

Olmsted County, Minnesota
Community Health Improvement Plan
2021 – 2023
August 2021

Community Dialogue Report

A Collaborative Community Effort Led By:
Olmsted County Public Health Services,
Olmsted Medical Center, and Mayo Clinic

Questions regarding the Community Dialogue Report can be directed to:
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Executive Summary

The Community Health Assessment and Planning (CHAP) process is a collaborative community effort led by Olmsted County Public Health Services, Olmsted Medical Center, and Mayo Clinic, in partnership with multiple community organizations. The process is a continuous, triennial cycle that assesses our community's health, prioritizes our top community health needs, and plans, implements and monitors/evaluates strategies to improve our community's health.

The purpose of the CHAP Community Dialogues is to further understand the impact of the three Community Health Improvement Plan (CHIP) priorities of financial stress, mental health, and substance use on Olmsted County residents. The dialogues provided an essential qualitative data lens and will help CHAP partners and residents as they work collaboratively to identify 2021 – 2023 CHIP strategies in the fall of 2021.

The Community Dialogues were planned through collaboration with community members and organizations and implemented from June 2021 until July 2021. The conversations focused on barriers to having improved health outcomes within the three CHIP priorities, solutions to these challenges, and who to have around the table when discussing these solutions.

Key overall findings from the eight Community Dialogues were:

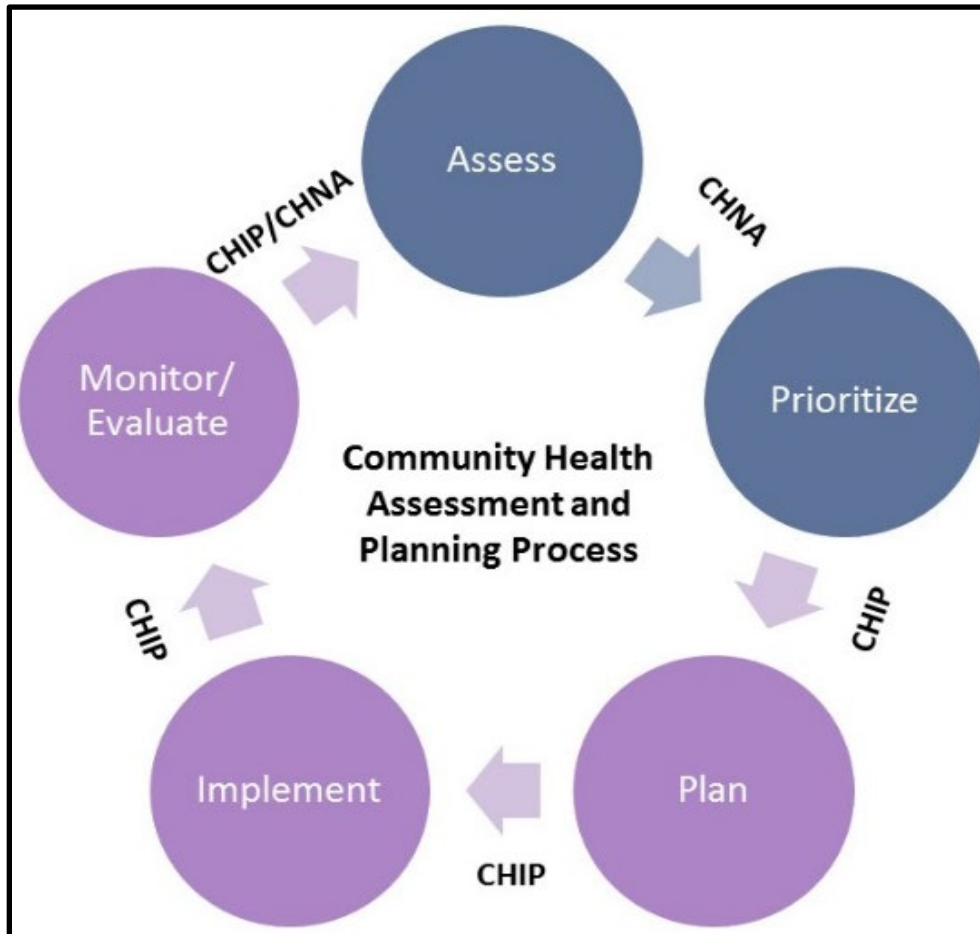
1. Solutions need to be community driven.
2. There is a lack of access to and knowledge of available resources.
3. Money is a concern across all three CHIP priorities.
4. More support systems are needed for each CHIP priority.
5. New low/no-cost programs and interventions are needed.
6. Stigma engulfs those with mental health issues, those who use substances, and low-income residents across all three CHIP priorities.

The Community Dialogues provided next steps for the CHAP process and for our community. The findings, solutions, and ideas offered will help CHAP partners identify organizations and residents to have around the table for CHIP strategy selection, zero-in on a specific population-level that will most impact all Olmsted County residents, and drive the work associated with the CHIP for the next several years.

