. One activity under this evaluation was to conduct a case study that captured innovative practices in engagement and partnership efforts under SIM. The Northwest Metro Healthy Student Partnership (HSP) Accountable Community for Health (ACH) was identified as the site for this case study.

This case study was based on a site visit, which included interviews, focus groups and observations, as well as phone interviews with partners of HSP, in November and December 2016.

II. OVERVIEW OF NORTHWEST METRO HEALTHY STUDENT PARTNERSHIP

The Northwest Metro HSP is one of the 15 ACHs funded by the Minnesota Department of Health (MDH) under Minnesota’s SIM award, receiving a two-year $370,000 grant in 2015. The ACH grant program includes several core requirements for ACHs, such as the establishment of an ACH leadership team, a community-based care coordination system or team, a population-based health prevention component, and a plan for sustaining the work of the ACH beyond the grant period. HSP is a collaborative of the Northwest Metro Alliance (a 20-year collaboration between HealthPartners and Allina Health in the northwestern suburbs of the Minneapolis-St. Paul metropolitan area), Anoka-Hennepin School District (AHSD), and local community-based organizations.

HSP’s goals are to “increase access to school and community-based resources, expand student health screening, implement a sustainable care coordination model, and proactively promote health activities through school-wide health and wellness promotion programming initiatives at each high school within AHSD district.”

Target Population

The Anoka-Hennepin School District is one of Minnesota’s largest, serving approximately 38,000 students. The district is spread out across 172 square miles and is made up of 13 suburban communities north of the Twin Cities of Minneapolis and Saint Paul. In the past year and a half, the Northwest Metro HSP has served nearly 12,000 students across five traditional and four alternative high schools. Figure 1 shows a map of the Anoka-Hennepin School District and Table 1 lists the traditional and alternative high schools in AHSD that are being served by HSP.

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Table 1. List of High Schools Participating in HSP

<table>
<thead>
<tr>
<th>Anoka-Hennepin High Schools</th>
<th>Type</th>
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<tbody>
<tr>
<td>Anoka High School</td>
<td>Traditional HS</td>
</tr>
<tr>
<td>Andover High School</td>
<td>Traditional HS</td>
</tr>
<tr>
<td>Anoka-Hennepin Regional High School</td>
<td>Alternative HS</td>
</tr>
<tr>
<td>Anoka-Hennepin Technical High School</td>
<td>Alternative HS (students of 18-21 years)</td>
</tr>
<tr>
<td>Blaine High School</td>
<td>Traditional HS</td>
</tr>
<tr>
<td>Champlin Park High School</td>
<td>Traditional HS</td>
</tr>
<tr>
<td>Compass Program</td>
<td>Alternative program</td>
</tr>
<tr>
<td>Coon Rapids High School</td>
<td>Traditional HS</td>
</tr>
<tr>
<td>River Trail Learning Center</td>
<td>Alternative program</td>
</tr>
</tbody>
</table>

There has been a gradual shift in the demographics of the AHSD in the past decade, with an increase in diversity of students\(^6\) and the number of students with free and reduced lunch. Table 2 shows that on average, more than 30% of the students are on free and reduced lunch. In Coon Rapids High School,

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almost half of the student body are on free and reduced lunch. The HSP is especially interested in supporting these students who may have less access to healthcare and wellness services.

**Table 2. Percentage of Students Receiving Free and Reduced Lunch Program in the Anoka-Hennepin School District**

<table>
<thead>
<tr>
<th>Anoka-Hennepin High Schools</th>
<th>Students on Free/ Reduced Lunch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andover High School</td>
<td>14.60%</td>
</tr>
<tr>
<td>Anoka High School</td>
<td>29.71%</td>
</tr>
<tr>
<td>Blaine High School</td>
<td>28.41%</td>
</tr>
<tr>
<td>Champlin Park High School</td>
<td>36.21%</td>
</tr>
<tr>
<td>Coon Rapids High School</td>
<td>47.54%</td>
</tr>
<tr>
<td>High School Average</td>
<td>31.29%</td>
</tr>
</tbody>
</table>

**HSP Programming**

For the past 19 years, high schools in the AHSD have been implementing biometric testing of students to assess their primary health indicators such as weight, height, blood pressure, and cholesterol level. In 2015, HSP introduced a student health survey that became an essential component of the program. This survey is based on a validated instrument (PHQ-9), and was designed and implemented to compliment the biometric testing program. The survey includes questions that address mental, reproductive, and chemical health; family and sexual violence; healthy relationships; housing; and transportation.

