



# **Healthy Minnesota Partnership Annual Report**

**2024**

March 2025

## Healthy Minnesota Partnership Annual Report: 2024

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# About the Healthy Minnesota Partnership

## Background

The Healthy Minnesota Partnership (the Partnership) brings together organizations, community partners, and the Minnesota Department of Health (MDH) to improve the health and quality of life for individuals, families, and communities in Minnesota. MDH first convened the Partnership in 2010 and charged it with directing the health assessment and improvement framework. It is directed by two co-chairs. As of December 2024, the co-chairs were (former) Assistant Commissioner Maria Sarabia of MDH and Sarah Grosshuesch, the director of Wright County Public Health, a Local Public Health Association representative, .

The Partnership is supported by its member organizations and many partners who participate but who do not represent a member organization. Member organizations 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. Membership is based on organization. Each member organization designates individuals to attend and participate as a representative or an alternate. Partners include anyone interested in the Partnership and includes individuals from many cross-sectoral organizations and communities. Members and partners can participate in meetings, subcommittees, and workgroups.

The Partnership is supported by MDH staff. Quarterly Partnership meetings create a space where members and partners can collaborate around a shared vision, priorities, and strategies. The Partnership plays a role in advancing health equity in Minnesota by highlighting the conditions that impact health, including structural racism, engaging community voices, and creating a space where everyone can discuss, learn, and act. The Partnership is not an advisory board to the health department, nor does it implement community grants or programming.

## Vision, values and principles

**Vision: All people in Minnesota enjoy healthy lives and healthy communities.**

### Values

- Health: More than the absence of disease, health includes balance, connection, and wellbeing across every aspect of life – physical, mental and social.
- Equity: Every person in Minnesota deserves to have the opportunity to be as healthy as they can be.
- Inclusion: Everyone is welcome to the table.
- Difference: We are all members of many communities. Those differences make us stronger together than we would be alone.

### Principles

In 2024, the Partnership reviewed and discussed updates to its guiding principles during the February and July meetings.

- We are explicit about race and structural racism to create fair and just conditions for the health of all people in Minnesota.
- We lead by doing.
- We focus on the institutional and governmental policy discussions and decisions that shape opportunities for health equity.
- We innovate and practice with a focus on asset-based approaches.
- Added in 2024: We convene statewide and community partners to co-create and determine priorities and conduct impactful work.
- Added in 2024: We value and seek out input from community members to inform our work.

## Partnership's responsibilities

In 2010, MDH charged the Partnership with directing the health assessment and developing and implementing the improvement framework. MDH is an accredited health department, and the assessment and improvement framework are required for national accreditation standards by the Public Health Accreditation Board (PHAB).

The health assessment and improvement framework cycle take place every five years. Previous health assessments were released in 2012 and 2017. In 2021, the Partnership decided to delay the development of the next statewide health assessment and improvement framework due to the COVID-19 response.

## Minnesota Statewide Health Assessment

The *Minnesota Statewide Health Assessment* was released in April 2024. The assessment tells the story of health in Minnesota and includes data from various sources to understand how conditions (education, transportation, income, environment, etc.) impact our health. The assessment shares how the opportunities we have to thrive, our interactions with nature, and our sense of belonging intersect and shape the health of our communities.

Through many activities in 2023, the assessment was developed under the guidance of the Partnership and MDH. The process for creating the assessment was collaborative. It included gathering data and information from government agencies and organizations across the state, and input from community engagement activities and a public comment period.

One of the goals of the Partnership for this assessment was to include information and describe how systems impact our health. With support from internal and external partners, this assessment provides narrative that explicitly names structural racism, how it impacts health, and how it builds on and compounds other inequities. It also includes three new policy profiles that show how different policy areas impact our health. By describing how conditions and systems contribute to health outcomes, the assessment opens a range of possible actions for health improvement.

## Minnesota Statewide Health Improvement Framework

The Minnesota Statewide Health Improvement Framework is a multi-year action plan in response to the issues and topics identified in the health assessment. It is a living and evolving plan with health priorities, objectives, and strategies.

The purpose of an improvement framework is to describe how the Partnership, its member organizations, MDH, and communities across the state will work together to improve population health in Minnesota.

The Partnership uses the improvement framework to identify areas for collective action and coordination, elevate health in all policy approaches, shift narrative and mental models (dominate beliefs), and implement more asset-based approaches.

The improvement framework is equivalent to other statewide, Tribal, and community health improvement plans. The Partnership continues to explore how the improvement framework can align with local and Tribal improvement plans across state.

## 2024 objectives and activities

In 2024, the Partnership focused on three objectives.