Background

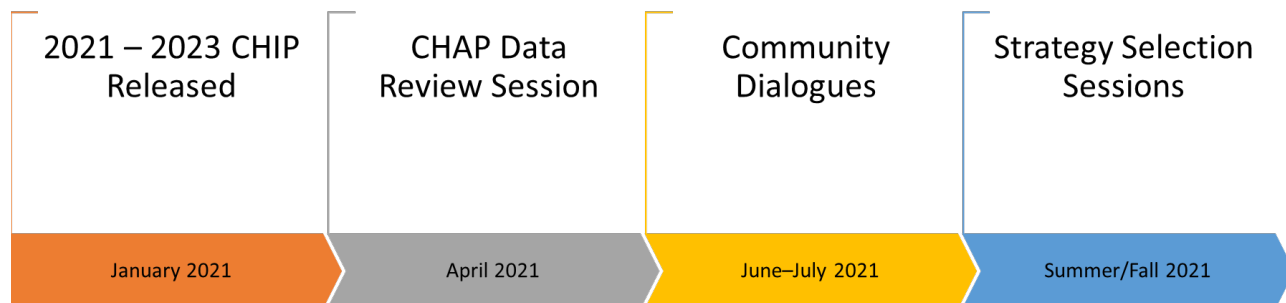
Community Health Assessment and Planning (CHAP) Process

The Community Health Assessment and Planning (CHAP) process is a collaborative community effort led by Olmsted County Public Health Services, Olmsted Medical Center, and Mayo Clinic, in partnership with multiple community organizations. The process is a continuous, triennial cycle that assesses our community's health, prioritizes our top community health needs, and plans, implements, and monitors/evaluates strategies to improve our community's health.



About the Community Dialogues

The Community Dialogues served as the third step in preparation for Community Health Improvement Plan (CHIP) strategy selection. The process began in early 2021, with the creation of the 2021 – 2023 CHIP. The creation of this document noted a workplan to develop population-level strategies later in the year. In April 2021, CHAP partners identified populations most impacted by each CHIP priority. These populations then participated in Community Dialogues. The specific populations identified are found within the *“Identification of Community Dialogue Populations”* section of this report. This overall timeline is shown in the visual below.



The Community Dialogues’ key intention was to have conversations with community residents with lived experiences of at least one of the three community health priorities. The three 2021 – 2023 CHIP community health priorities, are:

- Financial Stress
- Mental Health
- Substance Use

Interconnectedness of these challenges was also explored in the Community Dialogues.

In addition to providing critical qualitative data and community voice to the conversation, participants discussed barriers to these challenges, and potential solutions that the community can work on to address each health priority. The Community Dialogues were conducted similar to focus groups, with a facilitator and notetaker leading a discussion of five to eight participants.

The Community Dialogues were planned by the CHAP process Community Engagement Workgroup. The Community Engagement Workgroup has membership from Mayo Clinic, Olmsted County Public Health Services, Diversity Council, United Way of Olmsted County, and National Alliance on Mental Illness (NAMI). The Community Engagement Workgroup coordinated the logistics of the Community Dialogues, developed questions, and identified facilitators.

Identification of Community Dialogue Populations

The populations for the Community Dialogues were identified through a CHAP Data Review Session on April 27, 2021. The session consisted of partners from CHAP-related groups: Data Subgroup, Community Engagement Workgroup, and Core Group.

The overall purpose of this session was to use the recent COVID-19 Impact Survey data, Community Health Needs Assessment (CHNA) data, and other community data sources to identify priority populations most impacted by the three CHIP priorities, along with health topic areas of focus for CHIP strategy selection. The Community Dialogues were conducted with these priority populations around the health topic areas of focus.

Through the use of breakout rooms and discussion, CHAP partners identified the following priority populations and topic focus areas that are most impacted by the CHIP priorities and warranted further conversation as Community Dialogues:

- Financial stress
 - Those with access to care challenges.
 - Those who identify with any of the following demographic characteristics.
 - Income under \$35,000
 - People of color
 - Residents 18-34 years old
 - Those who rent their homes
- Mental health
 - Adolescents who struggle with mental health concerns and suicide ideation.
 - Adults who struggle with access to care.
- Substance use
 - Adolescents who misuse prescription drugs.
 - Adolescents and adults with mental health and substance use concerns.
 - Adults participating in the alcohol consumption, specifically binge drinking, in Olmsted County.

The CHAP process specifically reached out to participants who associated with these factors for Community Dialogues. Due to challenges identifying facilitators and recruiting participants, the conversation with adolescents about mental health concerns and suicide ideation, and the conversation with adults about mental healthcare and access to care challenges did not occur. However, multiple conversations included both mental health and substance use.

Finally, the residents who participated in the Community Dialogues provided a diverse perspective of voices. The voices that were represented in the Community Dialogues are listed below in alphabetical order.

- Adults in transitional housing
- Homeless adults
- Low-income adults
- People in recovery
 - Both adults and adolescents
- People of color
 - Three dialogues were specific to the Latinx population
 - One dialogue was specific to the Ethiopian population
- Renters
- Young adults

Purpose and Principles

The Community Dialogues served several purposes:

- Work with residents with lived experiences to determine population-level strategies.
- Learn what barriers exist around the CHIP priorities.

- Explore interconnections between CHIP priorities.

Key principles that facilitators incorporated into their conversations were:

- Participants are experts in their own experience.
- Let the group steer the conversation.
- Allow all individuals to speak.
- Avoid assumptions.
- Emphasize the upcoming partnership between lived and professional experience in strategy selection.

Timeline

The Community Dialogue planning process began in early 2021. The priority populations for these dialogues were determined in April. After final preparations, the Community Dialogues were held in June and July, with the results shared to the community in August. Finally, the ideas and themes that participants shared during the session will be incorporated in CHIP strategy selection sessions in late August and September.



Question Development

Given the solution-focused, collaborative nature of the Community Dialogues and the forthcoming CHIP strategy selection, the Community Engagement Workgroup designed positive-facing questions that focused on working together. The questions were also broad; this allowed the questions to both serve as a guide for the facilitators and to meet the intended purpose of the conversations.

Based on a conversation in early 2021 around the overall purpose of the Community Dialogues, the CHAP Coordinator researched and developed initial draft questions, with the expectation that they weren't a final product. The Community Engagement Workgroup developed a second and eventually a final draft of questions. The CHAP Coordinator incorporated these questions into each script. Probe questions were included in the question scripts for the facilitators to use as needed.

