



2026-2030

Community Health Improvement Partnership (CHIP) Plan 3.0

A joint effort of the public health departments of Minneapolis,
Bloomington, Edina, Richfield and Hennepin County



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May 2026

To our communities and colleagues,

We are pleased to share the plan for the Community Health Improvement Partnership (CHIP) of Hennepin County. The partnership fosters strong alliances across public and private organizations to target important health issues together for greater impact. The diverse organizations and partners include public health, hospitals, health plans and systems, clinics and non-profits, community organizations and residents, leaders in faith-spiritual-cultural communities, mental well-being, youth serving organizations, housing, and more.

The partnership is in its third iteration of a CHIP plan, which reflects several months of planning, numerous conversations, and data collection. Before beginning work on this plan, the five community health boards each completed a Community Health Assessment, or CHA¹. These CHAs provided an in-depth look into the health and well-being of Hennepin County residents in their respective jurisdictions, and the social and environmental conditions that affect their health. The CHAs used a framework that examines individual health behaviors and outcomes plus the social determinants of health, and the longstanding cultural or institutional structures that impact health and well-being of whole communities. This holistic analysis of the health of Hennepin County residents led to a Community Health Improvement Plan that is deeply focused on race and health equity, and systems of power that impact equitable access and outcomes for our residents. By keeping these values front and center, we ensure that our commitment to race and health equity is not only a guiding principle but also a foundational element of the CHIP plan. This focus allows us to create strategies that truly reflect our dedication to fostering health equity for all residents.

Our focus for the next five years will be on the following two priorities:

1. Community mental well-being
2. Access to resources and conditions to meet basic needs

Community mental well-being continues to be a significant issue for many communities in Hennepin County, especially youth. Although mental health indicators have improved since record highs during the early days of the pandemic, youth mental health indicators are still too high. Nearly one in four students report long-term mental health problems, and one in 10 have considered suicide. Access to resources and conditions to meet basic needs, like food, housing, and health care, is an acute need because of the impact of the economic forces affecting our cities, county and state. Economic distress and basic needs insecurity are rising. Inflation, loss of pandemic supports, and high housing costs have intensified inequities. Social isolation is an epidemic, affecting people across the lifespan and in multiple communities. Both priorities will address social isolation as a major driver

¹ To review the public health assessments go to
[Healthy Hennepin/Healthy You](#)
[Bloomington Public Health](#)
[Minneapolis Health Department](#)

of outcomes. The CHIP plan addresses these shared concerns using data and community participation in problem solving, rooted in race and health equity. To continue to do this work well, we need your involvement. We appreciate your interest in the well-being of our community, and we welcome your participation and partnership in addressing these priorities.

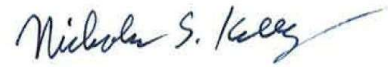
Sincerely,



Sara Hollie, MPH
Hennepin County
Public Health Director



Heidi Ritchie
City of Minneapolis
Interim Commissioner of Health



Nick Kelley
City of Bloomington
Director of Public Health

Executive summary

The Community Health Improvement Partnership (CHIP) is a coalition of cross-sector partners across Hennepin County who develop, implement, and evaluate the Community Health Improvement Partnership plan. The CHIP plan is informed by the Community Health Assessment (CHA), bringing together community members, cities, public health, health systems, and organizations to address the county's most urgent health needs based on data and lived experience. Public health departments within Hennepin County established a cooperative planning team with shared responsibilities for managing and supporting:

- CHIP action teams
- The executive committee
- Planning community celebration sessions
- Sharing information and resources across jurisdictions
- Supporting Hennepin County's CHIP coordinator and assisting with evaluation

Equity as the foundation

CHIP centers race and health equity in all aspects of its work. Partners acknowledge that structural racism drives health disparities and commit to listening to communities, sharing power, and transforming systems, policies, and practices that perpetuate inequity.

Roles and approach

CHIP operates through five roles:

- Convening partners
- Catalyzing and collaborating with community
- Advocating for change
- Adopting policies that reduce disparities
- Using racial and health equity data to guide decisions

Community partnership is central. Data informs decisions, but lived experience drives action. CHIP is committed to co-creating with community, lifting up the community's voice and supporting collective action.

Priority areas

Using a collective impact, Technology of Participation-based planning process in 2024–2025, more

than 80 partners reviewed CHA data and shared community insights to determine five initial priority areas. The CHIP steering committee discussed all five areas and ultimately selected two countywide priorities, while recognizing that a third area heavily intersects with the first two:

- Mental well-being
- Access to resources and conditions to meet basic needs

This third area — social isolation — emerged as a major driver of outcomes and is integrated into both priorities.

Key CHA findings

- Mental health needs are increasing. Although mental health indicators have improved since record highs during the early days of the pandemic, youth mental health indicators are still too high. Nearly one in four students report long-term mental health problems, and one in 10 have considered suicide.
- Economic distress and basic needs insecurity are rising. Inflation, loss of pandemic supports, and high housing costs have intensified inequities. Eviction filings nearly doubled between 2019 and 2023, family homelessness increased sharply between 2022 and 2024, and food insecurity affected one in 10 adults—and nearly one in three in some racial/ethnic groups.
- Social isolation is widespread. Youth, older adults, new parents, and diverse communities report limited supportive relationships, contributing to poor mental and physical health.

Planning process and strategic directions

From 2024–2025, CHIP partners conducted visioning, priority setting, and root cause analysis to create a shared five-year vision: connected, empowered, culturally supported communities able to meet their own needs. Partners identified system barriers such as fragmented resources, harmful institutional practices, and devaluing community voice. Three strategic directions will address both mental health and access to basic needs, the two CHIP 3.0 priorities, and will guide the next five years under the guiding principle of creating a community-centered culture:

1. Cultivate resources and honor safe spaces with youth and communities
2. Celebrate, catalyze, and amplify community innovation and impact
3. Engage in self-assessment to adapt how we work and center community.