The biometric tests and survey are administered during the 10th grade health class with parental permission. Each student then meets with a health coach and an HSP staff member to review their responses. Approximately 2,400 students have completed the health survey since it was first launched, and the program has reached more than 1000 students and staff within AHSD, in the past year and a half. A leadership member characterized HSP as “proactive health programming,” adding that, “It’s another way to get upstream and address some of these issues that we talk about in the health survey – access to physical activity, healthy eating, feeling overwhelmed, and mental health. It’s a way to proactively address that.”

Based on the results of the survey, students are asked if they are interested in additional supports or services that can help them better navigate their own overall wellbeing. For example, they receive referrals to therapeutic services and counseling for healthy eating or dating relationships. The approach is student centered; that is, each student can decide what to share and which services they are interested in pursuing. By offering it to everyone, the intent of HSP is to create an environment where no student is singled out or marginalized while also reaching many students who may not otherwise seek out supports or services.

In addition to the biometric screening and questionnaire, HSP provides informational sessions and classes to support general mental and physical health, nutrition, and substance abuse prevention. The

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information shared is not in a lecture setting but rather tied to interactive activities such as cooking, guided imagery, and photography, which makes the process more attractive and engaging for students.

These offerings vary across the high schools, and student participation is optional. Some programming, such as mindfulness and stress management, are also available to teachers and staff.

**HSP Partners**

There are a total of 12 programmatic partners involved in HSP (see Table 3), built on a network of partnerships and community engagement efforts. Programming and activities for high school students address three areas of health and wellbeing: primary health, mental health, and substance abuse prevention.

*Table 3. HSP Program Partners and Activities*

<table>
<thead>
<tr>
<th>HSP Program Partners</th>
<th>Partner Programs/Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 Petals, LLC</td>
<td>Social Emotional (staff training)</td>
</tr>
<tr>
<td>Alexandra House</td>
<td>Family or Sexual Violence</td>
</tr>
<tr>
<td>Banfill-Locke Center for the Arts</td>
<td>Art</td>
</tr>
<tr>
<td>Brilliant Mindfulness, LLC.</td>
<td>Mindfulness/Stress Reduction</td>
</tr>
<tr>
<td>Chef Marshall O’Brien Group</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Chef Jenny Breen</td>
<td>Nutrition/Cooking</td>
</tr>
<tr>
<td>Headway Emotional Health Services</td>
<td>In-school Therapy</td>
</tr>
<tr>
<td>MN Adult and Teen Challenge/Know the Truth</td>
<td>Substance Use Prevention</td>
</tr>
<tr>
<td>Penny George Institute for Health and Healing - Part of the Allina Health System</td>
<td>Mindfulness/Stress Reduction</td>
</tr>
<tr>
<td>So Connected, Inc.</td>
<td>Resilience/Wellbeing</td>
</tr>
<tr>
<td>University of Minnesota Extension</td>
<td>Nutrition</td>
</tr>
<tr>
<td>YMCA</td>
<td>Physical Activity</td>
</tr>
</tbody>
</table>

**HSP’s Approach to Health Equity**

In creating a program to better serve students, HSP recognizes the critical role of home, school, workplace, neighborhood, and community in improving a person’s health conditions. The partnership adopts an equitable approach of creating health and wellness opportunities for all high school students in the district by bringing information and services directly to the students in the schools and by empowering them to better navigate their own health needs. HSP is viewed as an “equalizer” especially for many students from low socio-economic backgrounds, who have the same needs as student with higher socio-economic status but who do not otherwise have the same opportunities to address those needs. One interviewee stated, “We’ve got a lot of students who are like, ‘I want to eat healthier but my mom only buys donuts and Twinkies, and I don’t have any other way to access any other food unless I’m

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at school.’ To me, this is a nice equalizer that is available to any of those students regardless of if they have a [health] provider or not.”

A leadership member added, “We have homes that are healthy. You [the student] get your annual and your shots are up to date, even before the school calls and says you need to. All of those things are going to happen because the family has good insurance and the parents know how to engage health care. Then there are other homes where that isn’t happening and it’s not until there’s a crisis when they engage health care and they’re afraid that if they go and get involved with health care that that might not turn out well for them. That maybe something in their home will be exposed. I think that engaging these students at a younger age with health care and health prevention is going to be more impactful.”