One important consideration by the workgroup was the difference in conversation based on what CHIP priority was being discussed. The questions were adapted slightly for each Community Dialogue;

however, the overall integrity of the question remained. Each Community Dialogue consisted of six-to-seven questions around the following areas:

1. An aspirational opening question about having optimal mental health/being financially secure/making healthy choices around substances.
2. Barriers for have optimal mental health/financial security/making healthy choices around substances.
3. Solutions to have optimal mental health/financial security/making healthy choices around substances.
4. How to work together to solve the challenge.
5. Who community members trust to work with.
6. Anything else participants would like to share.

Additionally, the adolescent substance use conversation asked a question to learn more about misuse, including how their peers got the prescription drugs and purpose for using.

The script for each completed Community Dialogue are located in Appendix 1 of this report.

Facilitators, Recruiters, and Notetakers

During the initial planning stages, the Community Engagement Workgroup discussed the importance of “matching” facilitators with participants. Careful consideration by the workgroup was placed on the optimal characteristics desired when identifying who would facilitate each dialogue. For example, the dialogues with Latinx participants, facilitators and notetakers needed to be bilingual; also, in the adolescent prescription drug misuse dialogue, the facilitator and notetaker were school staff. Potential facilitators were identified by the Community Engagement Workgroup and outreach was completed by the CHAP Coordinator. Facilitators participated in a mock Community Dialogue training session in June.

In all of the Community Dialogues, the facilitator also served as the participant recruiter. This was critical as they were able to identify participants within their community and/or organization that they felt would best contribute to the conversation. Additionally, in many cases, notetakers also identified with the community. For example, school staff took notes for the adolescent substance use conversation, and a bilingual individual in both Spanish and English took notes for the mental health/substance use conversations with the Latinx population.

Dialogue	Number of Dialogues	Number of Participants	Recruitment Population	Recruitment Strategy
All Three CHIP Priorities	1	7	Those in the Ethiopian Community	Facilitator connections
Financial Stress	2	12	Those who identify with one or more of the following demographic groups <ul style="list-style-type: none"> • 18-34 years old • People of color • Renters • Earn less than \$35,000 a year 	Facilitator connections

Mental Health/Substance Use	3	22	Those with lived experience with mental health and/or substance use concerns	Facilitator connections
Adult Alcohol/Substance Use	1	14	Those with lived experience with alcohol use and can share about the culture of alcohol in Olmsted County	Facilitator connections
Adolescent Prescription Medication Misuse	1	5	Those with lived experience with prescription drug misuse	Facilitator connections

Analysis

Analysis was completed by the CHAP Coordinator using NVivo. The CHAP Coordinator reviewed and coded themes from the notetaker sheets. Additionally, Olmsted County staff helped with reviewing, identifying, and confirming themes of each dialogue. Finally, there were debrief sessions with many facilitators and notetakers. Within these sessions, they shared themes and key points from the participants from their perspectives, along with lessons learned about the overall process.

Since some Community Dialogues were completed in Spanish and Amharic, the notes needed to be translated into English. The facilitator and/or notetaker for those dialogues conducted the translation.

Specific attention was given to theming and identifying:

- Barriers
- Solutions
- What organizations should be involved in the work

Findings

Overall

In total, there were 60 participants among eight Community Dialogues. Key overall findings from the eight Community Dialogues were:

1. Solutions need to be community driven.
2. There is a lack of access to and knowledge of available resources.
3. Money is a concern across all three CHIP priorities.
4. More support systems are needed for each CHIP priority.
5. New low/no-cost programs and interventions are needed.
6. Stigma engulfs those with mental health issues, those who use substances, and low-income residents across all three CHIP priorities.

Themes by CHIP Priority

Since the Community Dialogues were specific to particular CHIP priorities, these findings are broken down into the following categories: all three priorities, financial stress, substance use, and a dual conversation around mental health and substance use.

Additionally, one of the main purposes of the Community Dialogues was to look at barriers to the CHIP priorities, along with solutions that the community can work with residents on to address these challenges. Thus, this section provides an overview of what Community Dialogues were included for the CHIP priority, barriers, and solutions the residents provided, and overall themes of the conversation.

All Three Priorities

There was one Community Dialogue that included a conversation around all three CHIP priorities. It was with Ethiopian residents. While the conversation started around all three priorities, most of the conversation discussed mental health and health in general.

Barriers and Solutions

Barriers	Solutions
COVID-19 impact on jobs	Advocacy for the community (Ethiopian)
Stigma of mental health	Monthly convening to address issues in the community
Lack of infrastructure to get cultural foods	Bringing expert opinions into the fold
Language barriers	Community gathering and bringing people together
Lack of mental health resources	Translating of documents
Lack of awareness	Ethiopian community needs assessment, followed by an awareness session and connecting people with resources
Cost of medical/mental healthcare	Meditation opportunities
Shortage of information	De-stigmatization of these issues

Themes

A central talking point was having a community-focused lens. Participants discussed having the community involved as part of the aspirational question to solutions and working together on the issues. They also explained the importance of social activities “coming back” after the pandemic, such as going to church and social events. The group shared many ideas for events and programming, such as community convenings, meditation opportunities, and bringing people of different cultures together.

Specific to financial stress, participants noted employment stressors and the cost of living. Working multiple jobs, too many hours, and overnight shifts were identified as employment stressors. They also talked about how these stressors have an impact on their mental health, such as a lack of sleep.

Ensuring that information is accessible and available to the community was a common barrier. A participant described these challenges; “How can we teach our children? We don’t know where to look for information.” They noted the personalization of information, and “not defining how the information is coming.” They shared, for example, some members of the community want faith leaders to talk about the information, or they may prefer to hear from medical experts about a medical issue.

Participants also discussed the stigma of mental health within the Ethiopian community. They said that often times, mental health is something not discussed. One participant explained, “For instance, mental health is not talked about and handled in closed door until it gets out of hand and signs are easily observed by others.”

