



Healthy Minnesota 2022 Update

2023 HEALTHY MINNESOTA PARTNERSHIP ANNUAL REPORT

January 2024

“Healthy Minnesota 2022 update: 2023 Healthy Minnesota Partnership Annual Report

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The Healthy Minnesota Partnership

The Healthy Minnesota Partnership (Partnership) brings together community partners and the Minnesota Department of Health (MDH) to improve the health and quality of life for individuals, families, and communities in Minnesota.

Convened in 2010 by the commissioner of health, the Partnership is charged with developing the statewide health assessment and directing and implementing the improvement framework. Through its charge, the Partnership identifies and acts on strategic opportunities to improve health and well-being for all people in Minnesota. Members come from rural, suburban, and urban communities and represent four areas: public health and health care, cross-sectoral partnerships, communities impacted by health inequities, and advocacy organizations.

Throughout this report the term Member refers to the organizations on the Healthy Minnesota Partnership. Each Member organization designates individuals to attend and participate in Partnership activities as either a Representative or an Alternate. Both representatives and alternates are encouraged to actively participate in all Partnership activities (For more information, see [About the Healthy Minnesota Partnership](#).)

Our Vision

All people in Minnesota enjoy healthy lives and healthy communities.

Our Values

We value... health. We affirm that health, more than being simply the absence of disease, is found in balance, connection, and well-being across every aspect of life—physical, mental, and social—and across families, communities, cultures, and systems. Health is a resource for living, deserved by all, that calls for the active participation of all.

We value... equity. We assert that every person in Minnesota deserves to have the opportunity to be as healthy as they can be.

We value... inclusion. We welcome everyone to the table to discuss, learn, and prepare for action to improve health in our communities. We welcome and value the wisdom, knowledge, skills, experience, and expertise of all those who are working to create conditions to support health across the state.

We value... difference. We recognize that we are all members of many communities, with great diversity of experience, perspectives, and strengths. We value the differences each person brings to the conversation because those differences make us stronger together than we would be alone.

Our Guiding Principles

We are explicit about race and racism. We focus on race and racism because racialization multiplies challenges to health.¹ We are intentional in our efforts to reveal the historical and

¹ Race is a social construct that assigns people to artificial categories based on superficial physical characteristics. Racialization is the assignment of people to those categories; racism discriminates on the basis of those categories.

contemporary actions that continue to limit the opportunities to be healthy available to people of color and American Indians in Minnesota. Being explicit about race and racism opens the door to a wide range of conversations about structural barriers to health, including those based on gender, sexual orientation, age, and disability.

We lead by doing. While we welcome everyone to the table to discuss what creates health and to shape action for health equity, we also expect that each person will work in partnership with us and with others to expand the narrative about health and to reshape conditions in our communities so that everyone can be healthy. All who participate in our process are expected to bring what they learn to their constituencies and colleagues and to act on this knowledge to advance health equity in Minnesota.

We focus on the policy discussions and decisions that shape opportunities for health. While we recognize that many programs and services are essential for populations that currently experience health disparities, our attention is focused upstream, at the policy level. We work to expand the public conversation about health and to identify policy-level actions needed to improve equity and health across a broad spectrum of issues, from transportation to economic development to education and more. We support efforts to prevent future health disparities and to reshape our communities so that everyone will have the opportunity to be healthy.

We innovate and practice. We work to “build our muscle” to expand public conversations about health and implement a health in all policies approach in our work. We look for new ideas and new areas for conversations about, and investments in, what creates health. We learn together and look for opportunities to practice what we have learned and to generate change. We share our knowledge, work to strengthen our working relationships, and work to increase the capacity of our communities to shape conditions and increase the opportunity of every person to be healthy.

Status after the COVID-19 response

The Partnership is in a phase of renewal and growth as it fills vacant roles, builds capacity, nurtures relationships, and begins recruiting new member organizations.

Membership on the Healthy Minnesota Partnership is based on organization, not individuals. The Partnership did not recruit and onboard new Member organizations during the response to the COVID-19 pandemic. In 2023, gaps in membership on the Partnership were identified by a Membership subcommittee and Partnership co-chairs. Efforts to recruit new organizations to fill these gaps began in the Fall and are underway.