A robust workplan is under development. Here are the objectives and activities that the action teams will start with:

Youth mental health objective	Youth mental health activities
By December 31, 2029, (using 2028 data), decrease Minnesota Student Survey (MSS) youth mental health measure ("Do you have any long-term mental health, behavioral or emotional problems?") among 8th, 9th, and 11th graders by 4% in Hennepin County school districts which contain a CHIP-sponsored youth mental health activity, assessed every 3 years.	Community funded initiatives - By December 1, 2026, Hennepin County Public Health (Jen O'Brien lead) will contract with five organizations to implement community funded initiatives - From January 1, 2027 – December 31, 2027, Hennepin County Public Health (Jen O'Brien lead) will uplift ideas that evolve through community funded projects through regular updates to action teams to strategize future activities. Youth mental health network - By December 31, 2027, increase visibility of healing spaces that help build conditions for youth to thrive. (Lead agencies Bloomington Public Health, [Amina Abdullahi] and Minneapolis Health Department [April Graves])
By December 31, 2029, (using 2028 data), increase Minnesota Student Survey index measure positive identity among 8th, 9th, and 11th graders by 7% in Hennepin County school districts which contain a CHIP sponsored youth mental health activity, assessed every three years.	
By December 31, 2030, decrease adult youth BRFSS measure for frequent mental distress ("Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?," > 14 days) among residents 18 to 24 years old by 5% across Hennepin County, assessed annually.	
By December 31, 2030, increase adult youth BRFSS measure for social support ("How often do you get the social and emotional support that you need?") among residents 18 to 24 years old by 5% across Hennepin County, assessed annually.	
By December 31, 2030, reduce the youth suicide death rate by 0.2 per 10,000 for youth ages 15 to 14 across Hennepin County, as assessed by a five-year rolling annual average for Hennepin County using Vital Statistics data, to be assessed annually.	

Access to basic needs objective	Access to basic needs activities
By December 31, 2027, document and disseminate to CHIP action team members and the executive committee, an evaluation of effectiveness of projects funded by round 1 Access to Basic Needs community organization grantees to inform selection in the next round of grants in this health priority.	Community initiatives • By December 1, 2026, Hennepin County Public Health (Jen O'Brien lead) will contract with five organizations to implement community funded initiatives • From January 1, 2027 – December 31, 2027, Hennepin County Public Health (Jen O'Brien lead) will uplift ideas that evolve through community funded projects through regular updates to action teams to strategize future activities.

CHIP executive committee objectives	CHIP executive committee activities
By December 31, 2027, the CHIP executive committee will document and disseminate, to CHIP partners, action teams, and residents, a systems change framework to describe new ways to partner, organize and engage community and institutions in a manner that addresses and challenges implicit power dynamics that maintain inequities and the status quo.	• Implement 4 community celebrations yearly by December 31, 2030 (Planners from Bloomington Public Health, Minneapolis Public Health and Hennepin County Public Health with members of the executive committee). • Employ GARE and other frameworks to explore opportunities to leverage the power of the executive committee to advance racial equity and systems change by December 31, 2027, (Planners from Bloomington Public Health, Minneapolis Public Health and Hennepin County Public Health with members of the executive committee).
By December 31, 2030, have hosted 4 Community Celebrations (at least 70 plus attendees at each celebration) which showcase CHIP activities, provide opportunities for community feedback, and honor CHIP's commitment to bi-directional community accountability, as assessed by celebration attendance records.	

Implementation will be carried out by the five community health boards, CHIP action teams and guided by an executive committee that ensures alignment with CHIP principles, connection to executive level decision makers across the partnership, and accountability to each other for shared responsibility in implementing this CHIP plan. Each action team and the executive committee will align goals, objectives, and strategies for action with the strategic directions.

Evaluation framework

A five-year evaluation plan will assess feasibility (Years 1–2), outcomes for mental health and basic needs (Years 3–4), and population-level impact (Year 5). Annual reports will track progress, identify challenges, and support continuous improvement.

Conclusion

CHIP 3.0 outlines a focused, equity-driven strategy to improve mental well-being, expand access to basic needs, and strengthen social connection across Hennepin County. Built through strong community partnership and shared principles, this plan positions partners to take meaningful, coordinated action to advance racial and health equity over the next five years.

What is the Community Health Improvement Partnership?

The Community Health Improvement Partnership, or CHIP ², is the name of the coalition of partners that works together to create, implement, and evaluate the county's health improvement plan. This plan is based on the results of the Community Health Assessment (CHA). The CHA, done every five years, assesses the health status of the population and identifies root causes of health problems in our community. The CHIP's health improvement plan is essentially the final stage of the process of completing the CHA. It prioritizes and coordinates action to address the health status of the population, done in collaboration with community partners.

CHIP's commitment to race and health equity

Race and health equity are at the core of our work. Because of this, we will focus on the ways structural and institutional racism and bias impact outcomes for people of color. We will use a racial equity lens to focus our intent, which will bring us all to a shared understanding, language, and definitions on race and bias as we catalyze and carry out our work.

CHIP's principles

In 2018, CHIP's executive committee engaged in small and large group conversation to formulate principles that the partnership now uses to guide all planning and execution of its work. These principles are regularly reviewed to ensure they are as true today as when first created.

1. We understand that racism is at the core of racial and economic disparities, and the systems that perpetuate these inequities must be dismantled.
2. We recognize the harm our systems caused and continue to cause. We will change how our organizations work to prevent harm, and advance health and racial justice.
3. We will listen as communities define their own goals, then partner with them to achieve shared success.
4. We will act collectively upstream, harnessing the power and resources of this partnership to create equitable processes, policies, and collaborations.

² The acronym CHIP is often used interchangeably to refer to both the coalition of partners, and the county's improvement plan. For the purposes of this report, and to lessen confusion, when talking about our coalition, we will refer to it as CHIP. When discussing the plan, we will refer to it as the CHIP plan, or simply, the plan.

CHIP's roles

During the previous CHIP planning process in 2017, planners decided it was important to have a clear understanding of how we lead this expansive partnership. CHIP's roles were developed:

1. **Convene:** Bring different sectors, organizations, and communities together toward action.
2. **Catalyze and collaborate:** Learn from experts, cross-sector partners, and community members to align interests and resources, amplify community innovation and systems change, and act collectively toward mutual priorities.
3. **Advocate:** Share decision-making and action with communities who don't traditionally have a voice and advocate for change together with them.
4. **Adopt policies:** Lead policy change within partner organizations, and work with political bodies to adopt policies and practices that move the dial on disparities related to CHIP's priorities.
5. **Use data, including health/racial equity data:** Data will help inform (but not drive) our direction, decisions and actions, and will be used to measure progress and outcomes.