Also, participants spoke generally about the stigmatization of asking for help and assistance within the Ethiopian community. They said that their preference is to work multiple jobs over asking for government assistance.

Language and cultural challenges were common themes of the Community Dialogues. Access to financial and mental health resources is a challenge by itself; when the resources are unavailable in the common languages they speak (they mentioned Amharic and Oromic), it makes it even more difficult.

Financial Stress

There were two conversations specific to financial stress. Both conversations consisted of individuals who identified with one or more of the following demographic groups:

- 18-34 years old
- People of color
- Renters
- Earn less than \$35,000 a year

Barriers and Solutions

Barriers	Solutions
Getting a job	Community conversation and collaboration
Immigrant-specific challenges (Lower pay, getting a job, no benefits)	Advocacy/policy change for better jobs, job security, and pay
Lack of training and education	Work directly with Latinx population and advocates
Lack of money management education	Advocate for housing opportunity
Lack of training/empowerment for women	Access to educational opportunities
More English classes are needed for those with English-as-a-second language	Money management classes
Cost of home and cars	Financial education for children
	Community-wide efforts
	Projects that address the job and housing intersection

Themes

Overwhelmingly, participants talked about jobs as a barrier, and possible solutions. Better wages, and more job opportunities was an opportunity for improvement; in particular, for immigrants. They discussed the value of having community-centered approaches and conversations about the issues the community faces. A solution that was prevailing throughout the dialogue was to band together and advocate for better pay and benefits.

In particular, the participants discussed the challenges that immigrant populations face. The Latinx community participated in these particular conversations, with the Ethiopian community sharing similar ideas in another conversation. Community Dialogue participants talked about the discrimination they face due to their immigration status. Additionally, they noted having to pay taxes without receiving any benefits as a difficult financial barrier. Due to immigrant status, some job application requirements are

impossible to meet. Language barriers, employment discrimination, and fears around legal status were also mentioned that limited access to resources for this community.

Participants of both dialogues discussed the increasing costs of basic needs and educational opportunities. They explained that the cost of training and schooling, cost of homes and insurance, and costs of food, rent, and other services adds up quickly. Advocacy by community organizations and leaders for more affordable housing opportunities was a solution that was offered.

A common theme around barriers, solutions, and collaborative opportunities emerged around financial management and education. As one participant shared, “money management is not efficient. People do not know how to spend money; they spend more than they have.” Multiple respondents shared money management classes, workshops, and education, starting at a young level, as opportunities for community improvement.

Substance Use

There were two Community Dialogues specific to substance use. One of the conversations was with adolescents in recovery and focused on prescription drug misuse. The other conversation was with adults in recovery around substance use, with a focus on alcohol.

Barriers and Solutions

Adolescent Conversation

Barriers	Solutions
Stigma/judgement	Education (starting in middle school)
Trauma/home environment	Reduce stigma
Normalized use	How to find resources, especially youth resources
Lack of support/connections	Create more programs that are substance-free
Accessibility of substances	Advertising and dissemination of resources
Navigating the healthcare system	

Adult Conversation

Barriers	Solutions
Stigma	More marketing for alcohol and drug abuse solutions for recovery
Accessibility of alcohol (grocery stores, community events, fairs, carnivals, movie theaters, etc.)	Offer community members education on solutions and supporting recovery
Over advertisement	Stigma reduction campaign
Alcohol being socially acceptable	Alcoholism awareness education
	Make recovery resources public
	Include those with substance use disorder in the conversation and part of the solution
	Social media prevention strategies
	More visible solutions to recovery (faces, voices, public announcements)
	Increased funding for recovery
	Reduce accessibility of substances

Themes

Adolescent Conversation

The participants spoke about the stigma of substance use throughout the conversation. They explained that from their experience, individuals tend to be judgmental rather than helpful when the adolescents told them they use substances. One adolescent shared, “Like if you are slowly falling into addiction and you have no one to relate to or talk to without judgement you just keep going on your own.” They frequently spoke that less judgment and shame is needed for those who use substances, and that a community effort is needed to destigmatize and remove this judgement.

In addition to stigma of substance use, a discussion frequently occurred around the need of additional support and connections. Adolescents noted a lack of a support system. They shared that more communication is needed. Multiple participants mentioned not wanting to go to parents, school staff, and other commonly considered adult figures for fear of being judged, stigmatized, and dismissed. Substance use should be discussed openly rather than making it ‘hush hush’, and to not “sugar-coat” the problem without using scare tactics. Additionally, the participants shared they felt that middle school age is when this this conversation should occur, both at home and at school.

The participants talked about the need to increase awareness of existing resources. They noted that a large need is where to locate resources to help those who use substances. Participants explained that this was especially important for youth. As one participant described, “Like help me or point me to someone who can, there are like no resources for kids in Rochester...” Everyone agreed vehemently to this comment.

One unique question for this conversation was specific to prescription medications. The question was: *Tell me about your peers’ prescription medication misuse, including purpose, negative effects they may have experienced, and how they are getting it.* This question was added to this conversation because of the questions that CHAP partners shared during the April Data Review Session. The responses to this question were:

- Prescriptions are accessible.
 - They can be received from friends and family that have prescriptions.
- Prescription misuse seems to be an open door to other drug use.
- Why do they use prescriptions?
 - Social media and music making it seem “normal” and “safe.”
 - Peer pressure.
 - To cope with life and life stressors.
 - “You feel nothing and want to feel something, then with others you feel everything and want to feel nothing.”
 - Easy access to the substance.
 - Low initial perceived threat of use.