Program partners also shared examples of how HSP programming addresses social determinants of health. One shared, “We’ve been thinking about some of the places that students get food outside of class and outside of school and looking at some of the environments there about what choices are available, and thinking about how we can work with those community partners to improve the food environment.”

III. COMMUNITY ENGAGEMENT IN NORTHWEST METRO HSP

Based on conversations with the Northwest Metro HSP leadership and program partners, community engagement is at the heart of the work that HSP does. Community engagement is the very mechanism through which HSP conducts its programmatic and administrative activities in order to meet its identified goals of improving the health of high school students. As described below, HSP has engaged a wide range of community members in the initial planning. Throughout the entire program, HSP engages more specifically with AHSD high school students, schools staff, and community based organizations.

Beginning with Community Engagement

While community engagement is required by MDH for all ACHs, HSP approaches the involvement of the community as foundational to the project. This involvement was a vital part of HSP’s decision-making process even prior to the application of grant for the ACH, according to leadership members. One leadership member recalled, “I remember being in the Mercy Hospital conference room where we, as a community, were trying to decide, if we received a grant, what direction would we be going with it.” The idea to address high school students’ health needs arose from this and other community conversations, held by the Northwest Metro Community Health Advisory Council, an advisory body that targets community health improvement. The Council invited several community partners such as nonprofits, the AHSD, the schools, health providers and systems, public health officials, and community members in a series of discussions that led to the initial planning for HSP. A leadership member observed, “It was the broad community input that helped design a framework [for the ACH].

When HSP received the ACH grant award, the leadership realized that addressing student needs did not require reinventing the wheel; instead, they chose to mobilize existing resources in the community and capitalize on partnerships that were already in place. For example, the YMCA already had nutrition and fitness programs developed; there just needed to be a way to connect these programs and opportunities with students. A leadership member observed, “I don’t think we would have the success The Center for Medicare and Medicaid Innovation. Administered by Minnesota Departments of Human Services and Health, SIM funding was used to implement the Minnesota Accountable Health Model framework. Evaluation results are not endorsed by the federal government. These findings do not reflect the views of and may differ from the federal government’s evaluation.
that we’ve had without the key people. [Having community partners] has been an asset, to help fill gaps and supplement things that we were trying to do.” This member also noted that HSP is focused on “community-driven solutions or interventions.” This has become a unique win-win opportunity for HSP to expand on the past efforts of the members of the leadership team focused on the health and wellbeing of elementary students into high school youth, while allowing partners interested in better serving students a platform to build on their own work.

Facilitating Continued Community Engagement
In order to fully connect with and utilize existing community resources, HSP uses two main approaches to engagement and partnerships: hiring and supporting a strong project manager and organizing regular meetings of the HSP Advisory Team. This team consists of 18 individuals representing Allina Health, HealthPartners, the NW Alliance, the high schools, the AHSD, and community organizations. The team met several times a month in the beginning of the program for initial planning. Once the ACH launched, the meetings have shifted to a monthly schedule, providing an ongoing venue for exchanging ideas; identifying challenges and solutions; and supporting communication with the schools.

“It was eye opening for me, and I think it has been for everyone else involved in that there were a lot of really engaged people in the community and the schools that just needed to be connected. That was, I think, the biggest learning.” – Leadership Member

HSP team members emphasized the importance of community engagement and partnerships to bridge sector divides to deliver whole-person care.

“We’re starting to break down some of the silos that may have historically been in our community, in schools and healthcare that prevented us from partnering... Looking at that village perspective of it does take a village, and that our schools just can’t do it alone.” – Leadership Member

Lastly, and most importantly, HSP staff conduct regular focus group sessions with students to get feedback on the programming as well as suggestions for future activities. This activity is seen by HSP leadership as central to ensuring that the programming fits the needs and interests of students.

IV. SUCCESSES FOR THE COMMUNITY
HSP leadership shared that they have witnessed several notable successes for all those who have been involved in the partnership. For students—the target population for this ACH—successes include not only providing more access to health and wellness programming but also contributing to equitable access. In addition to affecting students, positive changes have also been seen for teachers, school administration, and partner organizations, which contribute to a holistic approach that supports desired outcomes and sustainability.

