Healthy Minnesota 2020

Statewide Health Improvement Framework

December 2012

A Healthy Start for All • An Equal Opportunity for Health • Communities Creating Health

Minnesota Department of Health &
Healthy Minnesota Partnership
PO Box 64975 | 625 Robert Street N
Saint Paul, MN 55164-0975
Phone: (651) 201-5000
www.health.state.mn.us/healthymnpartnership

When health is absent, wisdom cannot reveal itself, art cannot become manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied.

Herophilus of Chalcedon, 335-280 B.C.
Physician to Alexander the Great

If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.

Antoine de Saint Exupéry, 1900-1944
Author

Healthy Minnesota 2020
Statewide Health Improvement Framework

Introduction 4
- Healthy Minnesota 2020 4
- The Healthy Minnesota Partnership 4
  - Vision, Values, Principles 4
  - A New Framework 5
  - Changing Conversations about Health 5
  - Looking Ahead 6

Background 8
- The Health of Minnesota: Statewide Health Assessment 8
- Developing Healthy Minnesota 2020 9

Healthy Minnesota 2020 Themes 11

A Healthy Start for All 12

An Equal Opportunity for Health 16

Communities Creating Health 20

Healthy Minnesota 2020 Statewide Health Improvement Framework 25

The Healthy Minnesota 2020 Strategic Approach 26
  - Promoting Narratives on the Opportunity to be Healthy 27
  - Incorporating Health Considerations in Policy Development 27
  - Monitoring and Promoting Action for Health 28

Appendix: Healthy Minnesota Partnership 31

Healthy Minnesota 2020: Statewide Health Improvement Framework was produced in collaboration by the Minnesota Department of Health and the Healthy Minnesota Partnership. This project was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support, under #5U58CD001287, and by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, through John Snow, Inc. (JSI), July 2011-June 2012. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the U.S. Department of Health and Human Services.

Upon request, this material is available in an alternative format, such as large print, Braille, or cassette tape. Cover photo of Duluth courtesy of The Queen of Subtle (2010) on Flickr, and made available through a Attribution-NonCommercial License.

Minnesota Department of Health and **Healthy Minnesota Partnership**
PO Box 64975 | 625 Robert Street N | Saint Paul, MN 55164-0975
Phone: (651) 201-5000 | Online: www.health.state.mn.us/healthymnpartnership

Introduction

Healthy Minnesota 2020

As a state, Minnesota has much going for it: varied and beautiful landscapes, world-renown businesses, universities, and hospitals, and people who are community-minded and caring. Minnesotans also enjoy, on average, better health than most of the U.S.: we are, in fact, the sixth-healthiest state in the nation. Why, then, is a framework needed for improving health in our state?

The answer lies beneath the averages. Minnesota is far more complex than it may appear at first glance. Our cities, towns, and countryside include persons of many different origins and faiths, varying in dress and skin color, speaking dozens of different languages. Some of us have been here for generations; others have just arrived. We are young and old, gay and straight, sick, healthy, successful, struggling, rich and poor. We have abilities and disabilities. Some of us have been to war. And while the health of many of us is generally very good, this does not, unfortunately, hold true for all.

The statewide health assessment, *The Health of Minnesota* (2012), a companion document to this framework for action, reveals the health challenges faced by populations and communities in our state. The assessment also exposes the key factors that prevent people from experiencing good health, in particular social and economic inequities that prevent us from making progress on persistent racial and ethnic health disparities in this state.

Yet progress can be made. *Healthy Minnesota 2020* was developed, not to address each and every issue identified in the statewide health assessment, but to provide a basis for our collective actions, building toward a healthy future. The emphasis in *Healthy Minnesota 2020* is on creating conditions that allow people to be healthy, conditions that assure a healthy start and that set the stage for healthy choices throughout life. *Healthy Minnesota 2020* is not a program for any single agency or organization to implement, but is a guide for activity on many fronts. It does not spell out action to take on specific diseases or conditions, but hopes to expand understanding and encourage activity on creating the kinds of environments and opportunities for health that will make a difference for our individual and collective health in the long run. *Healthy Minnesota 2020* provides a narrative framework for having new and different conversations about health and for organizing work toward a healthy future in our state.

The Healthy Minnesota Partnership

Vision, Values, Principles

The Health of Minnesota and *Healthy Minnesota 2020* were developed in 2012 by the Healthy Minnesota Partnership. The Partnership set out to create a statewide health assessment and health improvement framework that would allow people throughout Minnesota to contribute to the realization of this vision.

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

The Healthy Minnesota Partnership was convened by the Commissioner of Health to develop public health priorities, indicators, and strategies to improve health and wellness for all Minnesotans. The members of the Healthy Minnesota Partnership come from rural, suburban and urban communities; from hospitals, health plans

and public health departments; from business and government agencies; and from faith-based and community organizations (see Appendix).

To begin its work, the Partnership developed a set of guiding principles:

- Strive to improve health equity and eliminate health disparities.
- Promote proactive, evidence-based, and innovative health improvement priorities and strategies, including policy, systems, and environmental approaches.
- Maximize partnerships and advisory groups to bring a depth and breadth of experiences, skills, and technical expertise to the table.
- Develop strategic goals and directions for health that complement the goals and priorities of member organizations and communities.
- Be a voice for the health of every Minnesota community.

As the Partnership began their work, they also articulated a set of core values (see box, at right) to reflect their goal to develop a framework that will help Minnesotans work together to create the conditions in which everyone can be healthy.