Adult Conversation

Several themes emerged from the adult alcohol and substance use conversation. First was the need for community-wide education. Participants discussed the value of education for the entire community, so everyone would be on the same page and be able to help support solutions and recovery efforts. Other

ideas around education included alcoholism awareness education, social media campaigns, and education around key recovery programs (such as Alcoholics Anonymous (AA), 12 step program, etc.).

The residents spoke about the importance of having those with lived experience included in this effort. They mentioned making the solutions more public through roundtable discussions with people in recovery. They also shared the criticality of being mindful of all cultures in the conversation. For example, one participant shared inclusion of the Lesbian, Gay, Bisexual, and Transgender (LGBT+) community.

Four barriers in particular arose from the conversation. First, participants discussed the accessibility of alcohol and other substances. One participant shared examples of where the substances can be found, including movie theaters and community events. They also noted liquor availability every day of the week, referencing the law passed to legalize selling liquor on Sundays in Minnesota.

The second barrier is the stigma of advanced alcohol and substance use. As one participant said, “Instead of addicts being or feeling as if they are being shamed, recovery should be more solution based.” They said that people should be encouraged to seek help rather than be shamed or receive punishment for their substance use. Reduction in stigma has been a common theme throughout the substance use and mental health dialogues.

The third barrier is the frequency of advertisements. Participants shared that there is over advertisement that stands in the way of recovery for some.

Finally, the last barrier is the culture of alcohol use in Olmsted County. An individual shared, “Alcohol [is] socially acceptable.” The culture of alcohol makes it a challenge for those in recovery.

Mental Health and Substance Use

There were three Community Dialogues addressing the connection between mental health and substance use. Each conversation occurred with those with knowledge and personal experience of both challenges.

Barriers and Solutions

Barriers	Solutions
Navigating the healthcare system	Hands-on navigators
Access to resources	Community-wide picnic
Lack of education	Advertising and dissemination of resources
Communication at home	Communication among agencies
Cost of services and programs	Access to treatment
Treatment options	Access to crisis treatment
Transportation	Project Community Connect
Cost of services	Transportation
	Access to recreation/leisure/events that are low/no-cost

Themes

The three conversations offered some similar, and some different perspectives. Common themes among the Community Dialogues were:

- The stigma associated with both mental health and substance use.
- Challenges accessing treatment and navigating the healthcare system.
 - Including getting to treatment (transportation).
 - Increase in funding for navigator roles to help reduce this barrier and support system coordination.
 - Structured peer support programs.
- Churches are a common unity point, and include people that participants feel comfortable talking to.
- Access to low/no cost community events and programming that are accessible to people of all backgrounds and experiences.
 - More sober opportunities and social, educational, and recreational groups available in the area that are accessible financially, geographically, and socially.

Additionally, the following topics appeared as themes among each individual conversation:

For the Community Dialogue with homeless shelter users, legalization of marijuana was a talking point. Participants felt that legalizing marijuana would help aid in managing anxiety, nerves, and other mental health problems, reduce drinking for those with alcohol addictions, and reduce crime.

Participants also discussed access to and knowledge of resources. Lack of access to technology, internet, transportation, and opportunities were some resources that participants felt they did not have. They also shared that more education, outreach, and navigating these resources and the system are needed.

For the Community Dialogue with the Latinx community around mental health and substance use, they discussed the value of family and communication at home. They noted that at times, there is a lack of communication at home, especially around stigmatized topics such as mental health and substance use. As one participant shared, “Parents do not feel comfortable talking about some topics with their children. Then the children ask other people and ‘fall’ [for drugs, bad behavior, etc.]”.

Trusted People, Projects, and Organizations

With each Community Dialogue, the participants had the opportunity to share people and organizations that they trust to help with personal challenges, and to aid this community effort. Below is a compiled list of people, projects, and organizations that participants shared they trusted in alphabetical order: (Organizations shared more than once are starred with the symbol *)

- Alcoholics Anonymous
- Sponsors
- Apex Recovery School
- Churches*
- Community Health Services (noted as Migrant Health)
- Comunidades Organizando el Poder y la Acción Latina (Copal)
- Doctors
- Family First of Southern Minnesota*
- Family Service Rochester
- Friends
- Homeless shelter staff
- Hospitals
- Imams (Muslim leaders)

- Mayo Clinic
- Mayo Clinic Employee Assistance Services
- National Alliance on Mental Illness (NAMI)
- Olmsted County experts
- Olmsted Medical Center
- Pastors
- People Incorporated (in the Twin Cities)
- Priests
- Project Community Connect
- Recovery group members
- St. Francis Church
- St. Paul Church
- Recovery is Happening
- Rochester Alternative Learning Center
- Rochester Community Bike Club Pata de Perro
- Rochester Police Department
- Salvation Army
- Social workers*
- St. Francis Church
- St. Paul Church
- Three Rivers Community Action*
- Treatment facilities
- Zumbro Valley Health Center
- Their community (Ethiopian)
- Zumbro Valley Health Center

Lessons Learned

There were several lessons learned about the overall Community Dialogue and community voice input gathering process. First, it was quickly realized that having facilitators and notetakers that work directly with populations offers the opportunity for the most candid responses and comfort among participants. Secondly, facilitators served as strong recruiters. Given their vested involvement within the organizations and communities they were holding Community Dialogues for, it offered a unique opportunity to both recruit for and lead the conversations.

Additionally, the value of compensating individuals for their time, either with leading the Community Dialogues, or with sharing their ideas as participants, was learned. This demonstrates the CHAP process's appreciation for their time and ideas.

Finally, a critical lesson was learned around continuing to include lived experience in the overall CHAP process. The Community Dialogues were a good step; this effort must be advanced in order to have a more equitable process.

The facilitators and notetakers themselves offered feedback on the Community Dialogues and the overall process during debrief sessions. These were the comments they shared:

- The overall process worked well.
- The number of questions was about right for the time and for the audiences.
- The participants wanted to be heard and were thankful that these conversations occurred.
- They stressed the importance of using this information for improving community health.
 - This was from both their perspective as facilitators and notetakers, and the perspective of the dialogue participants.