Students
Both leadership members and program partners shared stories of how students have benefited from participating in several programs offered by HSP. Students have learned about topics ranging from The Center for Medicare and Medicaid Innovation. Administered by Minnesota Departments of Human Services and Health, SIM funding was used to implement the Minnesota Accountable Health Model framework. Evaluation results are not endorsed by the federal government. These findings do not reflect the views of and may differ from the federal government’s evaluation.
biometrics, healthy eating, and chemical health to mindfulness, stress management, and dating relationships. A leadership member shared, “I think it improves access to services for people because they're [getting the services] on-site. Sometimes they're bringing up stuff that they may not bring up in a physician’s office. Some of the dating violence stuff, or chemical health issues, maybe even their mental health....”

Students expressed gratitude for having access to information and being able to acquire some practical skills. One student said, “Thanks so much for coming to teach us about mindfulness. I loved the awareness exercise and I didn’t realize how much I needed it. Your time with us was really appreciated!” Another student noted, “Thank you for taking time to help us learn how to manage the stress from our lives.”

With an increased awareness of both mental and physical health and the related resources that are offered through HSP, interviewees noted that students are being empowered to make independent decisions that have a positive impact on their health. A program partner added, “I feel like the paradigm shift with this is you're really engaging the students and you're really trying to equip them with life skills. Really, that's what it's all about and being advocates for themselves.” A student reported, “I've personally continued to practice meditation.”

**Teachers and School Administration**

Teachers and school staff and administrators have also benefited from the Healthy Student Partnership. The programs geared towards stress management and mindfulness have helped teachers to better address their own mental health, thereby enabling them to provide better support for their students. While providing programming to teachers and staff was not the original intent of HSP, program staff and partners have realized that they cannot serve students in isolation. A leadership member shared, “If the caregiver is stressed or teacher is stressed, then it definitely shows up in the students. I think that that's been a huge success in my opinion... that we know that it's not just students. We want to look at the community holistically, our target population holistically. We can't take out that component of the teacher.”

Additionally, HSP provides a way for teachers, staff, and administrators to discuss and come to a shared understanding of student needs and for addressing those needs through the partnerships. For example, school staff shared that many students did not have stable housing. HSP provided a way to for that issue to be “brought to the forefront more. To really talk about it.” Chemical health support is seen as a long standing issue; HSP has been able to establish a connection with a community partner to provide that support. School staff and HSP leadership members often shared how these and other additional supports have a direct impact on both student health and academic performance. A leadership member shared, “One of the girls came back the following week and said she was so much calmer taking the test, that she was able to be more successful. It’s instances like that where we say the work we're doing is really good.”

A few interviewees reported that programming through HSP is not something the schools were involved in previously. Through their participation in HSP, schools are shifting to address health and wellness issues more proactively and holistically (i.e., including mental health, stress reduction and chemical

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health support). A leadership member observed, “At that school, I think it really impacted the culture of the school. It wasn’t just resources.” Another leadership member added, “The changes are happening instead of implementing a clinic at the school, doing more of a partnership-based approach of delivering health services. That in itself is in the short-term, a small practice change, in the schools.”

In addition to these changes, a leadership member shared that through HSP programming, school administrators are able to balance the safety of the students and the school environment with allowing new partners access. HSP has laid the groundwork for schools to feel more comfortable with partners. This member observed, “YMCA, we’re familiar with you now. We have a connection with you now. There’s trust established. We worry a lot about data privacy and things like that. Those relationships feel comfortable now.”

Community Partners

Community partners have also benefited from having the opportunity to expand and strengthen their work and networks. One program partner noted, “Much of what we do has focused on adult population and so this was just an opportunity for us to develop and work [with students] in a team-based setting…. We learned quite a bit and now we actually have a template, if you will, and so in the event that we were to get a similar request to work or partner with students, I think we’re set up better now than we were a year and a half ago.”

V. INNOVATIVE APPROACHES

The Northwest Metro HSP has a positive impact on the students, the teachers, and the community partners due in part to the ACH’s ability to build on past partnerships and engaging new ones, as described earlier. However, additional innovative approaches have also contributed to HSP’s success. Innovation can take several forms – from doing an ordinary or standard activity in a new way to introducing completely new ways of doing or being. The following section describes the innovative approaches of HSP. These include the skills and characteristics of the program manager that support transformational network building; leading from an organic, community-based approach; and supporting partners in their full participation and introducing something new.