Healthy Minnesota Partnership Values

We Value… Connection

We are committed to strategies and actions that reflect and encourage connectedness across the many parts of our community. Our collaboration, cooperation, and partnerships reflect our shared responsibility for ensuring health equity and creating healthy communities.

We Value… Voice

People know what they need to be healthy, and we need to listen. Every part of every community has an equal claim to having their voices heard and considered in new conversations about health.

We Value… Difference

We are all members of many communities, with great diversity of experience, perspectives, and strengths. Those differences make us stronger together than we would be alone.

A New Framework

Many plans have been developed to improve the health of Minnesotans. What's different about *Healthy Minnesota 2020?* First of all, the framework is designed to generate action on the factors that *create health* rather than on disease and other health outcomes. It complements rather than replaces those plans that support prevention and treatment of injury and disease.

Second, the framework does not attempt to be comprehensive in its lists of indicators and strategies, or to provide step-by-step instructions. Rather, this work emphasizes the importance of linking together many plans of action. The framework features themes, indicators, and wide-ranging strategies that illustrate a variety of ways of contributing to a healthy Minnesota. Achieving the vision of *Healthy Minnesota 2020* is only possible with the ongoing efforts of every sector in the state. Everyone in Minnesota, therefore, is invited to participate in creating a healthy future for our state.

Changing Conversations about Health

Throughout the development of the statewide health assessment and the framework for action, the Healthy Minnesota Partnership kept returning to a key strategic approach to support the focus on the factors that create health: ***changing the nature of public conversations about health***.

Narratives about What Creates Health

A narrative is a story or an account of something. Yet a narrative is more than a simple story; it represents and communicates societal and cultural values. Narratives about health in our culture generally emphasize health-care and individual responsibility; what we need are more narratives about the factors that create the opportunity to be healthy (such as safe housing, high school graduation, livable wage) to realize the vision of *Healthy Minnesota 2020*.

Changing the nature of public conversations about health means identifying, developing, and elevating alternative stories or narratives about health, engaging a wide range of people and populations in conversations about what health is for them, and getting people to think and talk about the factors that create health.

Health in All Policies

Effective narratives about what creates the opportunity to be healthy are essential for generating policy change. Ordinary citizens need powerful narratives and good information to advocate for healthy policies for themselves and their communities. Public and private policy makers need the same powerful narratives and information in order to construct policies that create and improve—or at the very least do not diminish—health for those affected by the policies.

Looking Ahead

The *Healthy Minnesota 2020* framework is just the beginning. Action is needed throughout the state to create and improve health for all people in Minnesota. Over the next few years, the Healthy Minnesota Partnership will continue to initiate and join conversations to share the framework and identify meaningful action, promote alternative narratives that emphasize the opportunity to be healthy, promote consideration of the health effects of public and private policies, and create a forum for discussion of how the efforts of different sectors can and do align to assure a healthy start, increase opportunities to be healthy, and strengthen communities across the state to realize the vision of *Healthy Minnesota 2020*.

Everyone in Minnesota can engage in purposeful conversations with their own and other communities to encourage them to continue and expand what they already are doing to create health. Together we can realize the vision of all people in Minnesota enjoying healthy lives and healthy communities.

Healthy Minnesota 2020 Vision:
All people in Minnesota enjoy
healthy lives and healthy communities.

The Healthy Minnesota Partnership offers this vision and framework and invites you to consider where you, your organization or your community can contribute to a measurably healthier Minnesota by 2020.

Individual health and the health of each community are bound together with the health of all people in the state. More than a century ago, we saved lives by coming together to develop clean water supplies. More recently, we have made strides in the reduction of heart disease and cancer, increased physical activity, and reduced traffic fatalities. These changes were made in part because individuals changed their behavior, but also because we came together to ban smoking in restaurants, build more bike and walking paths, and require seat belt use.

The Healthy Minnesota 2020 vision and framework is another effort to set the stage for improving health in Minnesota. Individuals can help to realize the vision by being more active, quitting smoking, and taking other steps to become healthier. But only together can we find ways to make sure that all children have a healthy start, that the opportunity for health is available for all in every corner of the state, and that all communities can create a healthy future.

For Healthy Minnesota 2020 to move forward, everyone needs to play a part. Minnesota needs your knowledge, experience, skills, and connections. The strengths of our state are many, and we have high hopes for our ability as a state to come together again, in many ways and in many places, for the health of all.

The Healthy Minnesota Partnership invites you to participate as individuals and as organizations, in your neighborhoods and communities, in regions and in the state, in moving Minnesota into a healthy future.

Please join us in realizing the vision that all people in Minnesota enjoy healthy lives and healthy communities.

To be kept informed and get involved in the activities of the Healthy Minnesota Partnership, please visit the Healthy Minnesota Partnership website and subscribe to the Healthy Minnesota Partnership listserv.

Background

The Health of Minnesota: Statewide Health Assessment

The World Health Organization defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[1] This kind of health and wellness is a product of many conditions and factors. Research shows that living conditions and social and economic opportunity are primary factors affecting health outcomes.[2] *The Health of Minnesota: Statewide Health Assessment* provides ample evidence for Minnesota that the populations experiencing the greatest disparities in health status are also the populations experiencing the greatest inequities in the opportunity for health, in education, income, health care, and living environments. For example, American Indian and African-American populations in Minnesota experience consistently higher rates of poverty, especially among children. Poverty is closely linked to both education and health, as poverty limits access to safe places to live, work, play, and to buy healthy food. And the data show that, indeed, these populations do also experience substantially higher mortality rates at earlier ages, have lower rates of on-time high school graduation, and have lower rates of employment.