The CHIP plan

The CHIP plan is based on the Community Health Assessment or CHA. The CHA, done every five years, assesses the health status of the population and identifies root causes of health problems in our community. Since catalyzing, collaborating, and being data informed are key principles of CHIP, a participatory process was utilized to better understand the context and significance of the data in partnership with community.

In December 2024, CHIP convened a community celebration to review, discuss, prioritize and focus efforts for the CHIP plan. We shared data from Hennepin County Public Health as well as the cities of Bloomington, Edina, Richfield, and Minneapolis with 80 plus attendees. They helped narrow the focus to five priorities based on the data, their lived experience and observation.

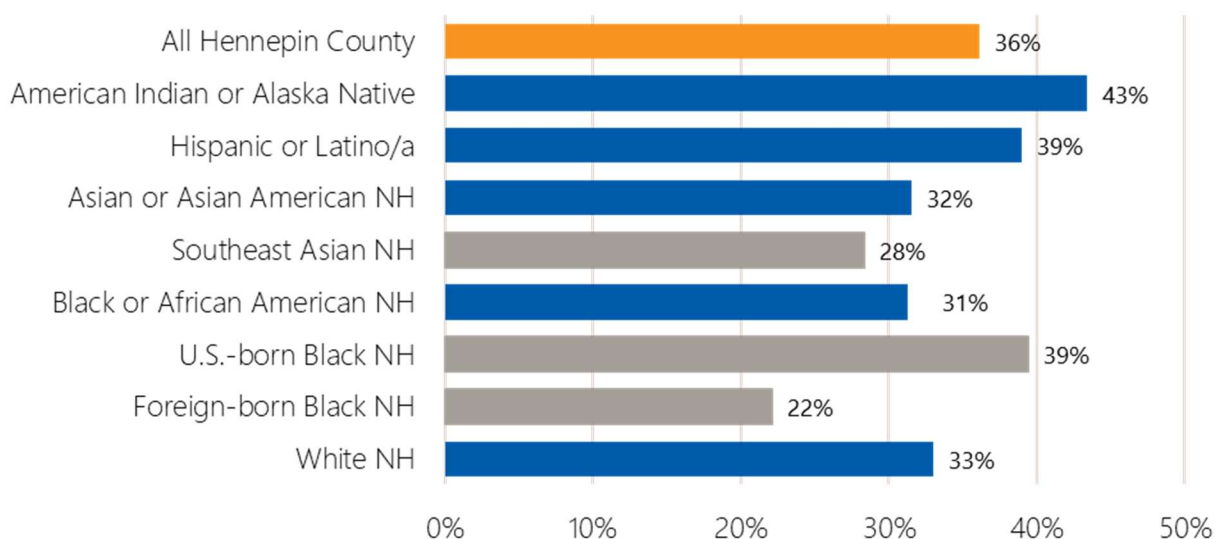
After the celebration, partners and community members were recruited to form the CHIP steering committee. This committee began meeting in May 2025 and helped to narrow the focus even more to two priorities: mental well-being and access to resources and conditions to meet basic needs. However, the group acknowledged that social isolation needed to be addressed as it impacts both mental well-being and access to basic needs. The group decided that each priority should weave in ways to address social isolation into the broader priorities of mental health and access to basic needs. In further sections, we will describe the planning process in more detail, but here is the CHA data that led the steering committee to choose mental health and access to basic needs.

Significant CHA data

Mental health

Mental health problems are prevalent across communities. Survey results revealed that one in three adults reported needing mental health care, and of those, more than half delayed seeking care (SHAPE, 2022). In later interviews, respondents reported that accessing mental health care was especially difficult. Finding a provider, knowing how to access a provider, lack of culturally appropriate care, and social stigma were some common barriers to accessing mental health care.

Figure 1: Percent of adults reporting needed mental health care by race/ethnicity, 2022



Source: SHAPE; NH is non-Hispanic ethnicity

Qualitative studies were completed for the CHA to provide context to data analysis. In one such study, interview respondents said mental health was a priority, particularly for youth, adults, older adults, individuals experiencing homelessness, maternal health, and racial and ethnically diverse communities. They noted that even programs not focused on mental health are addressing mental health needs. Respondents shared that there was a need for more culturally congruent practices and practitioners, providers who understand historical trauma, and providers who can address barriers to mental health care and the stigma surrounding it. Increased concerns about mental health mirror trends in social isolation, which is likely a contributing factor.

Quote: "There's also a need for broader access to mental health services, also mental services that are culturally relevant. [...] not every person or culture wants a sit and talk with, you know, sit down and talk face to face. [...] it is also talk, but sometimes it's dance as an expression of your feelings."

Youth mental health is of particular concern. The percentage of students reporting mental, emotional or behavioral problems is the highest it's ever been (MSS, 2022). Girls and LGBTQ+ youth are more

vulnerable. Girls experience mental health problems at twice the rate of boys. And nearly half of LGBTQ+ students experience depression and anxiety, compared to one-fourth of other students (MSS, 2022). Interviews with community and county respondents revealed that youth mental health is a frequent concern, and students have unmet social and emotional needs. Additionally, more needs to be learned about the mental health and well-being needs of LGBTQ+ youth. Mental health providers shared in interviews that there are not enough long-term resources to support care of youth, leading to an over-reliance on emergency rooms. Health care delivery is too often stretched, and programs that are not designed to meet certain needs are nonetheless stretched to address them, such as mental health needs.