A Dedicated Program Manager

An important factor that contributes to HSP success is the role of the Program Manager, who is viewed by both the leadership and program partners, as the “bridge” between the ACH and the community. One program partner shared, “[The Program Manager]’s role was really to bring all these community partners together, and then to bring in new and different programming into the schools, again, expanding beyond the health screenings.” During a focus group with the Program Manager, one participant acknowledged, “You are that bridge. You were fundamental in establishing the bridge.”

A few program partners mentioned that there were existing resources; however, prior to HSP, they lacked a coordinator who connects students and teachers to those resources and identifies and brings to schools new resources that exist in the community. Both program partners and the leadership shared that the HSP Program Manager helps to fill that dedicated coordinator role, fulfilling those responsibilities. Moreover, they commented on the Program Manager’s personal approach tendency to The Center for Medicare and Medicaid Innovation. Administered by Minnesota Departments of Human Services and Health, SIM funding was used to implement the Minnesota Accountable Health Model framework. Evaluation results are not endorsed by the federal government. These findings do not reflect the views of and may differ from the federal government’s evaluation.
go above and beyond, always asking others, “What do you need?” and then saying, “Let me check on that,” which helps to ensure the students, schools, and partners’ needs are met.

Based on interviewees’ descriptions, the HSP Program Manager exhibits the qualities of a “network weaver,” as described by social science researcher June Holley, who studies and works with social, transformational networks. She sees a network weaver as someone “who is aware of the networks around them and explicitly works to make them healthier (more inclusive, bridging divides). Network Weavers do this by connecting people strategically where there’s potential for mutual benefit, helping people identify their passions, and serving as a catalyst for self-organizing groups.”

The Program Manager described the process she undergoes in hand-picking suitable program partners who can deliver the information and skills to the students in the most captivating ways and who also have the willingness to learn and grow in the process. “I think one of my biggest "aha" moments has been that, it really is important who you have in front of the students... [who has the] energy and willingness to chat and engage [with students].” Additionally, interviewees also discussed the Program Manager’s ability to build strong and trusting relationships with key partners. An interviewee stated, “That trust is foundational to all of this work.”

Adopting an Organic, Adaptive and a Bottom-Up Approach
Interviewees also attributed HSP’s success to its organic, adaptive, bottom-up approach of implementing programs in different schools. The leadership team shared stories of having to be flexible with this project from the beginning, including the design and implementation of the health survey and the choice of programs offered at each of the schools.

According to program partners and leadership, HSP does not adopt a “one size fits all” approach. Instead, the initiative is built on the practice of assessing the differing needs and addressing the realities of different partners, including the schools and the students. A program partner noted, “Really in time, depending upon the response per school, the program has morphed and changed.” A leadership member also shared that the program seeks input from students directly about their experiences with HSP and their needs.

The HSP Program Manager and the leadership team emphasized how they go about ensuring that the partnership is not top-down. Leadership team members shared that, “[We did not] just drop these programs on students because they all probably need nutrition and, they all probably need to learn about, XY. But it really was listening to each of the partners and each of the players involved per school to identify, ‘What is the best way to meet the students’ needs and challenges, in terms of their health and well-being?’ I’d say we’re constantly evaluating what the partners are offering.”

A few leadership members pointed to the state’s flexibility with its grant making, which further enhances HSP success, “The state has been incredibly supportive in the little changes along the way, and saying like, "Well, what is going to work best?" It gives us that ability to try new things and fly a little bit below... It gives us a license to be a bit more creative and innovative.”

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School Buy-In and Engagement

HSP leadership and program partners reported that having support and project buy-in from school administrators and staff also is critical to the project success. They explained that schools tend to be protective of their spaces and that there needs to be an established trust before an outsider can get past the entry point, “It’s a very private system. All schools are probably like this, but letting somebody in the front door without a badge, that’s a big deal. They’re very protective.”

Interviewees added that school administration could have resisted HSP with the argument that they are “educators, not a health care system.” One of the leadership members noted that instead HSP benefits from having a “school board that believes that students who are healthier learn better”. This enables HSP to have the schools’ support from the onset. A leadership member observed, “I’ll just say, from my standpoint, the support from the school district and their engagement has been pretty fabulous. I mean, the fact that we can go into the principals meeting every month and present an update on our work and they’re very supportive of that and they help guide some of the work, I mean, some of those things are so important that we’ve been really fortunate in that regard.” Additionally, the leadership continually engages schools by involving them in decision-making through regular meetings with the HSP Advisory Group and frequent interactions with the HSP Project Manager.