The assessment also reveals the importance of social connectedness for health. Older Minnesotans who live alone not only experience loneliness but frequently have no one to care for them if they get sick. Single parent households are at risk for chronic stress from economic challenges and social isolation. Sexual minority (lesbian, gay, bisexual, and transgender, or LGBT) and disabled youth often face the isolation, distress, and poor health outcomes that result from discrimination, social stigma, violence, and victimization. Communities that have disproportionally high numbers of members who are incarcerated experience instability and interrupted patterns of employment, income, and marital status.

Health outcomes findings are consistent with opportunities for health. Poverty and race are linked to higher rates of arthritis, cancer, heart disease, stroke, diabetes, obesity, and violence. Many Minnesotans of every income and race still do not get enough physical activity or eat enough nutritious food. Individuals with disabilities can find it challenging to get enough physical activity, or can become isolated due to physical and social barriers.

The challenges are many, but the assessment includes encouraging findings as well. Teens are increasing their physical activity levels and reducing smoking and binge drinking. Heart disease rates have declined. More Minnesotans use safety belts and traffic fatalities are down.

The assessment identifies many strengths in Minnesota, resources that are essential for a healthy future. Minnesota has adopted health reforms and increased community primary prevention approaches to health. People in Minnesota have courage and resiliency and every population brings much needed cultural and academic knowledge, rich traditions, skills, diverse perspectives, and new ways of thinking to their communities and the state. Improving the opportunity for health for all Minnesotans, beginning in childhood and continuing throughout life, will allow individuals and communities to tap into their strengths and assure a healthier state.

The Health of Minnesota is available online: www.health.state.mn.us/statewidehealthassessment

---

[1] *World Health Organization. (1946). WHO Constitution.*

[2] *World Health Organization. Social determinants of health. Retrieved April 2 2012. Center for Disease Control and Prevention. (2012). Social determinants of health. Retrieved April 2 2012.*

Developing Healthy Minnesota 2020

Process and Methodology

Between January and July of 2012 the Healthy Minnesota Partnership met seven times. The early work of the Partnership was devoted to the development and analysis of *The Health of Minnesota: Statewide Health Assessment*. Members recommended that the assessment be made up of two parts:

- Part One: focuses on the factors in Minnesota that create health and that provide people in Minnesota with the opportunity to be healthy. It also looks at the personal behaviors that create or undermine health.
- Part Two: focuses on health outcomes, highlighting rates of death and disability from disease and injury.

The Partnership invited feedback on the draft assessment and received over 100 comments from stakeholders. After finalization of the statewide health assessment, the Partnership considered the findings and developed a vision statement.

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

Informed by its analysis of the assessment, the Partnership then identified priority topic areas for a statewide framework to improve health. The Partnership and various subject experts identified driving forces—positive forces that can be strengthened to help achieve a healthy future for the state—and restraining forces—forces that negatively impact efforts to improve heath—for these topic areas.

Three **themes** for *Healthy Minnesota 2020* emerged from this analysis and were confirmed by the Partnership.

- Capitalize on the opportunity to influence health in early childhood.
- Assure that the opportunity for health is available everywhere and for everyone.
- Strengthen communities to create their own healthy futures.

Core indicators were selected for each theme to track progress over time. Rather than trying to include every possible measure, the Partnership chose three indicators within each theme to reflect and represent the broad range of issues and health-creating factors relating to the theme. These connections are explained within each section of the framework.

Finally, the Partnership identified a range of **strategies** for each theme to begin the conversation about what can be done to create health in Minnesota and realize the vision. The lists of strategies are not meant to be exhaustive or exclusive. As the framework is adopted and discussions begin across multiple sectors and in different regions of the state, additional strategies may be listed and links to other efforts can continue to be made.

An initial document including the themes, core indicators, and some strategies for moving toward the vision was drafted and presented for consideration by the Partnership in the early summer of 2012. A second draft was subsequently developed and posted online for stakeholder review and comment. Over 200 responses were received with many insightful comments, which were incorporated into the framework. The Partnership approved the *Healthy Minnesota 2020* framework July 30, 2012.

During the late summer and fall of 2012, the Healthy Minnesota Partnership shared the framework widely with their own organizations and with other local, state, and national groups. They established the strategic approach

they will take for moving forward with the framework and generating the kinds of actions that will help to create health in Minnesota (see pp. 26-28) for more information about the strategic approach and activities of the Partnership).

In 2013, the Healthy Minnesota Partnership will begin to implement the *Healthy Minnesota 2020* framework with activities that include the following:

- A subgroup to identify and promote narratives and data that emphasize the opportunity to be healthy. This effort will explore and develop methods and tools to encourage Partnership member organizations to start or engage in conversations about how what individuals, families, and communities need to enjoy healthy lives and healthy communities.

- A subgroup to promote and advocate that the opportunity to be healthy is incorporated and promoted in public and private policies. This effort will explore research and develop strategies for promoting and advocating for health in all policies, paying particular attention to the policies that affect the people and communities who experience the greatest health disparities.

- Partnership discussions with a variety of sectors to bring attention to public health issues, monitor progress on statewide efforts, and promote efforts toward the *Healthy Minnesota 2020* themes. This effort will engage experts from various sectors in conversations about the ways in which their work does or could contribute to the accomplishment of the *Healthy Minnesota 2020* vision.