- Release and share the Minnesota Statewide Health Assessment.
- Increase recruitment and participation, with a focus on including LGBTQ+ communities, people with disabilities, and more racially and ethnically diverse communities.
- Develop the Minnesota Statewide Health Improvement Framework, using a collaborative and community driven process.

The following summarizes how the Partnerships accomplished these objectives.

### Sharing the statewide health assessment

With the release of the health assessment in April 2024, MDH staff and the Partnership continue to discuss and share how the assessment can be used by different partners across sectors. Some ideas include:

- Use the assessment chapters to describe what creates health in programmatic areas.
- Help partners understand the scope of public health and opportunities for cross-sector collaboration.
- Orient new staff, advisory boards, or task force members to health in Minnesota.
- Advocate for the collection, analysis, and sharing of more systems-level and disaggregated data.
- Develop a policy profile related to your programmatic work.

Health assessment dissemination activities included presentations to internal MDH divisions and sections, external partners (MDH advisory boards/networks, MN government agencies and organizations), and professional associations and conferences (Minnesota Public Health Association and American Public Health Association annual conferences). Activities also included developing written translations of the executive summary and letter from Commissioner Brooke Cunningham and video translations of summaries describing an overview

of the assessment. MDH staff partnered with a student and professor at St. Catherine's University to develop curriculum modules using content from the assessment to share with undergraduate public health students. Since the assessment's release, there have been 26 presentations:

- Nine presentations to MDH staff, divisions, sections, or teams
- Nine presentations to MDH advisory boards, networks, or communities of practice
- Three presentations to other Minnesota government agencies or organizations
- Five presentations to statewide or national associations/conferences

## Increasing recruitment and participation

In 2024, the Partnership conducted recruitment efforts to increase representation and fill gaps in the Partnership, including organizations working with people with disabilities, LGBTQ+ communities, and more racially and ethnically diverse communities. Recruitment activities included individual outreach from staff and co-chairs, notices through multiple email listservs, social media postings, orientation and information sessions. Secondary recruitment activities promoted the Partnership during statewide health assessment presentations and community engagement activities.

The following summarizes results of outreach and recruitment efforts.

## Orientations

In 2024, 42 people attended 10 orientation sessions. Partnership staff offered virtual orientations throughout the year about the history, scope, and work of the Partnership. People who attended represented multiple sectors, including:

- 18 attendees from community-based organizations<sup>2</sup>
- Nine attendees from health care systems
- Seven attendees from state agencies<sup>3</sup>
- Six attendees from local public health
- Two attendees from university/educational systems

## New member organizations

The Partnership consists of both official member organizations and many partners (non-members). Membership is based on organization, and each organization designates a representative and alternate.