The Partnership said good-bye to many tenured representatives and alternates during and after the COVID-19 pandemic response. Each Partnership member organization was impacted and stretched by the pandemic, from members directly involved in clinical care and public health efforts, to members working in other systems responsible for health and well-being of Minnesotans (transportation, housing, food security, incarceration, etc.) Organizations experienced various changes in workforce, including changing roles and responsibilities, retirements, and other staff turnover. This resulted in vacant representative and alternate roles for many Member organizations. In 2023, fifteen new representatives and alternates joined the Partnership to fill vacancies. While the Partnership lost representatives and their historical

knowledge of the Partnership it also has gained fresh perspectives and experiences from new representatives.

Meetings provide a way to build relationships. The Partnership pivoted from in-person meetings before the pandemic to hybrid and online meetings. Hybrid and online meetings have created more opportunities for partners across the state to participate, while creating new challenges with building the relationships needed to create strong partnerships. The Partnership continues to explore and practice ways to build connections and relationships during online and hybrid meetings.

The COVID-19 pandemic created challenges and opportunities for the Healthy Minnesota Partnership and its ability to advance its strategic approaches in *Healthy Minnesota 2022*. The Partnership decided in 2021 to delay the development of the next statewide health assessment and improvement framework due to limited capacity during the COVID-19 response.

Healthy Minnesota 2022: Statewide Health Improvement Framework

Since the Partnership continued to implement Healthy Minnesota 2022 strategic approaches while developing the statewide health assessment in 2023. The *Healthy Minnesota 2022* Statewide Health Improvement Framework lists three priorities to guide the Partnership's work to improve health and well-being across Minnesota. These three priorities build on the 2017 statewide health assessment, which uses the themes of opportunity, nature, and belonging to understand health outcomes across Minnesota's populations.

Healthy Minnesota 2022 Priorities

- Everyone everywhere has the opportunity to be health.
- Places and systems are designed for health and well-being.
- All can participate in the decisions that shape health and well-being.

Healthy Minnesota 2022 Strategic approaches

- Expand conversations about what creates health and well-being.
- Shape policies and systems around health and well-being
- Promote and apply asset-focused approaches to advance health and well-being.

This framework is a guide for activity rather than a program for a single agency or organization to implement. It does not spell out action to take on specific diseases or conditions but works to expand understanding and encourage activity across systems to make a difference in lifelong health for all people in Minnesota.

Description of Healthy Minnesota 2022 Strategic approaches

Expand conversations about what creates health and well-being

“Public narratives” are a particular kind of story that shape thinking and action for groups of people (communities or societies). They are not stories in the sense of having a protagonist, hero, or even a plot. They are broad-based images and ideas, based in shared values: that is, they express what is important to a larger group. They are often rooted in a shared history—or at least a shared understanding of history. Public narratives shape group decisions, such as the development of policies that guide a wide range of actions. Public narratives shape what actions are possible for improving population health.

Current public narratives that dominate policy conversations around health emphasize that health is created by clinical care and individual responsibility. For example, obesity is often viewed as an individual responsibility caused by bad choices. This narrative or story underpins health education programs that teach people how to make healthy food choices. An expanded conversation or emerging narrative might include consideration of food distribution systems, transportation, the ability to afford healthy food—all things that create the conditions that shape people’s health and well-being.

The Partnership works to expand the conversations to draw attention to the conditions in the community that create and shape people’s health and well-being.

Narratives that dominate the public sphere—the ones that are familiar and are repeated the most often—have more power than other ways of thinking. We recognize that, to advance a different set of actions and produce a different set of results, requires recognizing and unmasking the narratives that dominate thinking and policy decisions. It requires advancing a narrative—expanding a conversation—that will yield a fuller set of ideas, also rooted in shared values, to improve health for all. In other words, narratives frame solutions, and current narratives that emphasize health care and individual responsibility miss the enormous impact of social conditions on health. We need to expand the narratives about health so that solutions that will have the most impact—those targeting social conditions—will be part of the conversation about solutions.

The Partnership works consistently to expand the conversation about health by demonstrating the intersection of health with income, transportation, paid leave, access to healthy food, incarceration, early childhood, housing, and more.

Shape policies and systems around health and well-being

The work of the Partnership focuses on policies and systems—economic, social, educational, and more—that form the conditions for health. The design of these policies and systems determines both their effect on health and well-being and who does and who does not enjoy their intended benefits.