- An annual review of the core indicators. In addition to the subgroups and cross-sectional discussions, the Partnership will annually review and report progress on the nine core indicators of *Healthy Minnesota 2020* and related health status outcomes.

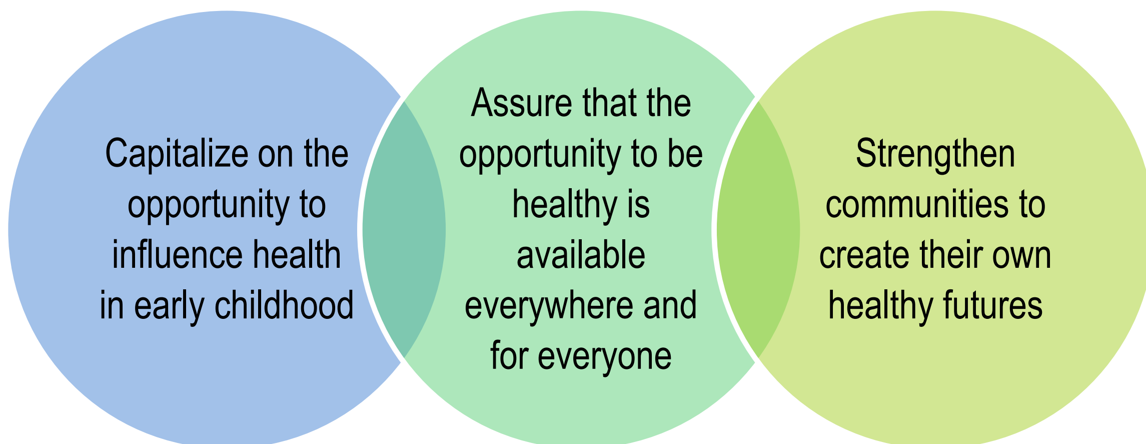
Healthy Minnesota 2020 Themes

The emphasis in *Healthy Minnesota 2020* is on creating conditions that allow people to be healthy, conditions that assure a healthy start, that set the stage for healthy choices, and that create environments that support health throughout life. *Healthy Minnesota 2020* is not a program for any single agency or organization to implement, but is a guide for activity on many fronts. It does not spell out action to take on specific diseases or conditions, but hopes to expand understanding and encourage activity on creating the kinds of systems and opportunities for health that will make a difference for our lifelong individual and collective health.

Statewide Health Themes/Priorities

Through the methods described above, the Healthy Minnesota Partnership identified three key themes to guide future discussion and action for implementing health improvement strategies in Minnesota:

- **Capitalize on the opportunity to influence health in early childhood.**
- **Assure that the opportunity to be healthy is available everywhere and for everyone.**
- **Strengthen communities to create their own healthy futures.**



These themes incorporate a sense of time and urgency (early childhood), shared responsibility (opportunity for everyone, everywhere), and the importance of self-determination (communities creating health). A wide range of health-improvement efforts fit within these high-level themes, from transportation policy to access to health care to health behavior education. The intent is to create a framework for having conversations about health that will involve all sectors of Minnesota, so that together we can create the conditions that assure that all people can be healthy

The sections that follow describe each theme; identify some core indicators that illustrate the themes; and suggest some starting strategies for health improvement within each theme.

A Healthy Start for All

Capitalize on the opportunity to influence health in early childhood

The effect of early childhood on lifelong health is far more important than we ever used to imagine. We all can agree that a healthy start is a good thing for children, but it turns out that it also has a powerful impact on our health as adults. Early nutrition, the physical environment, and interactions with the people around us are all potent influences not only on our health as children, but on our health as adults. For example, traumatic experiences during childhood contribute, decades later, to poor adult health status and early death. Children who grow up in safe, stable, and nurturing environments, on the other hand, are better able to become strong, successful adults.

Adverse experiences in early childhood create changes in the architecture of our brains that affect everything from physical growth to our emotional development to our capacity to make healthy decisions as adults (see “To Learn More” at the end of this section). Early childhood, therefore, is a key time to capitalize on the opportunity for a healthy future. Before we are even conceived the stage is being set for our lifelong health outcomes.

Child development is profoundly influenced by our interpersonal experiences and by the environments in which we live. Homes full of affection and free of stress help us develop healthy relationships and establish a basis for healthy decision making throughout our lives, while the number of traumatic childhood experiences we have increases our risk for alcoholism, depression, heart disease, liver disease, intimate partner violence, sexually transmitted infections, smoking, and suicide.

A healthy start in life is more likely to be assured when parents of young children have positive family and social supports and access to affordable, safe, and nurturing child care; when children are surrounded with emotionally healthy relationships; when parents have access to nutritious foods for their families; and when mothers receive preconception and prenatal care.

Highlights from
The Health of Minnesota

Prenatal care increases maternal awareness of healthy behaviors and choices, screens for risk factors and unhealthy conditions, and improves access to testing and treatment for medical complications. **Minnesota has persistent disparities in rates of first-trimester care.**

Breastfeeding boosts the immune system, prevents obesity, and promotes maternal-child bonding, reducing the risk for child abuse. **Although four out of five Minnesota babies start out breastfeeding, by six months of age only half are still breastfed, and fewer than one in six are breastfed *exclusively* until six months.**

Nutrition is especially important in early childhood, as it is essential for the development of healthy bodies and healthy brains. **Ten percent of Minnesota households struggle to afford enough to eat.**

It is harder to start out healthy when our parents are struggling to make ends meet and are isolated and/or exhausted and emotionally unavailable; when we experience abuse; when one of our parents is sent to prison; and when tobacco, alcohol and other drug use is present in our homes and communities.