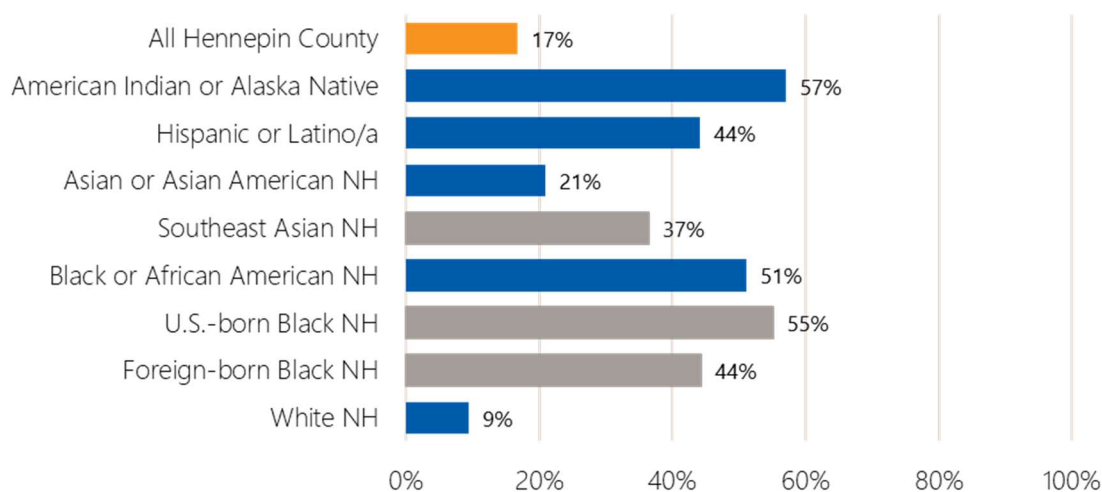
Quote: "In the community that I work with (youth and schools), the number one issue in the last five years is youth mental health. Excessive rates of mental health with anxiety, depression, suicide ideation all increased in the last five years."

Access to resources and conditions to meet basic needs

Inflation reached a decade-long high in 2022, with rates not seen since the early 1980s. This has reduced the purchasing power of cash. Inflation in recent years has led to tighter household budgets, affecting housing and food security. High levels of cost inflation in recent years have increased residents' insecurity in attaining basic needs: 17% of residents report experiencing economic distress, with large disparities for racially and ethnically diverse residents (SHAPE, 2022).

Quote: "This program provides people a \$60.00 cup card [grocery store card] every month to go towards groceries. You know, I mean in [the last] three years [...] that's gone from something that can last you a couple trips to the grocery [...] to like a single get half of what you need at the grocery store, you know? I think the inflation of food and service, and sort of basic necessities has had an enormous impact on a lot of our folks."

Figure 2: Percent of adults reporting economic distress during the past 12 months by race/ethnicity, 2022



Source: SHAPE; NH is non-Hispanic ethnicity

Residents are facing housing insecurity and there is not enough stable, affordable housing. Renter eviction numbers in 2023 were double that of 2019 pre-pandemic numbers. The overall increase in people experiencing homelessness was driven by a spike in families that became unhoused. Families experiencing homelessness increased by 79% from 2022 to 2023, and by 30% from 2023 to 2024 (HUD CoC). Interview respondents said that barriers to housing and support programs need to be reduced. Housing programs are overwhelmed. Contributing factors include the end of the eviction moratorium, reduced pandemic-era support, inflation in food and fuel costs, and an increase in newly arrived households unable to access legal employment or benefits. Individuals experiencing homelessness, particularly older adults, are at risk from communicable diseases in shared living spaces and have reduced access to preventive care and ability to manage chronic conditions.

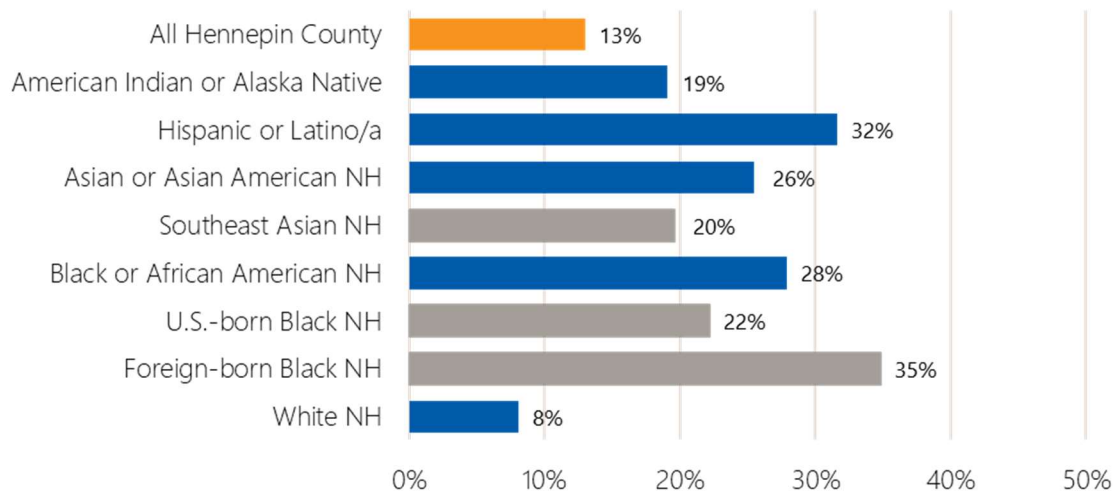
Quote: "And I think, I mean, there's the economic issues, but for the communities we serve, there's always been economic issues. It's just, it's not like, oh, now we have economic issues. It's it just has been this way for a long time, and it just got exacerbated."

All residents need access to affordable, nutritious food. Yet, one in 10 adults reported experiencing food insecurity (SHAPE, 2022). Nearly one in three American Indian, Black or African American and Hispanic adults reported food insecurity, as well as adults with low-income. Respondents shared that rising food costs have increased demand at food shelves, especially for culturally preferred items. Food insecurity creates stress for families, with youth experiencing heightened insecurity during summer and school breaks. Addressing youth food insecurity is critical for them to benefit from other services and programs.

Social isolation

Social isolation is an epidemic, affecting people across the lifespan and in multiple communities. There are racial and ethnic disparities in rarely or never getting the social support needed, with some groups experiencing double or almost triple the rates (SHAPE, 2022). In addition, rates were higher among those with less education (less than high school, 26%), and young adults (18%).

Figure 3: Percent of adults reporting they rarely or never get the social and emotional support they need by race/ethnicity, 2022



Source: SHAPE; NH is non-Hispanic ethnicity

In interviews, respondents shared that since COVID-19, there has been a decrease in in-person activities and support. Many respondents stressed the need for programs that support social connection in communities. They highlighted the link between social connection and mental well-being, noting that older adults, youth, new parents, and racially and ethnically diverse communities are particularly affected by social isolation.