INTRODUCTION OF NEW IDEAS

A large majority of leadership and program partners attributed the HSP success partly to the introduction of a unique idea that had not been tried previously in a school district setting. A leadership member observed, “I would say certainly it’s innovative working in the schools from a local standpoint—bringing together the school district, the local community organizations, two large health systems, is a new collaboration in the region. I think that it’s been very exciting to see what we’ve been able to do even in just the past year and a half. You don’t see a ton of work to this magnitude in schools.”

Furthermore, a program partner shared that the HSP is successful in using the right approach to engage students, which is also seen as an innovative strategy. A program partner stated, “Innovative community engagement...Meeting the kids where they’re at by using the digital platform of the website. Other programming years ago, we used to do on a CD or a big paper... Now being able to show the teens a meditation video in a school setting, only taking three to four minutes and then they can go home and watch it again on their phone. Making everything mobile friendly and knowing that teens are very tech savvy and often, 90% of them carry phones, if not 100%, they’re able to get on the internet and access all the resources that we have built.”

VI. CHALLENGES IN ENGAGING COMMUNITIES

While HSP has had notable success since it was launched, interviewees observed that there have been a few engagement challenges along the way. Challenges shared during the interviews include the short duration of grant period, difficulty navigating privacy in intersecting systems, and encouraging student participation.

Short Duration of Grant Period

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Leadership members acknowledged that improving the health of students will likely take longer than the grant period. A leadership member said, “I look at it as if it’s a pipe, where drips of water are coming through. We’re going to get to that full stream of water, but it takes time.” This experience and assessment of the time needed for change is corroborated by others in the field working on changes in the health via authentic community engagement. The two-year grant period for HSP is a challenge, especially since the grant period began only a few months before the school’s summer break. A leadership member said, “It’s just so difficult. We started in April of 2015, and then we have three months off for summer break. It’s really tough [to have] programming and student engagement when we have that lull. It’s almost like just when we get excited about these programs ... then summer break happened and then we have to start it back up again [in the fall].”

A program partner also shared, “I would say two years is a very, very short time for a program [such as HSP]. Building relationships, building trust with school personnel, with the teachers, with the students, that takes time. Recruiting members, developing the plan for programming and then demonstrating meaningful outcomes, quite frankly, you can’t do that in two years. I guess that’s what I’m most disappointed in, is that this was only a two-year opportunity. To really do meaningful things, we can’t just keep doing things in two-year chunks. We have to have an eye to the future and ... be with them investing in these sorts of things for longer than just two years.”

Navigating Privacy in Intersecting Systems
Due to privacy laws (HIPAA and FERPA) associated with providing care and serving minors, HSP does not have access to students’ health background, nor is HSP able to evaluate the outcomes once a student is referred to a clinic or a health service provider. A leadership member noted, “It’s easier to evaluate adults versus kids because [with kids] you have all these data concerns and privacy...The problem with this is that we’ll never know how that student was followed up...we won’t know if that student went to the therapist. It’s too bad that more information can’t be shared so we can have a fuller picture of the education [we provided] or [learn how it impacted] the students.”

Securing Student Participation
Program partners and leadership team members alike struggled in the beginning with the issue of how to best engage students. One program partner reported that during HSP’s earlier phases, she encouraged students, who were gathered in the school cafeteria before classes began, to attend her activities in the gym hall. This program partner experiences ebbs and flows in student participation. Some of this is due to what a leadership member observed as the “the sheer volume of information, teens in particular consume in a given day, I think there’s a lot of challenges from a teen’s perspective, ‘How do I filter through this and make sense of it? How do I decide what I should do?’” Another challenge to student participation is the logistical complexity of activities offered. Mindfulness and yoga are popular activities; however, they both use mats that need to be transported from the YMCA, which the program partner has only been able to do on certain days. As a result, students have to make an effort to track the irregular scheduling of these activities. And finally, most of the programming occurs during students’ open time, which is an important socializing time for students.