Policies are both **public**, such as laws and statutes that determine where priorities lie, where resources are spent, and what actions are taken; and **private**, such as corporate policies that determine where jobs are created, hiring practices and benefits offered. Policies can also take the shape of general guides to action, such as “every child will succeed in our school,” or “we are a welcoming community.”

Systems include large, formally organized bureaucracies such as the educational system and the transportation system, or loosely structured networks such as family systems and informal communications systems.

Promote and apply asset-focused approaches to advance health and well-being

An asset-focused approach to improving and advancing health moves away from “fixing problems” based on an individual, deficit-oriented approach which reinforces negative stereotypes and contributes to ongoing inequities and traumatization. The Partnership is still in the process of defining and implementing this strategic approach.

2023 Progress on Healthy Minnesota 2022

In 2023, the Partnership continued to implement Healthy Minnesota 2022 strategic approaches while developing the next statewide health assessment. The next section of this report documents individual Member activities and collective Partnership activities for each strategic approach.

Expand conversations about what creates health and well-being

“Expanding” conversations can take many forms, such as moving beyond the issue of health care to talk about the connection to health of other policy areas (e.g., transportation, housing), teaching about health equity, using narrative tools during conversations, building capacity for conversations about health, etc.

Member Activities

- HealthPartners Institute has engaged a Community Advisory Council for research and evaluation. <https://www.healthpartners.com/institute/about/community-advisory-council/>
- Minnesota Department of Health (MDH) was intentional how structural racism was framed in the Statewide Health Assessment draft prior to public comment to ensure alignment with MDH health equity efforts.
- Minnesota Council on Health Plans (MCHP) had the first Council Health Equity Summit (Equity in policy, equity in data, equity in leadership, equity in organization)
- MCHP created a new Community Health Committee, working on population health, community connections, and health equity.
- MDH provided information on the Partnership work to advance Health in All Policies and its emerging health narratives through calls with other states’ assessment & planning staff.
- MDH served as an advisor for the Narratives for Health Project of the Population Health Improvement Partners
- MDH presented the Partnership’s Narrative Work to the National County Health Road Maps
- Local Public Health Association (LPHA) members participated in a training to consider how to apply the Healthy Minnesota Partnership narrative to the Community Health Assessment/Community Health Improvement Plan process. Through this training, public health practitioners and community partners gained an increased understanding of health narratives and their impact, learn how to reframe narratives to be broader and more inclusive of the social conditions that create health, and practice applying expanded narratives in assessment and planning work.

Collective Partnership Activities

- The Partnership meetings (2/2, 4/5, 6/8, 9/7, 12/14) featured activities on expanding the conversation about health. For example, during the 2/2 meeting, attendees received a refresher of past Narrative work and then practiced using health narratives to advocate for Health in All Policies for the upcoming legislative session.
- Statewide Health Assessment steering committee members engaged in nine meetings to support and inform the development of the statewide health assessment.
- The Partnership held eight Group Conversations (similar to focus groups) with other advisory boards, networks, and coalitions representing multiple communities to discuss how communities support health and well-being, expanding the narratives about health.

Shape policies and systems around health and well being

Strategic activities in this area include examining current and proposed policies through an equity lens, changes to workplace policies or protocols, equity assessments, bringing a health lens to policy discussions and engaging in partnerships to advance health equity across policy areas.

Member Activities

- The Minnesota Public Health Association (MPHA) explored how policies that encourage voting improve civic engagement and a sense of belonging contributing to public health.
- HealthPartners utilized a new tool (Diversity Equity Inclusion Viewfinder by the University of St Thomas) to help them walk through questions to support inclusive content in marketing.
- Department of Human Services (DHS) added Equity Directors in every administration of the agency. These are dedicated, permanent Diversity Equity Inclusion (DEI) experts ensuring equity is infused in our work, and to consider the social determinants of health.
- Blue Cross Blue Shield (BCBS) created a Unit for Racial and Health Equity as part of the larger administration team and appointed a Regional Health Equity Director.
- Care Resource Connection continues to create and strengthen partnerships with communities in Anoka County through work with the MDH Regional Health Equity Network Grant. With this grant they're looking at health inequities that have created barriers for accessing care and strategize how to minimize these barriers.
- UCare is using a Turn the Curve model for Diversity, Equity, Inclusion, and Accessibility (DEIA) departmental assessments. The process focuses on a measure related to one of their strategic priorities and holds them accountable to tracking and acting on that measure with an eye on equity, ideally using racially disaggregated data.
- Over the past year, Minnesota Board on Aging focused on Diversity, Equity Inclusion and Access and how the Board can model and practice DEIA work in all of its activities.
- MDH presented on the Healthy Minnesota Partnership Health in All Policies work at the April ASTHO Health Equity Conference.