Next Steps

The overall purpose of the Community Dialogues was to incorporate ideas, solutions, and themes from conversations with residents with lived experience into CHIP strategy selection. These sessions will occur in August and September 2021 and will include individuals with both professional and lived experience. Those who participated in the Community Dialogues were invited to participate in these sessions.

Additionally, these findings help identify organizations to have around the table for each strategy selection session. Themes of the Community Dialogues will help drive identification of residents and organizations to have at the table. These findings also help drive the goals, issue statements, indicators, and outcome objectives for each CHIP priority, as well as each strategy.

Finally, the ideas generated by Community Dialogue participants and the eventual strategies that are chosen will drive the work for the 2021 – 2023 CHIP. Ultimately, the strategies identified during the CHIP strategy sessions will be the large-scale projects that the community will work on to improve financial security, mental health, and reduce substance in Olmsted County.

Appendix 1: Community Dialogue Scripts

Each Community Dialogue was tailored to at least one of the CHIP priorities: financial stress, mental health, and substance use. Each of the scripts are included in this appendix and are titled based on which dialogue they were for.

2021 Adolescent Prescription Medication/Substance Use

Community Dialogue Script

Introduction

Welcome and thank you for joining us for this conversation! We are delighted to have you joining us today as we work collectively to learn more about our community from residents themselves.

My name is (FIRST NAME) and I am joined by (NOTETAKERS/ANYONE ELSE) who will help us capture this discussion through note taking.

Back in 2019, the community identified financial stress, mental health, and substance use as top community health priorities in Olmsted County. We want to talk with you today about substance use and work with you to develop and eventually implement solutions to this challenge.

We have several questions that we will ask today. Please treat this like a conversation; if someone says something, feel free to follow up right away. You do not have to address me or wait for me to call on you. There may be times when I interrupt the conversation only to move the conversation forward and to make sure we get through all the questions. There are no wrong answers today, only differing points of view. We want to make sure we hear everyone's opinion. Please feel free to share your point of view even if it differs from others. I simply ask that you be respectful when expressing such opinions.

[IF VIRTUAL] A couple additional notes about our virtual discussion. This virtual session will also be recorded to help us go back and review anything we may have missed in the notes. We may capture direct quotes, but those won't be tied to you personally. Once all the responses are gathered and transcribed, the recording will be deleted. Also, please keep yourself "muted" if you are not speaking.

We will be on a first name basis today, but all names will be kept confidential and not be included in any reporting.

What questions do you have before we begin?

Let's begin! Let's go around, have everybody introduce themselves with their first name, and answer the first question.

Questions

Question 1

Let's start by thinking about our community as a whole

What would it look like for adolescents to make healthy choices around substance use?

Question 2

Next, let's think about challenges for this.

What is standing in the way of adolescents of reaching this goal?

- a. PROBE: What are factors causing these difficulties/challenges?
- b. What makes it hard to make healthy choices?

Question 3

Let's talk a bit more about prescription medication misuse, specifically.

Tell me about your peers' prescription medication misuse, including purpose, negative effects they may have experienced, and how they are getting it.

Question 4

Now, let's think about solutions!

What are solutions that the community can work on together to address prescription medication misuse for adolescents?

- a. PROBE: How can we work together to address [these barriers]?

Question 5

Let's talk about working together

How do you think people and organizations should work together on this issue?

- a. PROBE: How would you like to be engaged with organizations around this work?

Question 6

Think about those who you work with closely, they can be people, or organizations, for this next question.

Who do you trust to work with you to make these solutions a reality?

- a. PROBE: Who is this person? Where do you know them from? What is their role? Why do you trust them?
- b. PROBE: What organizations/groups have you had connections with around prescription medication misuse?

Question 7

Finally, let's wrap up with this last question.

What else should we consider?

Closing

Thank you for taking the time to talk today! Here are a few themes that I gathered from our conversation. **Provide a few themes and ask participants for feedback.**

I want to take time a for a short debrief. Please feel free to answer only questions you feel comfortable with:

- How did this conversation feel?
- Did you feel heard?
- What can we work on to improve them for next time?
- Would you like to be involved in developing solutions this summer?

Finally, I wanted to share next steps after our conversation today. A summary report will be available soon. Individuals with lived experiences of our community health priorities and local organizations will work together to determine strategies for our community over the summer. We will then be reaching out to you all this fall to share how your ideas have been included and how you can continue to be involved if you would like.

2021 Financial Stress Community Dialogue Script

Introduction

Welcome and thank you for joining us for this conversation! We are delighted to have you joining us today as we work collectively to learn more about our community from residents themselves.

My name is (FIRST NAME) and I am joined by (NOTETAKERS/ANYONE ELSE) who will help us capture this discussion through note taking.

Back in 2019, the community identified financial stress, mental health, and substance use as top community health priorities in Olmsted County. We want to talk with you today about financial stress and work with you to develop and eventually implement solutions to this challenge.

We have several questions that we will ask today. Please treat this like a conversation; if someone says something, feel free to follow up right away. You do not have to address me or wait for me to call on you. There may be times when I interrupt the conversation only to move the conversation forward and to make sure we get through all the questions. There are no wrong answers today, only differing points of view. We want to make sure we hear everyone's opinion. Please feel free to share your point of view even if it differs from others. I simply ask that you be respectful when expressing such opinions.

[IF VIRTUAL] A couple additional notes about our virtual discussion. This virtual session will also be recorded to help us go back and review anything we may have missed in the notes. We may capture direct quotes, but those won't be tied to you personally. Once all the responses are gathered and transcribed, the recording will be deleted. Also, please keep yourself "muted" if you are not speaking.