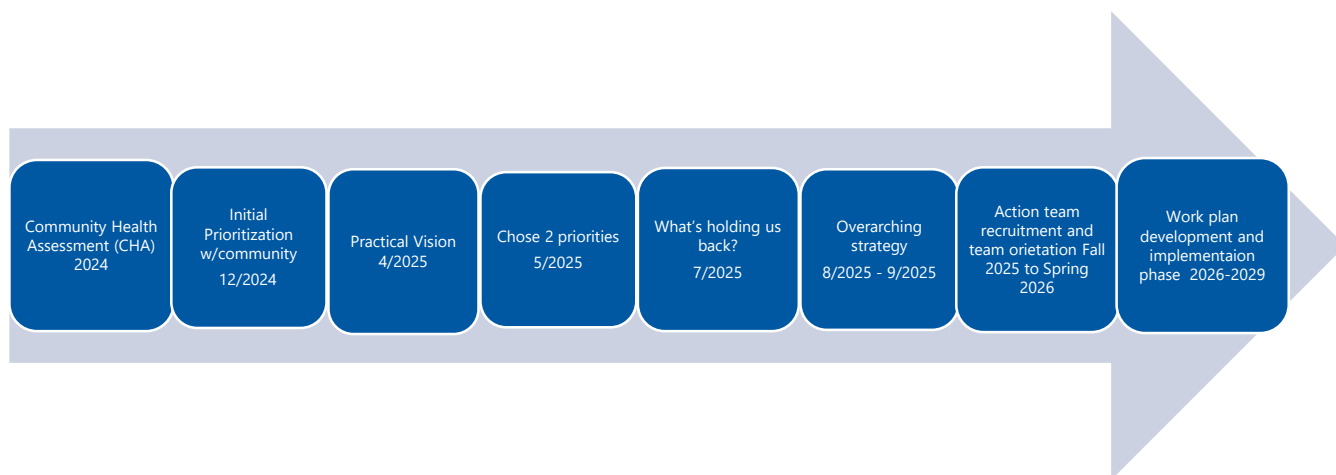
Quote: "It's something that we ask all of our patients when they're pregnant: You know, who's with you? Who do you live with? Who can you call for help? [...] And it seems like all of our patients, their answer is no one, I have no one."

Respondents shared that youth need adults they can trust, rely on, and who understand them. Many youth health concerns are tied to social and emotional skills gaps. Adult relationships are crucial for growth and help, especially when family members lack these qualities. Trusted adults in the community, like teachers, can fill this role, but their actions may not always align with youth needs. Additionally, not all community connections are positive. While youth often turn to peers for support, peers may not be equipped to provide the help needed in all cases. About one in 10 (11%) of students reported having no adults they can talk to, including parents (MSS, 2022) This was more common among American Indian or Alaska Native (21%), Black or African American (17%), and Hispanic or Latino/a (17%), and Middle Eastern or North African (17%) students.

Quote: "There seems to be a lack of trust in adults for young people right now. [...] I heard a young person says, like, I need an adult to tell me that even if I do the wrong thing, they're still gonna be there for me."

Planning process and results

In April 2025, CHIP held a visioning session with various partners to help articulate what we want to see in place in five years because of our actions. Planning efforts were highly participatory utilizing Technology of Participation (ToP) facilitation methods. ToP was created by the Institute of Cultural Affairs (ICA) and is a participatory planning method that harnesses the wisdom of the group to build consensus. ToP strategic planning is a structured approach that moves a group from vision to actionable next steps through meaningful participation. This method grounds the planning in reality and encourages frank conversations about barriers. CHIP project manager Jen O'Brien, Margaret Schuster from the city of Minneapolis, and Amina Abdulahi from the city of Bloomington, led the planning and implementation of the entire process. One of the first achievements of the steering committee was choosing two priorities from the five priorities that came out of the December 2024 community celebration.



Practical vision



Figure 1: 4/23/25 CHIP community visioning session

In April 2025, CHIP convened a workshop to create a shared vision. A practical vision is a process where participants' aspiration and hopes for the future are articulated through a consensus workshop. The community gathered together was charged with the question: **"What do we want to see in place in five years as a result of our actions?"** The result is this vision.

In five years (2030), we will see:

- Communities meeting their own needs
- Holistic solutions to wellness

- Multi-generational and family-centered connection, support, and initiatives
- Culturally adaptive approaches and spaces
- Co-created thriving, connected communities where everyone matters
- Increased capacity and healthy, empowered community

The vision was then the inspiration for the rest of the planning. CHIP convened a steering committee (page 26) to continue planning efforts as a smaller group.

Prioritization



Figure 2: 5/28/25 prioritization meeting – Jen Kilps, Princess Titus and Jen O'Brien

After the visioning session, the first formal meeting of the CHIP 3.0 Steering Committee focused on narrowing our scope from five community-identified themes: mental health, barriers to health care, substance use disorder, access to basic needs, social isolation/connection – to two themes:

1. Mental health
2. Access to resources and conditions to meet basic needs

There were open discussions about the priorities, and a recognition of the intersectionality of the priorities, as well as the relationship between the priorities. The group chose mental health and access to resources and conditions to meet basic needs as the two priorities. However, the group strongly advocated for social isolation and social connectedness to be addressed because of the impacts of loneliness and disconnection on mental health and seeking help to address basic needs. As a result, the steering committee decided that action teams should address social connectedness as they develop goals, objectives, and strategies.

What's holding us back? Underlying contradictions

The steering committee considered and discussed many structural, systemic, and societal barriers to reaching our shared vision. The conversation was gritty, deeply emotional, grounded in lived experiences and frustrations with systems that could not break free from historical inequities. The group identified many factors that are blocking progress towards the CHIP 3.0 vision and grouped them into the following themes:

- Devaluing community knowledge and voice

- Dehumanizing community
- Fear of letting go of power and control
- Harmful, ineffective systems
- Fragmented and oppressive resourcing

Overarching strategy: Strategic directions

In August 2025, the steering committee turned toward developing strategic directions. This is an important step in strategic planning because the group grapples with the challenges that surfaced during the underlying contradictions conversation. By grappling with these challenges head on, the group then takes responsibility by identifying and addressing negative patterns and issues that might keep the group from accomplishing the strategic plan.