- MDH pioneered work directly with Community Based Organizations (CBOs) and other providers and created a strong network to advocate and implement practices that allowed language access, access to preventive care services, and access to long term support for: Preventive care vaccines to all ages, early childhood screenings, Emotional and Mental Health and Opioids and Fentanyl Information and prevention.
- The American Heart Association is expanding women's health opportunities, partnering with the city of Minneapolis to increase breastfeeding and lactation support in workplaces.

Collective Partnership Activities

- The Statewide Health Assessment Steering Committee and Partnership engaged in multiple meeting discussions about how to include system-level data in the statewide health assessment.
- The Partnership engaged in multiple discussions during Partnership meetings around Health in All Policies. For example, during the April 5th meeting attendees discussed Health in All Policies using universal broadband internet access and trade union membership and discussed additional topics or data indicators.
- During the June Partnership meeting, members and attendees discussed and provided input on adding policy area profiles for inclusion in the next statewide health assessment. The three policy profiles topics decided on are: paid family leave, tree canopy coverage, and universal broadband access.
- The Partnership convened the Assessment and Alignment committee to discuss the alignment between local, hospital, and state assessments.

2023 Minnesota Legislative Highlights

During the 2023 Minnesota Legislative session, many bills were passed on topics and issues that some members of the Partnership helped work on for at different times. Some of these bills included:

- Paid Family and Medical Leave that will allow workers to take up to 12 weeks of paid time for a serious medical condition and up to 12 weeks to take care of family members, including newborns.
- Driver's licenses for all, regardless of immigration status.
- Voting rights: automatic voter registration, pre-registration of 16- and 17-year-olds, and allowing people with felony convictions to vote upon release of prison.
- Universal school meals providing free breakfast and lunch to all K-12 students, regardless of their income.

Applying an asset-focused approach to health equity

Strategic activities in this area include modifying data collection, community engagement or reporting practices, building staff capacity to use asset-based approaches, engaging in partnerships, convening communities.

Member Activities

- The Minnesota Electronic Health Records (EHR) Consortium and the Center for Community Health (CCH) is partnering Health Trends Across Communities (HTAC) to potentially launch a new data dashboard in 2024. The dashboard will include data from 11 health systems' and have 21 to 25 health indicators with multiple demographic breakdowns. Plans include adding and expanding on indicators.
- Ramsey County began offering free naloxone kits to residents and launched a mobile clinic (CareVan) that goes out to community events and provides free testing and screening.
- MDH supported the implementation of a group to serve the Latino Community "Latinos serving Latinos."

Collective Partnership Activities

- The Partnership collected input on community strengths and assets that support health and well-being through Group Conversations facilitated by the Partnership with other advisory boards, networks, and coalitions representing multiple communities. Input was used to help write the statewide health assessment, and to facilitate conversations about what supports health.
- The Partnership launched a statewide survey in June to receive input on Minnesota's strengths that support health and well-being. Findings were used in the health assessment and to facilitate conversations including more asset-based data instead of only deficit-based data.
- The Partnership conducted research to review other assessments and identify community engagement activities conducted for other local and state assessments, including activities focused on identifying strengths and assets. The Partnership shared these findings to highlight the need for more robust asset-based community engagement approaches.
- The Steering Committee and Partnership discussed the importance of assets-focused approaches in the use of data for the statewide health assessment. Assets and strengths-based approaches were the focus of two of the assessment's community engagement activities: state strengths survey and community group conversations.

Other Partnership Activities

Statewide Health Assessment

Throughout 2023, the assessment was developed under the guidance of the Healthy Minnesota Partnership and Minnesota Department of Health. It tells the story, at this point in time, of the different factors impacting our health in Minnesota. These factors include our environment, education, housing, transportation, social circles, and more.