We will be on a first name basis today, but all names will be kept confidential and not be included in any reporting.

What questions do you have before we begin?

Let's begin! Let's go around, have everybody introduce themselves with their first name, and answer the first question.

Questions

Question 1

Let's start by thinking about our community as a whole

What would it look like for the community to be financially secure?

- a. PROBE: What are the reasons for renting homes?

Question 2

Next, let's think about challenges for this.

What is standing in the way of those financially stressed of becoming financially secure?

- a. PROBE: What are factors causing these difficulties/challenges?
- b. PROBE: What makes it hard to be financially secure?

Question 3

Now, let's think about solutions!

What are solutions that the community can work on together to increase the number of people financially secure in our community?

- a. PROBE: Is buying a home still the end goal?
- b. PROBE: How can we work together to address [identified barriers]?

Question 4

Let's talk about working together

How do you think people and organizations should work together on this issue?

- a. PROBE: How would you like to be engaged with organizations around this work?

Question 5

Think about those who you work with closely, they can be people, or organizations, for this next question.

Who do you trust to work with you to make these solutions a reality?

- a. PROBE: Who is this person? Where do you know them from? What is their role? Why do you trust them?
- b. PROBE: What organizations/groups have you had connections with around financial security?

Question 6

Finally, let's wrap up with this last question.

What else should we consider?

Closing

Thank you for taking the time to talk today! Here are a few themes that I gathered from our conversation. **Provide a few themes and ask participants for feedback.**

I want to take time a for a short debrief. Please feel free to answer only questions you feel comfortable with:

- How did this conversation feel?
- Did you feel heard?
- What can we work on to improve them for next time?
- Would you like to be involved in developing solutions this summer?

Finally, I wanted to share next steps after our conversation today. A summary report will be available soon. Individuals with lived experiences of our community health priorities and local organizations will work together to determine strategies for our community over the summer. We will then be reaching out to you all this fall to share how your ideas have been included and how you can continue to be involved if you would like.

2021 Adult Substance Use Community Dialogue Script

Introduction

Welcome and thank you for joining us for this conversation! We are delighted to have you joining us today as we work collectively to learn more about our community from residents themselves.

My name is (FIRST NAME) and I am joined by (NOTETAKERS/ANYONE ELSE) who will help us capture this discussion through note taking.

Back in 2019, the community identified financial stress, mental health, and substance use as top community health priorities in Olmsted County. We want to talk with you today about substance use (specifically alcohol use) and work with you to develop and eventually implement solutions to this challenge.

We have several questions that we will ask today. Please treat this like a conversation; if someone says something, feel free to follow up right away. You do not have to address me or wait for me to call on you. There may be times when I interrupt the conversation only to move the conversation forward and to make sure we get through all the questions. There are no wrong answers today, only differing points of view. We want to make sure we hear everyone's opinion. Please feel free to share your point of view even if it differs from others. I simply ask that you be respectful when expressing such opinions.

[IF VIRTUAL] A couple additional notes about our virtual discussion. This virtual session will also be recorded to help us go back and review anything we may have missed in the notes. We may capture direct quotes, but those won't be tied to you personally. Once all the responses are gathered and transcribed, the recording will be deleted. Also, please keep yourself "muted" if you are not speaking.

We will be on a first name basis today, but all names will be kept confidential and not be included in any reporting.

What questions do you have before we begin?

Let's begin! Let's go around, have everybody introduce themselves with their first name, and answer the first question.

Questions

Question 1

Let's start by thinking about our community as a whole

What would it look like for our community to make healthy choices around appropriate cultural alcohol use?

Question 2

Next, let's think about challenges for this.

What is standing in the way of our community of reaching this goal?

- a. PROBE: What are factors causing these difficulties/challenges?
- b. PROBE: What makes it hard to make healthy choices?

Question 3

Now, let's think about solutions!

What are solutions that the community can work on together to address the alcohol culture for residents of Olmsted County?

- a. PROBE: How can we work together to address [these barriers]?

Question 4

Let's talk about working together

How do you think people and organizations should work together on this issue?

- a. PROBE: How would you like to be engaged with organizations around this work?

Question 5

Think about those who you work with closely, they can be people, or organizations, for this next question.

Who do you trust to work with you to make these solutions a reality?

- a. PROBE: Who is this person? Where do you know them from? What is their role? Why do you trust them?
- b. PROBE: What organizations/groups have you had connections with around alcohol use?

Question 6

Finally, let's wrap up with this last question.

What else should we consider?

Closing

Thank you for taking the time to talk today! Here are a few themes that I gathered from our conversation. **Provide a few themes and ask participants for feedback.**

I want to take time a for a short debrief. Please feel free to answer only questions you feel comfortable with:

- How did this conversation feel?
- Did you feel heard?
- What can we work on to improve them for next time?
- Would you like to be involved in developing solutions this summer?

Finally, I wanted to share next steps after our conversation today. A summary report will be available soon. Individuals with lived experiences of our community health priorities and local organizations will work together to determine strategies for our community over the summer. We will then be reaching out to you all this fall to share how your ideas have been included and how you can continue to be involved if you would like.

2021 MH/SU Community Dialogues Script

Introduction

Welcome and thank you for joining us for this conversation! We are delighted to have you joining us today as we work collectively to learn more about our community from residents themselves.

My name is (FIRST NAME) and I am joined by (NOTETAKERS/ANYONE ELSE) who will help us capture this discussion through note taking.

Back in 2019, the community identified financial stress, mental health, and substance use as top community health priorities in Olmsted County. We want to talk with you today about mental health and substance use and work with you to develop and eventually implement solutions to this challenge.