Core Indicators

The indicators of a healthy start selected for *Healthy Minnesota 2020* reflect the importance of early intervention (prenatal care); healthy relationships (maternal-infant bonding promoted by breastfeeding); and the nutrition necessary to grow healthy brains and bodies.

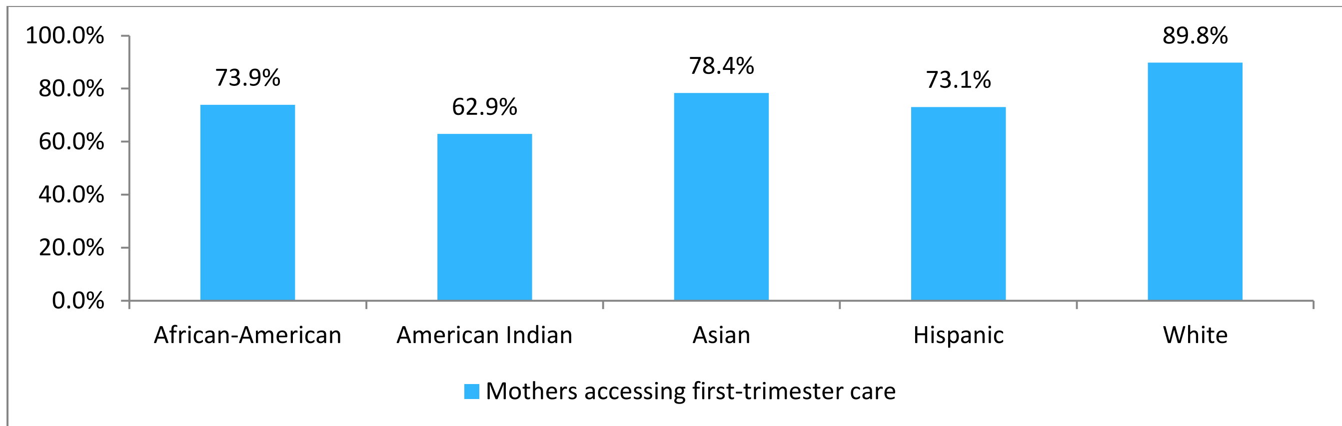
Indicator 1.1

By 2020, more mothers in every racial/ethnic population access first-trimester prenatal care.

Why this indicator? Prenatal care includes clinical as well as other forms of care for expectant mothers. Medical visits increase maternal awareness of healthy behaviors and choices, provide screening for risk factors and unhealthy conditions, and improve access to testing and treatment for medical complications. Nutritional advice and emotional and financial support from professionals as well as from family and community members are also important components of prenatal care.

Prematurity and low birth weight are both significant contributors to infant mortality and high costs of care. Women who receive the care and support they need during pregnancy are more likely to have healthy, full-term pregnancies.

Prenatal care in Minnesota: 2006-2010



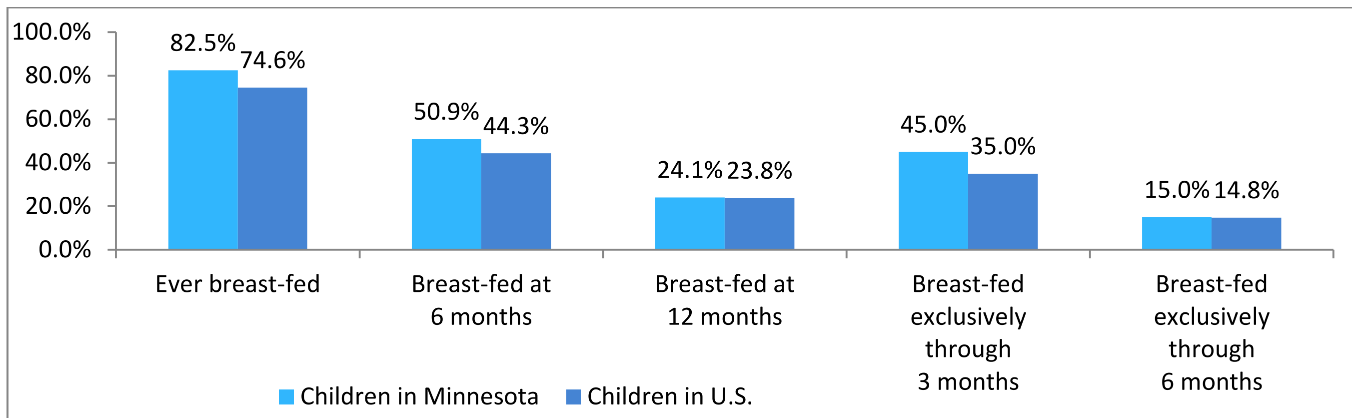
Minnesota Department of Health, Center for Health Statistics. (2011).

Indicator 1.2

By 2020, more Minnesota children are exclusively breastfed for six months.

Why this indicator? Breastfeeding conveys important protective factors for infants, such as boosting immune system response and preventing obesity. Children who are breastfed are less likely to develop diabetes than those who were fed formula or introduced early to solid foods. Breastfeeding also promotes the development of healthy relationships through maternal-infant bonding, has health benefits for the mother, decreases absenteeism for both mother and child, and reduces health care costs.