The process started with brainstorming answers to the question: What innovative substantial actions will deal with the underlying contradictions and move us to our vision? These ideas were summarized into three strategic directions statements with one overarching principle focused on mutual accountability and shared responsibility:

1. Cultivate resources and honor safe spaces with youth and community
2. Celebrate, catalyze, and amplify community innovation and impact
3. Engage in self-assessment to adapt how we work and center community

The steering committee, CHIP planners, and the respective public health directors (from Hennepin County and the cities of Bloomington and Minneapolis) agreed that the action teams will use strategic directions 1 and 2 as guideposts for developing their work plans, while strategic direction 3 will be owned by the executive committee. Executive committee members, by nature of their positions within their organizations, have decision making authority, which may include funding priorities. Through collective action at the executive level, executive committee members will be positioned to impact systems and policy changes as needed, and to support and challenge one another, with the end goal of adapting how we work and center community.

Work plan creation and implementation: Next steps

CHIP 3.0 action team recruitment began in winter 2025-2026. Recruitment included outreach to past CHIP action team members, attendees at the community celebration in December 2025, CHIP grantees past and present, members of the Trauma Informed Community Cohort, and longtime or new partners for each jurisdiction. A combined kick off orientation was held virtually in March 2026. Action teams meet monthly while the executive committee meets quarterly. A CHIP action team charter was created to provide all members with some background and understanding on how action teams create and drive the workplan while being supported in various ways by CHIP planners and the executive committee.

As of this writing, the action teams have met March through August and are working to identify goals, objectives, and actions to address the two selected priority areas and address social isolation/connectedness as it impacts their specific priority area. This process has been slower than anticipated because of partner availability and capacity in February and March 2026, and then the purposeful onboarding of new action team members. The action teams relied on new partners to join the committees, yet they also needed to be onboarded to CHIP and the decisions that had already taken place. The group has moved at the speed of trust to build true participation with new members feeling included and grounded in the work that had already taken place.

In May 2026, the team began to build trust and the foundational agreements that support true participation. The group developed and discussed group agreements and guiding assumptions while also learning about CHIP itself.

The June 2026 meeting focused on the creation of an action team charter so that members understood what would be expected of them. The city/county partners also shared the frameworks for action that would inspire the activities, such as The Waters of Systems Change, the Collective Action Framework, and the socio-ecological model. These frameworks were a way to understand how to intervene as an action team, what types of changes are needed to create lasting improvement, and how to organize partners to achieve those changes together. The team also reviewed data summaries from the CHA relevant to their specific action team.

At the July 2026 meetings, action teams were led through a ToP facilitated environmental scan called The Wave. Since the action teams were new and time has passed since initial environmental scans, the city/county planners felt like the teams needed to revisit an environmental scan. The Wave helped the group hear from each other what is going on in our communities related to the specific priorities by examining current trends, paradigms, patterns, policies.

At the time of this publication, the action teams have chosen activities to kickstart the CHIP plan but are still working on the full workplan with more objectives and activities. In time for this publication, here is where we will start the work:

Youth mental health objective	Youth mental health activities
By December 31, 2029, (using 2028 data), decrease Minnesota Student Survey (MSS) youth mental health measure ("Do you have any long-term mental health, behavioral or emotional problems?") among 8 th , 9 th , and 11 th graders by 4% in Hennepin County school districts which contain a CHIP sponsored youth mental health activity, assessed every three years.	Community funded initiatives: • By December 1, 2026, Hennepin County Public Health (Jen O'Brien lead) will contract with six organizations to implement community funded initiatives • From January 1, 2027 – December 31, 2027, Hennepin County Public Health (Jen O'Brien lead) will uplift

	ideas that evolve through community funded projects through regular updates to action teams to strategize future activities.
By December 31, 2029, (using 2028 data), increase Minnesota Student Survey index measure positive identity among 8 th , 9 th , and 11 th graders by 7% in Hennepin County school districts which contain a CHIP sponsored youth mental health activity, assessed every three years.	Youth mental health network By December 31, 2027, increase visibility of healing spaces that help build conditions for youth to thrive. (Lead agencies Bloomington Public Health, [Amina Abdullahi] and Minneapolis Health Department [April Graves])
By December 31, 2030, decrease adult youth BRFSS measure for frequent mental distress ("Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" > 14 days) among residents 18 to 24 years old by 5% across Hennepin County, assessed annually.	
By December 31, 2030, increase adult youth BRFSS measure for social support ("How often do you get the social and emotional support that you need?") among residents 18 to 24 years old by 5% across Hennepin County, assessed annually.	
By December 31, 2030, reduce the youth suicide death rate by 0.2 per 10,000 for youth ages 15 to 14 across Hennepin County, as assessed by a five-year rolling annual average for Hennepin County using Vital Statistics data, to be assessed annually.	

Access to basic needs objective	Access to basic needs activities
By December 31, 2027, document and disseminate to CHIP action team members and the executive committee, an evaluation of effectiveness of projects funded by round one Access to Basic Needs community organization grantees to inform selection in the next round of grants in this health priority.	Community initiatives - By December 1, 2026, Hennepin County Public Health (Jen O'Brien lead) will contract with six organizations to implement community funded initiatives - From January 1, 2027 – December 31, 2027, Hennepin County Public Health (Jen O'Brien lead) will uplift ideas that evolve through community funded projects through regular updates to action teams to strategize future activities.

CHIP executive committee objectives	CHIP executive committee activities
By December 31, 2027, the CHIP executive committee will document and disseminate, to CHIP partners, action teams, and residents, a systems change framework to describe new ways to partner, organize and engage community and institutions in a manner that addresses and challenges implicit power dynamics that maintain inequities and the status quo.	- Implement four community celebrations yearly by December 31, 2030 (Planners from Bloomington Public Health, Minneapolis Public Health and Hennepin County Public Health with members of the executive committee). - Employ GARE and other frameworks to explore opportunities to leverage the power of the Exec committee to advance racial equity and systems change by December 31, 2027, (Planners from Bloomington Public Health, Minneapolis Public Health and Hennepin County Public Health with members of the executive committee).
By December 31, 2030, have hosted four community celebrations (at least 70 plus attendees at each celebration), which showcase CHIP activities, provide opportunities for community feedback, and honor CHIP's commitment to bi-directional community accountability, as assessed by celebration attendance records.	