We have several questions that we will ask today. Please treat this like a conversation; if someone says something, feel free to follow up right away. You do not have to address me or wait for me to call on you. There may be times when I interrupt the conversation only to move the conversation forward and to make sure we get through all the questions. There are no wrong answers today, only differing points of view. We want to make sure we hear everyone's opinion. Please feel free to share your point of view even if it differs from others. I simply ask that you be respectful when expressing such opinions.

[IF VIRTUAL] A couple additional notes about our virtual discussion. This virtual session will also be recorded to help us go back and review anything we may have missed in the notes. We may capture direct quotes, but those won't be tied to you personally. Once all the responses are gathered and transcribed, the recording will be deleted. Also, please keep yourself "muted" if you are not speaking.

We will be on a first name basis today, but all names will be kept confidential and not be included in any reporting.

What questions do you have before we begin?

Let's begin! Let's go around, have everybody introduce themselves with their first name, and answer the first question.

Questions

Question 1

Let's start by thinking about our community as a whole

What would it look like for the community to have optimal mental health and make healthy choices around substances?

Question 2

Next, let's think about challenges for this.

What is standing in the way of our community of reaching these goals?

- a. PROBE: What are factors causing these difficulties/challenges?
- b. PROBE: What makes it hard to have optimal mental health and make healthy choices around substances?

Question 3

Now, let's think about solutions!

What are solutions that the community can work on together to address these challenges?

- a. PROBE: How can we work together to address [these barriers]?

Question 4

Let's talk about working together

How do you think people and organizations should work together on this issue?

- a. PROBE: How would you like to be engaged with organizations around this work?

Question 5

Think about those who you work with closely, they can be people, or organizations, for this next question.

Who do you trust to work with you to make these solutions a reality?

- a. PROBE: [If it is a specific person] Who is this person? Where do you know them from? What is their role? Why do you trust them?
- b. PROBE: What organizations/groups have you had connections with around mental health and substance use treatment?

Question 6

Finally, let's wrap up with this last question.

What else should we consider?

Closing

Thank you for taking the time to talk today! Here are a few themes that I gathered from our conversation. **Provide a few themes and ask participants for feedback.**

I want to take time a for a short debrief. Please feel free to answer only questions you feel comfortable with:

- How did this conversation feel?
- Did you feel heard?
- What can we work on to improve them for next time?
- Would you like to be involved in developing solutions this summer?

Finally, I wanted to share next steps after our conversation today. A summary report will be available soon. Individuals with lived experiences of our community health priorities and local organizations will work together to determine strategies for our community over the summer. We will then be reaching out to you all this fall to share how your ideas have been included and how you can continue to be involved if you would like.

2021 All Three Priorities Community Dialogues Script

Introduction

Welcome and thank you for joining us for this conversation! We are delighted to have you joining us today as we work collectively to learn more about our community from residents themselves.

My name is (FIRST NAME) and I am joined by (NOTETAKERS/ANYONE ELSE) who will help us capture this discussion through note taking.

Back in 2019, the community identified financial stress, mental health, and substance use as top community health priorities in Olmsted County. We want to talk with you today about the three community health priorities of financial stress, mental health, and substance use, and work with you to develop and eventually implement solutions to this challenge.

We have several questions that we will ask today. Please treat this like a conversation; if someone says something, feel free to follow up right away. You do not have to address me or wait for me to call on you. There may be times when I interrupt the conversation only to move the conversation forward and to make sure we get through all the questions. There are no wrong answers today, only differing points of view. We want to make sure we hear everyone's opinion. Please feel free to share your point of view even if it differs from others. I simply ask that you be respectful when expressing such opinions.

(IF VIRTUAL) A couple additional notes about our virtual discussion. This virtual session will also be recorded to help us go back and review anything we may have missed in the notes. We may capture direct quotes, but those won't be tied to you personally. Once all the responses are gathered and transcribed, the recording will be deleted. Also, please keep yourself "muted" if you are not speaking.

We will be on a first name basis today, but all names will be kept confidential and not be included in any reporting.

What questions do you have before we begin?

Let's begin! Let's go around, have everybody introduce themselves with their first name, and answer the first question.

Questions

Question 1

Let's start by thinking about our community as a whole

What would it look like for our community to have optimal mental health, be financially secure, and make healthy choices around substances?

Question 2

Next, let's think about challenges for this.

What is standing in the way of our community of reaching these goals?

- a. PROBE: What are factors causing these difficulties/challenges?
- b. PROBE: What makes it hard to be financially secure, have optimal mental health, and make healthy choices around substances?

Question 3

Now, let's think about solutions!

What are solutions that the community can work on together to address these challenges for residents in Olmsted County?

- a. PROBE: How can we work together to address [these barriers]?

Question 4

Let's talk about working together

How do you think people and organizations should work together on this issue?

- a. PROBE: How would you like to be engaged with organizations around this work?

Question 5

Think about those who you work with closely, they can be people, or organizations, for this next question.

Who do you trust to work with you to make these solutions a reality?

- a. PROBE: Who is this person? Where do you know them from? What is their role? Why do you trust them?
- b. PROBE: What organizations/groups have you had connections with around financial stress, mental health, and/or substance use?

Question 6

Finally, let's wrap up with this last question.

What else should we consider?

Closing

Thank you for taking the time to talk today! Here are a few themes that I gathered from our conversation. **Provide a few themes and ask participants for feedback.**

I want to take time a for a short debrief. Please feel free to answer only questions you feel comfortable with:

- How did this conversation feel?
- Did you feel heard?
- What can we work on to improve them for next time?
- Would you like to be involved in developing solutions this summer?

Finally, I wanted to share next steps after our conversation today. A summary report will be available soon. Individuals with lived experiences of our community health priorities and local organizations will work together to determine strategies for our community over the summer. We will then be reaching out to you all this fall to share how your ideas have been included and how you can continue to be involved if you would like.