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Time Constraints
Working with the participating schools for the most part is positive for HSP partners; however, due to competing priorities and time constraints for teachers, a few interviewees mentioned some difficulty in getting the full support of teachers or the administration. A program partner observed, “I think just in general with education there's always that issue of time. Teachers are so over worked already and students have a full day and there’s so much content. ...It’s hard to sacrifice [teaching] content to bring in some mindfulness instruction. I think the barrier is just more a part of just the life of a high school and the life of a teacher.”

VII. SUSTAINABILITY
Both leadership members and program partners echoed the need to sustain this work for the foreseeable future. While community engagement is viewed as crucial to HSP’s success, interviewees shared that a few essential factors need to be considered that will determine whether or not the ACH’s work is sustained over time. These factors include the quality of partnerships; the role of the HSP leadership; availability of funding and other resources; allocation of a coordinator role; and the extent to which there is a shift in culture to use a community-based approach to address health needs.

Strong and Lasting Partnerships
Interviewees shared that they believe the partnerships built and strengthened through HSP will last over time. A leadership member noted, “I think those agencies [that] may not have known how to approach a school system will even pick up the phone and [tell us they wish to] work with us. Now those relationships are established and I see things continuing.” A program partner added, “Beyond this grant ending, I know that our partnership with the school will continue.”

The Role of HSP Leadership
The role of HSP leadership in gaining additional support to address community needs and leveraging institutional policy change is viewed as essential to ensuring the program’s sustainability. A leadership member remarked, “With both Health Partners and Allina, I think it’s important for [leadership members] to explain how this work is important and this example is the type of work that we, in health care, need to get involved with and need to do more of with the powers-to-be, so to speak, or the people that we work with.” Another leadership member stated, “Policy is where we need to get [to], because that'll be the glue that helps hold this thing together.”

Funding and Resources
Interviewees also reported that without adequate funding and availability of resources, programs offered through HSP will not thrive over time. The programs and services offered through HSP are possible because the ACH grant funding enables the community-based partners and resources to be brought together to fill gaps in services and capacities that the schools lacks. Without HSP, according to a leadership member, “...They [schools] don't have the staff to take on additional responsibilities. I think they might be getting a little overwhelmed with what needs to happen behind the scenes to make the [programs and classes] possible.”

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Prepared by Rainbow Research, Inc.
Importance of a Coordinator Role

As the Program Manager’s role is funded solely through the ACH grant, without the continued funding, the role will no longer exist. Both program partners and HSP leadership emphasized the need to have a coordinator role to ensure all the programmatic, logistical, relationship-building, and communication responsibilities are fulfilled in the future. A program partner stated, “There would have to be some type of transition, especially of the contacts that [the HSP Program Manager] has been working with if we were able to find a way to continue to have [the programs] in the schools.”

Change in Statewide Culture

Interviewees also stated that in order to sustain the work accomplished by HSP, there needs to be a greater shift in culture, moving to a society in which schools and community-based organizations view one another as partners with different sets of expertise and experiences, and learn to rely on one another to collectively address health needs. A leadership member shared, “It’s about that culture shift, and it’s about really that embracing this sense of wholeness... ‘How do we as schools begin to recognize ourselves as that community resource that people rely upon? How do we as community partners help the schools?’”

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1 HSP is part of a $45 million State Innovation Model (SIM) cooperative agreement awarded to the Minnesota Departments of Health and Human Services in 2013 by the Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.

2 A total of 15 leadership and partnership representatives participated in focus groups and interviews. In this study, all interviews were recorded digitally and transcribed. Transcripts were then coded in NVivo software for analysis and reporting. This report is based on the analysis of the 23 interviews with state staff and external stakeholders.


6 Anoka Hennepin District 11. (2016). Enrollment Report (11). Retrieved from https://drive.google.com/file/d/0B4W6gF1tg0kEMXA3djBIR0xqQA/view

7 Anoka Hennepin District 11. (2016). Enrollment Report (10; 13). Retrieved from https://drive.google.com/file/d/0B4W6gF1tg0kEMXA3djBIR0xqQA/view

8 The numbers were calculated based on data shared by the HSP Project Manager.

9 The ACH Grant Program RFP released in September 2014 noted community engagement as one of seven required infrastructure elements for ACH applications. According to the RFP, “Community engagement is an essential component to changing the paradigm by engaging people who live in the community in developing local solutions....Partnering with the community is necessary to create change and improve health.”

10 The Program Manager of HSP shared feedback she received from students during regularly scheduled focus groups. These comments are included in this report with permission from HSP Leadership Team.

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