To see the full workplan, please visit the CHIP website: [Community health improvement partnership | Hennepin County](#)

Timeline³

Year 1: • Launch action teams • Action planning for specific year one activities • Implement year one activities • Year one review, lessons learned and year two planning • Share updates with CHIP executive committee quarterly • Coordinate with evaluation team as needed	Years 2 – 4 • Maintain action teams • Implement activities for years 2-4 • Share updates with CHIP executive committee • Coordinate with evaluation team
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Evaluation plan

We propose a comprehensive, five-year evaluation plan that accounts for the diverse processes and activities of CHIP and supports alignment across these efforts. Each year will focus on a different guiding evaluation question and unique evaluation activities and build on the previous year's work. Across years, the evaluation plan will use a combination of formative, process, outcome, and finally, impact evaluation. Continuity will be supported by an ongoing program monitoring framework with performance measures that will reflect the activities of the CHIP action teams. Central to CHIP process and outcomes will be relationship and partnership quality; we will use measures of trust and other qualities to understand relationship building. Overall, evaluation will monitor progress on workplan activities, capture best practices and successes, and support program improvement when needed. Members of the steering committee, action teams, and evaluation workgroup may be informed of the results of specific evaluation activities as they conclude. We will also produce an annual evaluation report at the end of every CHIP year (late summer), to summarize results from all evaluation activities in the last year and provide performance measure updates, available to all members and interest holders.

The final evaluation plan will be approved by the evaluation workgroup.

Year 1: *Is CHIP membership, including the steering committee, action teams, and the evaluation workgroup, developing a CHIP that is perceived as feasible and acceptable to most interest holders?* This year will focus on qualitative feedback regarding the CHIP 3.0 formation. Performance measures will be developed and baseline information collected.

Sub question	Activity	Measure or output	Timeline
Is CHIP becoming what interest holders envisioned?	Anonymous email-based survey to CHIP members to gain early feedback on feasibility, acceptability, satisfaction, trust, and vision of CHIP	Quantitative and qualitative analysis of survey responses	Q4 2026, annually
	Participation tracking at CHIP meetings	Counts	Ongoing
How will we measure if CHIP is functioning as intended?	Developed process or output performance measures for CHIP activities.	Quantitative baseline information.	In progress, tracked quarterly
What measures of mental health and access to basic needs in Hennepin County will CHIP work to change? What is the current state of these measures?	Developed outcomes or impact performance measures for mental health and access to basic needs in Hennepin County.	Quantitative baseline information from secondary data sources	TBD

Year 2: *Is CHIP membership collaborating and networking well to translate workplans into realized activities?* Year 2 will focus on qualitative approaches to develop a picture of internal processes and their productivity. Qualitative feedback from membership will assess the functionality of processes for committees and workgroups, which will be supplemented by count outputs that track whether activities are being implemented. As CHIP seeks to empower community-led solutions through granting community work, a grant reporting approach will be co-developed with CHIP membership to track early outputs from granted work. Additionally, community celebration events, attended by residents, will be opportunities to collect community input on evaluation activities and CHIP processes. Proposed evaluation activities include focus groups of action team members, quick creative activities at community celebration events, and record review of grant reports. Performance measures will be tracked and analyzed for trends. An evaluation matrix (sub-questions, activities, measures, and timeline) will be produced by the evaluation workgroup prior to the start of Year 2 (fall 2026).

Year 3: *Are workplan activities to improve outcomes in the domain of mental health working as intended? For whom and under what circumstances?*

Year 4: *Are workplan activities to improve outcomes in the domain of access to basic needs, like housing and food, working as intended? For whom and under what circumstances?*

Years 3 and 4 will each focus on a different health priority (mental health, access to basic needs) while using highly similar methods across years. We will use a multi-methods approach to focus on how activity outputs are translating to intended outcomes. Grant reporting mechanisms will be a primary means of collecting information. We will examine whether granted work is continuing to reach target populations, how well it is reaching populations, and if the interventions are of quality. We will consider response burden when determining data collection methods for residents, and consider quick, creative solutions to gather data (e.g., one question surveys, collected comments). Lessons learned will be provided back to CHIP members for project improvement. Performance measures will be tracked and analyzed for trends. A complete evaluation matrix (sub-questions, activities, measures, timeline) will be produced by the evaluation workgroup prior to the start of Years 3 and 4 (fall 2027 and 2028).

Year 5: Do community or county-level indicators show improvement in the desired outcomes across the 5 years of CHIP implementation?

Interviews and/or focus groups of membership and granted partners will be held to collect overarching lessons learned to inform the next cycle of CHIP. Performance measures will be assessed for the final time and analyzed for trends and determine impact. A complete evaluation matrix (sub-questions, activities, measures, timeline) will be produced by the evaluation workgroup prior to the start of Year 5 (fall 2029).

CHIP acknowledgements

Hennepin County Public Health, Minneapolis Health Department, and Bloomington Public Health Department for the Community Health Boards of Bloomington, Edina and Richfield co-convene the county's Community Health Improvement Partnership. Support from so many people was critical to this process: CHIP executive committee, staff of the public health agencies, individual community members, plus community organizations, health systems, other organizational and community partners. Many thanks to all of them for their time, enthusiasm, expertise and commitment to CHIP planning!

We have tried to include all individuals and organizations that assisted in planning. There are many more individuals and organizations who provided their own level of creativity, idea generating, focused conversations, and helped make decisions in getting us to this point in time. Special thanks to all who have continued to believe in CHIP as a partnership and a plan. And, special thanks to Minneapolis, Bloomington, Richfield and Edina health departments for ongoing planning and staff support.