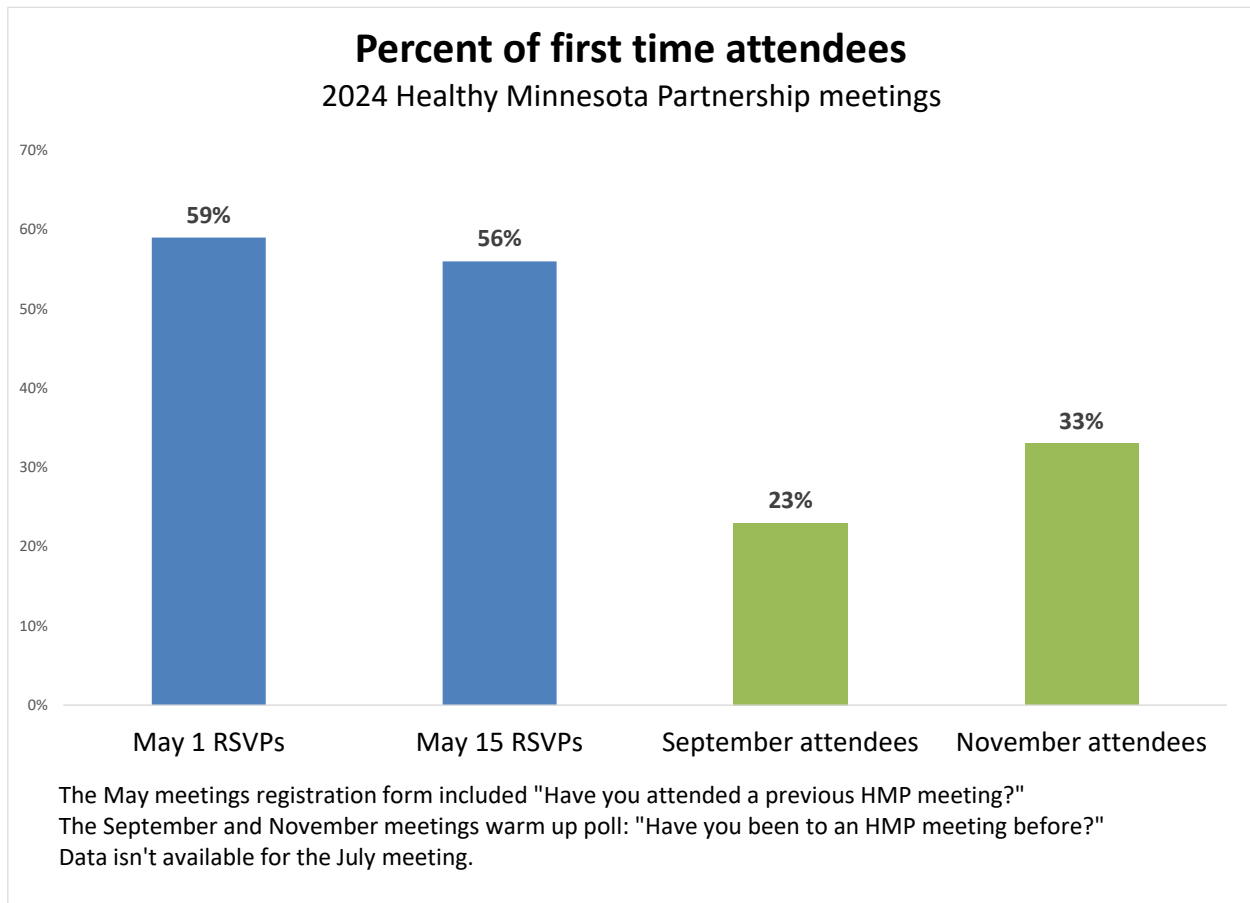
In 2024, four new organizations were added to the membership roster: Essentia Institute of Rural Health, Joint Action for Diversity and Engagement (JADE), Minnesota Pollution Control Agency, and YWCA of Saint Paul.

## Meeting attendance

In addition to new members, the Partnership experienced an increase in meeting attendees compared to previous years. In 2024, attendance at individual meetings ranged from 55 attendees to 82 attendees. In comparison, 2023 meeting attendance ranged from 34 to 54 attendees.

- February 13 (hybrid): 55 attendees
- May 1 (in-person) & May 15 (virtual): 105 attendees (combined)
- July 31 (virtual): 73 attendees
- September 10 (hybrid): 66 attendees
- November 20 (hybrid): 82 attendees

Staff asked registrants and meeting attendees if they were attending a meeting for the first time. The following chart gives a snapshot:



When looking at attendance across all 2024 meetings, most attendees only attended 1 or 2 meetings:

- 15 people attended four or five meetings
- 13 people attended three meetings,
- 35 people attended two meetings
- 154 people attended one meeting.



While recruitment efforts successfully increased meeting attendance, the Partnership is continuing to explore ways to build, retain, and strengthen relationships with new attendees.

## Developing the statewide health improvement framework

In 2024, the Partnership meetings and work focused on developing the statewide health improvement framework, which was adopted on Feb. 11, 2025.

### Health priorities

In September, four topics from partner and community input emerged as potential priority areas and were used to launch the following workgroups: mental health and wellbeing, housing and homelessness, health care systems, and substance use. These topics were later combined and renamed into three health priorities:

- Belonging, wellbeing and substance use prevention
- Health and housing
- Equitable access and care

The objectives and strategies for the health priorities reflect the Partnership's scope and focus on collaboration and changing narratives, as well as system level, health in all policies, and asset-based approaches.

### New to this improvement framework

The Partnership built on the successes and lessons learned from the previous improvement framework by expanding its activities to ensure it was a collaborative and community-driven process. These activities included:

- Increased recruitment efforts for more representation of communities most impacted by health inequities.
- Informational sessions to provide partners with background and context on the improvement framework and the development process.
- A steering committee for oversight and guidance.
- Community engagement activities, including community conversations and a survey, invited input and discussion among people working in and directly impacted by conditions that impact health.
- Four newly formed health priority workgroups included a mix of participants from various sectors and lived experiences.

### Collaborative process

The Partnership led the collaborative process of developing the improvement framework. Co-chairs worked with MDH staff to provide leadership. The Partnership used meetings to share information, discuss and receive input, and adopt each phase of the improvement framework. Other collaborative highlights are summarized below.