The process of developing the statewide health assessment is as important as the report itself. It is a collaborative process involving multiple partners, relying on feedback loops and input from these groups.

Data collection: The assessment relies on data from many organizations and sources across the state and nation. This data already exists. This data was not collected for the sole purpose of the assessment.

Community engagement: Healthy Minnesota Partnership staff conducted multiple community engagement activities to include input while developing the assessment. These activities included a community engagement inventory, group conversations, a survey on state strengths, and public comment. Staff planned activities with the understanding that communities have engagement fatigue and do not want to be defined solely by deficits.

To read the 2023 Statewide Health Assessment, including detailed appendixes with methods, go to: <https://www.health.state.mn.us/communities/practice/healthymnpartnership/sha.html>

Membership Development

Partnership staff met with Member representatives between the Fall 2022 and Winter 2023 to discuss their interest in ongoing participation with the Partnership, and work of the statewide assessment. Many members expressed feeling drawn to working on the conditions that create health and advancing health equity, and the opportunity for cross-sector partnerships. Many were also interested in the narrative work and others were interested in community engagement.

In 2023, Partnership staff welcomed and oriented 15 new representatives and alternates. Individual and small group one-hour orientations provided opportunities for new representatives and staff to start relationships building. The orientations included an overview of the Partnership history, the charge and work of the Partnership, governance, and contributions requested from representatives.

Membership Subcommittee

A short-term Membership Subcommittee was convened to help staff assess current gaps in the Partnership, plan for new member recruitment and update new member orientation materials. Three Partnership Representatives from the Council on Minnesota Health Plans, Department of Human Services, and Minnesota Public Health Association met with Partnership Staff five times between August and November. They identified the following membership gaps: people with disabilities, LGBTQI+, BIPOC, mental health, dental health, homelessness/housing, education, children, legal aid, quality improvement/data, funders/philanthropic. The subcommittee recommended clarifying the priorities for initial recruitment, so Partnership staff worked with the Assistant Commissioner and prioritized the following communities: People with disabilities, LGBTQI+ communities, and more racially and ethnically diverse communities. The subcommittee also provided input on recruitment processes, including an application for new members, and creating a more formalized orientation process for new representatives.

Looking ahead: 2024

In 2024, the Partnership will release the statewide health assessment and move into the development of the next statewide health improvement plan.

Release and disseminate the statewide health assessment

The assessment is anticipated to be released in early 2024. The document will be available via the Minnesota Department of Health's Healthy Minnesota Partnership website. The assessment will also be distributed throughout the Partnership members' networks with accompanying dissemination materials.

Further dissemination activities may include presentations to internal MDH staff, community organizations who participated in development of the assessment, and other government agencies. Additional promotional materials and activities will be developed.

Develop the next statewide health improvement framework

The Partnership will launch the next statewide health improvement framework planning and development process after the health assessment is released. This will include a yearlong collaborative process to identify health priorities, objectives, strategies (activities). It will also involve creating a plan to monitor and track progress during implementation years (2025-2028). The planning process is coordinated by a Steering Committee, Partnership members, and MDH staff in consultation with the MDH Bureau for Health Equity, Office of American Indian Health (OAIH), and other health equity and key partners. Partner engagement and community engagement activities will ensure the process is partner and community driven.

Recruit new Partnership Members

In 2024, new Members will continue to be recruited to fill identified gaps on the Partnership and to support the development of the SHIF.

About the Healthy Minnesota Partnership

Charge: The Healthy Minnesota Partnership was convened in 2010 to develop innovative public health priorities, goals, objectives, and strategies to improve the health of all Minnesotans, and to ensure ownership of these objectives and priorities in communities across the state of Minnesota. More information about the Healthy Minnesota Partnership is available online: www.health.state.mn.us/healthymnpartnership

The efforts of the Healthy Minnesota Partnership focus on the health of the whole state and is based on organization the membership of the partnership reflects a broad spectrum of interests.

Membership

A list of the members in the Healthy Minnesota Partnership members are listed alphabetically below and includes their current representatives and alternates.