CHIP steering committee

- Amanda Crombie - City of Bloomington
- Amina Abdullahi – Bloomington Public Health
- Becca Gilgen - The Brooklyn Bridge Alliance for Youth
- Bontu Workineh - NorthPoint Health & Wellness Center
- Cassandra Stepan - Hennepin County Public Health
- Chia Xiong - The Brooklyn Bridge Alliance for Youth
- Claudia Diggs - Community Junction
- Corenia Smith – M Health Fairview
- Damon Chaplin - Minneapolis Health Department
- Fadila Ibrahim – Hennepin County Public Health
- Halie Gudmundson – UCare
- Holly Leppanen – Annex Teen Clinic
- Jada McDonald – Bloomington Public Health
- Jen Kilps - Minnesota Multifaith Network
- Jen O'Brien - Hennepin County Public Health
- Jessica Hering – VEAP
- Kelly Hughes - Hennepin County Public Health
- Larry Hiscock - M Health Fairview
- Margaret Schuster - Minneapolis Health Department
- Nick Kelley - Bloomington Public Health
- Pat Dale – Community member/mental health practitioner
- Patty Bowler – Minneapolis Health Department
- Paul Danicic – Health Partners
- Princess Titus - Appetite For Change
- Renee Farrow - Medica
- Renzo Amaya – Hennepin County Public Health
- Sara Hollie - Hennepin County Public Health
- Thia Bryan - HealthPartners and Little Moments Count
- Vshin Yang - The Brooklyn Bridge Alliance for Youth

CHIP executive committee

- Alecia Leonard – CommonBond Communities
- Alison Pence – Allina Health
- Claudia Diggs - Community Junction
- Colin Kloecker – CommonBond Communities
- Damon Chaplin – Minneapolis Health Department
- Heidi Ritchie - Minneapolis Health Department
- Jeff Brown – Edina Public Health Division
- Jen O'Brien - Hennepin County Public Health
- Jennifer Nielsen – Bridging
- Kersten Elverum – City of Hopkins

- Leah Kaiser – Hennepin County
- Mandi DeWitte – Annex Teen Clinic
- Marcellus Davis – City of Brooklyn Park
- Margaret Schuster - Minneapolis Health Department
- Mark Sander – Hennepin County
- Marleny Garber – Stratis Health
- Megan Drake-Pereyra – Bloomington Public Health
- Mike Huffman – Our Saviour’s Community Services
- Nick Kelley – Bloomington Public Health
- Pamela Ngunjiri – Minnesota Council of Churches
- Pat Dale – Community Member
- Patty Smith – Aeon
- Richard Webb - Hennepin County Public Health
- Sara Hollie - Hennepin County Public Health
- Scott Redd – Sabathani Community Center
- Shannon Mayer – Neighborhood HealthSource
- Stephanie Abel - Hennepin County Public Health
- Thia Bryan - HealthPartners

Mental health action team members

- Alison Pence – Allina Health
- Allie Glass – Fairview Health Services
- Alyssa Paulson - Bridging
- Amina Abdullahi – Bloomington Public Health
- Anna Lynn – Minnesota Department of Health
- April Graves – Minneapolis Health Department
- Becca Gilgen – Brooklyn Bridge Alliance for Youth
- Bessy Mairura – Community member
- Brisa Morales – Latino Youth Development Collaborative
- Brittany Nguyen – Bloomington Public Health
- Cynthia Elmore – Open Doors Community Services
- Fadila A Ibrahim – Hennepin County Public Health
- Fatima Muhammad - Consultant
- Foua Khang – Blue Cross Blue Shield
- Gloria Coles – Community member
- Gretchen Musicant - Community member
- Jada McDonald – Bloomington Public Health
- Jamie Wilson – Community member
- Janavi Dhyani – Hennepin County Public Health
- Jen O’Brien - Hennepin County Public Health

- Kelly Hughes – Hennepin County Public Health
- Komal Mehrotra – Hennepin County Public Health
- Larry Hiscock – Fairview Health Services
- Latrina Caldwell – Community member
- Laura Bohen – Hennepin Healthcare
- Laura Duhn – HealthPartners
- Madeleine Moe – Fairview Health Services
- Margaret Schuster - Minneapolis Health Department
- Maria Cervantes – Raices Sagradas
- Mark Sander – Hennepin County Public Health
- Naomi Campbell – Community member
- Nassir Scroggins – Community member
- Pang Yang – MN Zej Zog
- Pat Dale – Community member
- Patty Bowler – Minneapolis Health Department
- Paul Danicic - HealthPartners
- Princess Titus – Community member
- Rachel Harris - Northwest Family Resource Collaborative
- Ruth Buffalo – Minnesota Indian Women’s Resource Center
- Sara Bolnick – Minnesota Association of Community Health Centers
- Shannon Mayer – Neighborhood HealthSource
- Stella Nyakundi – Community member

Access to basic needs action team members

- Alison Pence – Allina Health
- Allie Glass – Fairview Health Services
- Alyssa Paulson – Bridging
- Amina Abdullahi – Bloomington Public Health
- Bessy Mairura – Community member
- Cassandra Stepan – Hennepin County Public Health
- Claudia Diggs - Community Junction
- Ela Rausch – Community member
- Fadila A Ibrahim – Hennepin County Public Health
- Foua Khang – Blue Cross Blue Shield
- Gloria Coles – Community member
- Idil Farah – Sakan Community Resources
- Jen O’Brien - Hennepin County Public Health
- Jennifer Nielsen – Bridging
- Jill Collins Mattson – City of Bloomington
- Kelly Hughes – Hennepin County Public Health

- Komal Mehrotra – Hennepin County Public Health
- Larry Hiscock – Fairview Health Services
- LaToya Turk – City of Brooklyn Center
- Latrina Caldwell – Community Member
- Laura Bohen – Hennepin Healthcare
- Laura Duhn – HealthPartners
- Magdalena O'Connor – Project for Pride in Living
- Margaret Schuster - Minneapolis Health Department
- Munira Salad – Bloomington Public Health
- Naomi Campbell – Community member
- Patty Smith – Aeon
- Princess Titus – Community member
- Rachel Harris - Northwest Family Resource Collaborative
- Renee Farrow – Medica
- Renzo Amaya – Hennepin County Public Health
- Ruth Buffalo – Minnesota Indian Women's Resource Center
- Sara Bolnick – Minnesota Association of Community Health Centers
- Shannon Mayer – Neighborhood HealthSource
- Stella Nyakundi – Community member

CHIP evaluation team and workgroup members

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- Ela Rausch – Otto Rausch
- Fadila Ibrahim – Hennepin County Public Health
- Jen O'Brien – Hennepin County Public Health
- Kelly Hughes – Hennepin County Public Health
- Komal Mehrotra – Hennepin County Public Health
- Luisa Pessoa-Brandao – City of Minneapolis
- Mageen Caines – City of Minneapolis
- Maren Henderson - HealthPartners
- Margaret Schuster – Minneapolis Health Department

CHIP cross-jurisdictional planners

- Hennepin County: Jennifer O'Brien and Renzo Amaya
- Bloomington Public Health: Amina Abdullahi
- Minneapolis Health Department: Margaret Schuster and April Graves