**Steering committee**

Launched in Feb 2014, an eight-member steering committee met monthly with Partnership staff to give guidance, input, and direction. Some of their accomplishments included:

- Developed prioritization criteria for health priorities
- Provided input on engagement activities and piloted survey
- Provided input on revising Guiding Principles
- Reviewed input and identified four community identify topics
- Reviewed objective recommendations for Nov. 20 proposal
- Reviewed and informed strategy ideas.
- Helped identify response to review input

**Community engagement activities**

Rich community input was used to inform and make decisions about the health priorities, objectives, and strategies. Input was received from:

- Over 85 people attending six virtual community conversations in July 2024
- Two in-person community conversations held with groups representing American Indian communities in the Metro area in August 2024
- 717 people responding to the health priorities survey, available in English and Spanish from July to August 2024
- In-person community conversation with the MN Youth Council in November 2024

**Health priority workgroups**

Over 65 people joined four health priority workgroups. Workgroups had an initial kick-off meeting and four 90-minute meetings in October and December. Workgroups generated recommendations for objectives and strategies, provided input on population indicators, and gave feedback on the improvement framework's first draft of the improvement framework.

For more details about the Statewide Health Improvement Framework, visit: [Healthy Minnesota Partnership Statewide Health Improvement Framework - MN Dept. of Health](#)

## What's coming up in 2025

In 2025, the Partnership adopted the statewide health improvement framework during its Feb. 11, 2025, meeting. The Partnership will transition to capacity building and implementation efforts between 2025-2029. Key activities include:

**Build Partnership capacity**

- Continue member recruitment and orientation sessions
- Build connections between members and support ongoing collaboration

**Establish and support workgroups**

- Identify current and new health priority workgroup members, including people with lived experiences, people of color, American Indians, and other underrepresented communities.

- Reconvene and establish processes to support workgroups to carry the work forward.

### **Determine and implement action**

- Develop work plans that outline the actions, timelines, and partners needed to implement strategies.
- Engage people across the lifespan, people with lived experiences, and community partners representing communities most impacted by inequities.
- Continue ongoing health equity discussions and practices.

### **Create a system to track progress**

- Develop process measures, including measurable SMARTIE objectives and ways to collect stories, testimonials, or other qualitative data.
- Track implementation progress by engaging the steering committee, Partnership members, and health priority workgroups.
- Annually report progress and any changes or updates made to the improvement framework.

## **Appendix**

### **Member organizations (as of December 2024)**

#### **Co-chairs in 2024**

- Sarah Grosshuesch of Wright County, representing the Minnesota Local Public Health Association
- (Former) Assistant Commissioner Maria Sarabia<sup>1</sup>, Minnesota Department of Health

#### **Member organizations**

- American Heart Association: Claire Fleming (Heather Peterson, alternate)
- Blue Cross and Blue Shield of Minnesota: Sasha Houston Brown (Carla Kohler, alternate)
- Council on Asian Pacific Minnesotans: Andrew Morris
- (Joined in 2024) Essentia Institute of Rural Health: Amber Lightfeather
- (Joined in 2024) JADE (Joint Action for Diversity and Engagement): Grace Li (Hanbin Zhou, alternate)
- Local Public Health Association (Metro area): Diane Holmgren
- Local Public Health Association (Greater MN): Sarah Grosshuesch, (Amy Reineke, alternate)

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<sup>1</sup> In January 2025, the Assistant Commissioner Sarabia accepted a new position outside of the Minnesota Department of Health. Assistant Commissioner Dr Halkeno Tura was named as the new Partnership co-chair.

- Minnesota Board on Aging: Jim McKinstra (Maureen Kenney, alternate)
- Minnesota Council of Health Plans: Chelsey Olson
- Minnesota Council on Latino Affairs: Rosa Tock (Ivette Izea-Martinez, alternate)
- Minnesota Dept. of Corrections: Kelley Heifort (Earl Miller, alternate)
- Minnesota Dept. of Health: Assistant Commissioner Maria Sarabia
- Minnesota Dept. of Human Services: Bonnie Abdurahman (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)
- (Joined in 2024) Minnesota Pollution Control Agency: Derek King (Michael Thiel, 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)
- University of Minnesota Boynton Health Services: Colleen McDonald Diouf (Michelle Trumpy, alternate)
- University of Minnesota School of Public Health: Melinda Pettigrew (Rachel Windome, alternate)
- Health plan representatives: DeDee Varner (Annie Halland, alternate)
- (Joined in 2024) YWCA of St. Paul: Beatrice Laiser (Dalton Outlaw, alternate)

### **MDH staff who supported the Partnership**

Murphy Anderson, Tara Carmean, Audrey Hanson, Chelsie Huntley, Ashlie Richie, and Deanna White. Staff are grateful for contributions from Jeannette Raymond, who retired in fall 2024.