Co-Chairs

- Assistant Commissioner Maria Sarabia (MDH)
- Sarah Grosshuesch (Local Public Health Association)

Current membership (as of December 2023)

- American Heart Association: Clair Fleming

- Blue Cross and Blue Shield of Minnesota: Sasha Houston Brown, Carla Kohler (alternate)
- Council on Asian Pacific Minnesotans: Andrew Morris
- Eliminating Health Disparities Grantees (vacant – in recruitment process)
- Health plan representatives: DeDee Varner (Annie Halland, alternate)
- Local Public Health Association: Susan Palchick (metro representative), Amy Reineke (Greater Minnesota)
- Minnesota Board on Aging: Jim McKinstra, Maureen Kenney (alternate)
- Minnesota Council of Health Plans: Chelsea Georgesen (Chelsey Olson, alternate)
- Minnesota Council on Latino Affairs: Rosa Tock,
- Minnesota Dept. of Corrections: Kelley Heifort (Christen Donley, alternate)
- Minnesota Dept. of Human Services: Linda Davis-Johnson (Malissa Adams, alternate)
- Minnesota Dept. of Transportation: Nissa Tupper (Amber Dallman, alternate)
- Minnesota Hospital Association: Christy Dechaine
- Minnesota Housing Finance Agency: Alyssa Wetzel-Moore (Katherine Teiken, alternate)
- Minnesota Public Health Association: Matt Flory
- National Rural Health Resource Center: Tracy Morton
- State Community Health Services Advisory Committee (SCHSAC): Mai Chong Xiong (Jenna Carter, alternate)
- TakeAction Minnesota: Robert Haider
- University of Minnesota Boynton Health Services: Colleen McDonald Diouf (Michelle Trumpy, alternate)
- University of Minnesota College of Design: Jess Roberts (Thomas Fisher, alternate)
- University of Minnesota School of Public Health: Rachel Widome (Dana Carroll, alternate)

Staff to the Partnership in 2023

Minnesota Department of Health staff supporting the Healthy Minnesota Partnership include Tara Carmean, Deanna White, Audrey Hanson, Jeannette Raymond, Austin Wu, Paul Bolin and Ruby Roetger.

2023 Partnership Meeting Guest attendees

Guest attendees represent people attending from across the public health system, including state and local agencies, education, medical, community-based organizations, and community members. The following attendees are listed alphabetically by last name:

Trina Adler, Amber Ahonen, Madison Anderson, Ali Bahar, Emily Becher, Dorothy Bliss, Brian Bluhm, Kelly Bodeau, Gale Boldt, Ann Bussey, Jane Cunningham, Laura Daak, Khatidja Dawood, Alexandra De, Kesel Lofthus, Mei Ding, Kim Engwer-Moylan, Danelle Ericksen-Bently, Amy Evans, Sarah Evans, Jode, Freyholtz-London, Christina Glenzinski, Kristen Godfrey Walters,

Tommi Godwin, Jan Hallstrom, Allie HawleyMarch, Scott Hegstad, Kelley Heifort, Tanetta Isler, Abby Jessen, Amy Johnston, Michelle Jones, Seth Kaempfer, Lori Kangas-Olson, Canan Karatekin, Kristine Klopp, Jess Langer, Meghann Levitt, RayLewis, Jennifer Lezer, Jody Lien, Marie Malinowski, Denise McCabe, Paul McCleary, Stephany Medina, Mary Meyer, Haley Miskowiec, Sue Mitchell, Amanda Monson, Ladonna Morrison, Kelly Nagel, Teresa Newby, Paula Newinski, Natalie Nice, Amans Ntakaruitamana, Trish Olson, Kaitlin Overman, Maureen Patty, Katie Peck, Tracy Pederson, Lauren Pipkin, Beverly Propes, Monique Riley, Sara Rohde, Ellen Saliaries, Grace Savard, Mandy Schmidt, Denise Schneekloth, Kelsey Scott, Nicole Sowers, Justice Spriggs, Maria Steffel, Brooke Stelzer, Suzanne Stenson-Velo, Pat Stieg, Laura Strait, Angela Stuempert, Laura Stumvoll, Jessica Tabbutt, Raymond Thron, Heather Tidd, Marie Tran, Denny Vang, Stacey Vogel, Frieda vonQualen, Sten Wall , Kimberly Wallingford, Megan Warfield-Kimball, Susan Whitewater, Ashley Wiertzema, Lisa Wylie, Mary Yang