Breastfeeding in Minnesota and the U.S., for children born in 2008



Centers for Disease Control and Prevention. (2011). Breastfeeding report card 2011. Retrieved January 1 2012.

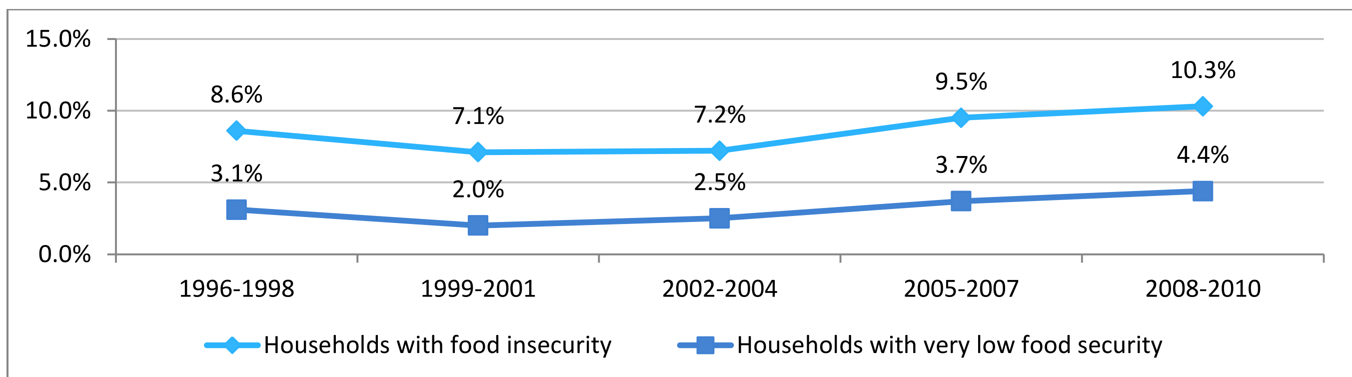
Although four out of five Minnesota babies start out breastfeeding, by six months of age only half are still breastfed, and less than one-sixth are breastfed exclusively until six months. Minnesota children are breastfed at a slightly higher rate than children in the U.S. overall. The data below are not currently available by race/ethnicity, but studies have shown that African-American and American Indian populations tend to have lower rates of breastfeeding than other populations (see "To Learn More" at the end of this section).

Indicator 1.3

By 2020, fewer Minnesota households experience food insecurity.

Why this indicator? Food security means having enough to eat, and being able to make healthy food choices. Adequate nutrition is particularly important for children, as it affects their cognitive and behavioral development. Children from food insecure, low-income households are more likely to experience irritability, fatigue, and difficulty concentrating on tasks, especially in school, when compared to other children.

Food security in Minnesota: 1996-2010 (three-year averages)



U.S. Department of Agriculture, Economic Research Service. (2010). Food security in the U.S.: Current Population Survey Food Security Supplement. Analysis of data from Current Population Survey Food Security Supplement [Data set]. Retrieved January 1 2012.

A Place to Start: Strategies to Support a Healthy Start for All

Many evidence-informed strategies and promising practices are available to move Minnesota and its communities towards "a healthy start for all." Below is a starting list of strategies identified during the development of *Healthy Minnesota 2020*.

Build health-promoting public and private policy. For example:

- Establish worksite policies that support breastfeeding
- Enhance parental leave policies
- Assure access to safe, affordable, and nurturing child care
- Focus supportive services on poorest children
- Assure that schools offer the full range of child nutrition programs
- Assure that all children have access to health care

Create safe and supportive environments. For example:

- Provide ongoing training and supports to child care providers
- Assure all families can receive newborn family home visits
- Ensure that all eligible children who wish to participate are enrolled in school meal and child nutrition programs
- Promote intergenerational transmission of healthy cultural practices such as breastfeeding
- Prepare providers to more effectively serve children and families exposed to and experiencing trauma

Strengthen community action. For example:

- Adopt evidence-based best practices in hospitals to fully support mothers being able to breastfeed
- Train health care providers to encourage exclusive breastfeeding up to six months
- Expand opportunities for parenting education
- Provide nutrition and cooking education for parents
- Offer breastfeeding peer counseling
- Increase community-based opportunities for social interaction
- Strengthen charitable food distribution networks

To Learn More

The following references provide more information about early childhood health.

- Harvard University: **National Scientific Council on the Developing Child**
- Centers for Disease Control and Prevention: **Adverse Childhood Experiences Study**
- The Family Partnership: **Minnesota Family Strength Project**
- Centers for Disease Control and Prevention. (2006). **Racial and socioeconomic disparities in breastfeeding --- United States, 2004**. *Morbidity and mortality weekly report 55*(12), 335-339.

An Equal Opportunity for Health

Assure that the opportunity to be healthy is available everywhere and for everyone.

Conversations about "health" tend to be focused on sickness, which requires a health care response. But the opportunity we all need to be healthy is much more about wellness—what it takes to create the conditions in which we all can be healthy.[3] Wellness is shaped by economic, social and physical forces, such as our access to work and educational opportunity, and our community environments. Our environments in turn are shaped by public and private policies, by broad social forces such as racism, and by social values such as the right to education.

Currently, all Minnesotans do not have the same opportunity to be healthy. The opportunity for health is increased when anyone who wants to can go to college; when we have fulfilling jobs and the opportunity for additional training and advancement; when public and private investments are targeted to our community needs; when all of our neighborhoods are safe and healthy places to live and play; and when we have ready transportation to get to work, to the grocery story, and to all the other places we need to go.

Our opportunity to be healthy is reduced when we experience institutionalized racism, poverty, and residential and occupational segregation; when we suffer from acts of hatred and violence; when we live in communities without safe parks and playgrounds; when we are exposed to environmental contaminants at home or at work, when we cannot get mental health or other health care; and when we cannot afford childcare or a healthy home.

Highlights from
The Health of Minnesota

Education is an important predictor of health; health affects learning at all ages; learning shapes future opportunities and achievement. **White and Asian students in Minnesota graduate from high school at a much higher rate than other students.**

Income influences the opportunity people have to choose where to live, to purchase nutritious food, to participate in a wide variety of physical activities, and to have leisure time. **Minnesota has large disparities in income by race and ethnicity.**

Community safety affects health by keeping people in unsafe neighborhoods indoors and isolated from one another, limiting opportunities for children to play, increasing anxiety levels, and increasing the experience of violence. Violence in schools affects learning and contributes to absenteeism, reducing the opportunity to learn. **Between 4 and 9 percent of Minnesota ninth-graders feel unsafe at or on their way to school.**

Core Indicators

The indicators for the opportunity to be healthy reflect the fact that health and wellness emerge out of all the various aspects of our lives, such as education, income, and our neighborhood, work, and school environments.

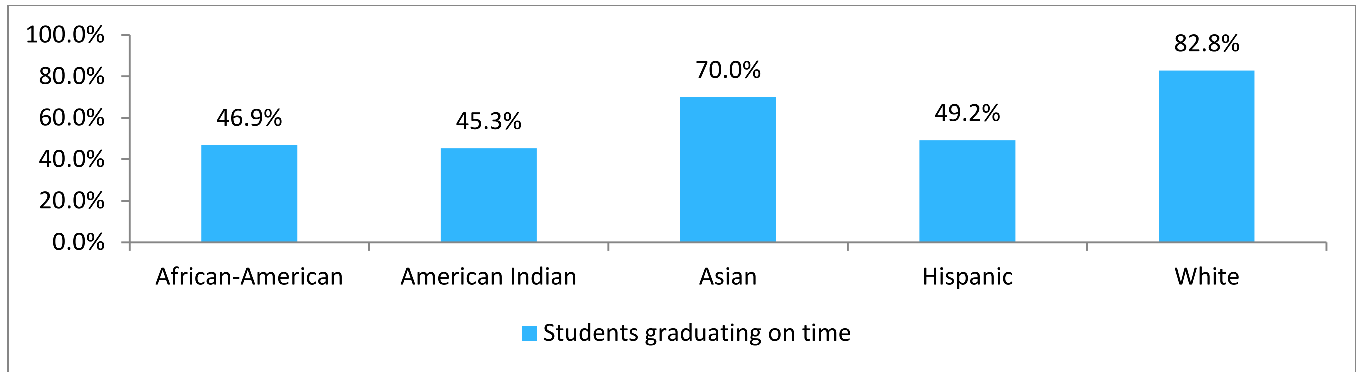
▶ Indicator 2.1

By 2020, more students from every population group graduate from high school within four years.

[3] *Institute of Medicine. (1998). **The future of public health**. Washington, DC: National Academy Press.*

Why this indicator? On-time graduation reflects both the performance of the individual and the public school system. Children who do not graduate with their cohort are much less likely to complete high school. Students who don't earn a high school diploma have fewer job opportunities and lower earning potential, which affects them throughout their lives, and also negatively impacts their families and the community.

Minnesota high school students graduating on time: 2010



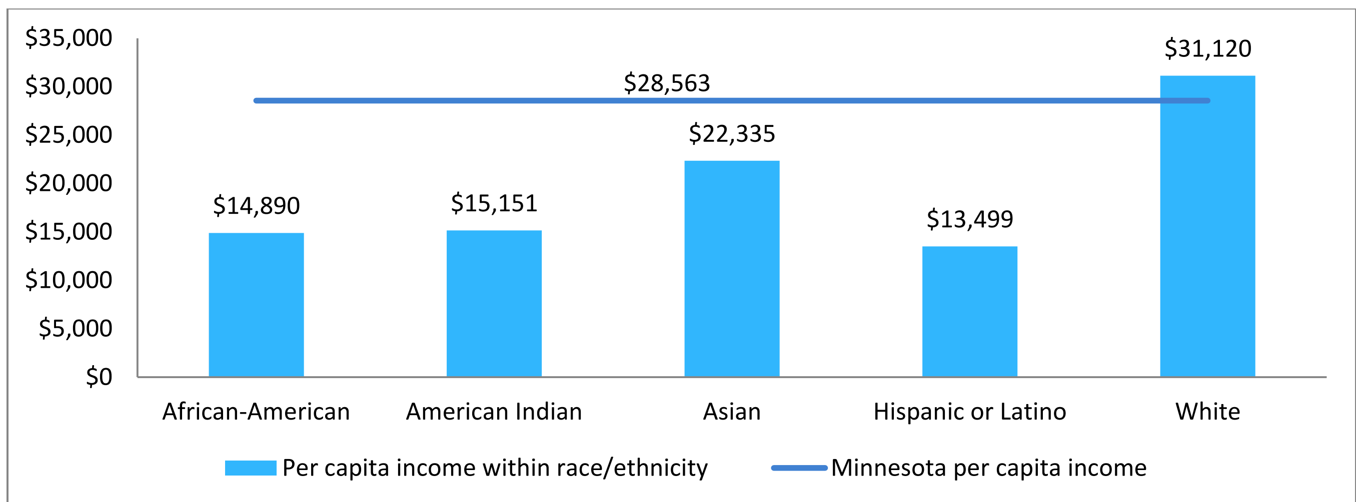
MN Compass. (2011). Education: Overview. Analysis of data from the Minnesota Department of Education. Retrieved January 1 2012.

Indicator 2.2

By 2020, Minnesota's racial and ethnic inequities in income are reduced.

Why this indicator? Inequities in per-capital income by race and ethnicity persist in Minnesota. Income is critical for health because it influences the opportunity people have to choose where to live, to purchase nutritious food, to participate in a wide variety of physical activities—especially those that require fees or special equipment—and to have leisure time.

Per capita income in Minnesota: 2010 inflation-adjusted dollars



U.S. Census Bureau, American Community Survey. (2011).

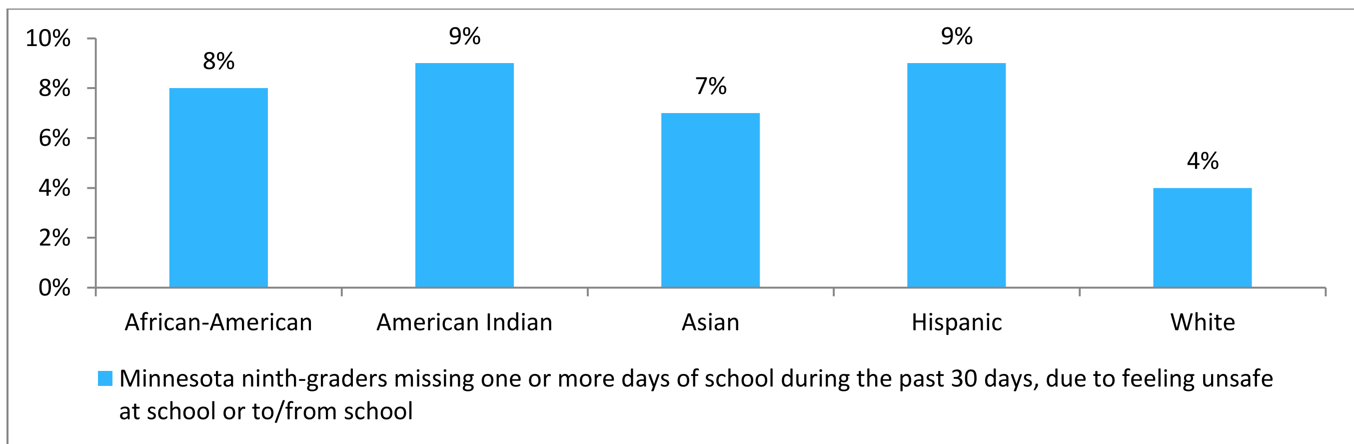
In Minnesota, African-American and American Indian populations have per capita incomes that are much lower than the Asian population, and half that of the White population.

Indicator 2.3

By 2020, Minnesota students feel safe at and on the way to and from school.

Why this indicator? Experiencing violence or witnessing violence has the effect of reducing the opportunity for health, by keeping students away from school and reducing their opportunities for healthy relationships. Violence and bullying in schools can affect the learning environment and contribute to absenteeism. Between 4 and 10 percent of students in Minnesota missed one or more days of school because they felt unsafe at or on their way to/from school. Students of color and American Indian students were more likely to report feeling unsafe than White students. Students who self-identify as lesbian, gay, or bisexual also report higher rates of victimization in the school environment. Beyond the immediate physical and emotional effects, witnessing or participating in violence also makes youth less likely to engage in healthy behaviors like walking to school or participating in school athletics.

Minnesota ninth-graders missing school, due to feeling unsafe: 2010



Minnesota Department of Health, Center for Health Statistics. (2011). Minnesota Student Survey. Retrieved January 1 2012.

A Place to Start: Strategies to Support an Equal Opportunity for Health

There are many evidence-informed strategies and promising practices that can move our state and our communities towards the equal opportunity for health for everyone. Below is a starting list of strategies identified during the development of *Healthy Minnesota 2020*.

Build health-promoting public and private policy. For example:

- Advance health in all policies
- Align and integrate prevention efforts among all state agencies
- Assure that all third-graders can read proficiently
- Promote high quality training in specialized areas of technology, construction, and health care for populations experiencing income inequities

- Assure that workers in all sectors have paid sick leave to attend to their own health and the health of their families
- Develop and maintain indicators of mental health and access to mental health services
- Improve integration of hospital and local public health community health assessments
- Balance investments to emphasize health over sickness
- Increase investments in community-level primary prevention
- Ensure all regions within the state have transit services that allow people to participate fully in their communities

Create safe and supportive environments. For example:

- Prevent and respond to workplace bullying
- Create positive school climates to foster youth development, learning, and on-time graduation
- Train teachers and other school personnel and volunteers to prevent, recognize, and respond to bullying
- Support the transition to work for recent high school or college graduates, persons with disabilities, those getting out of the military, or parents returning to the workforce
- Integrate mass transit with walking and biking options

Strengthen community action. For example:

- Establish partnerships with employers to fill job vacancies with qualified workers from the community
- Expand community health worker programs
- Support evidence-based policy/system/environmental strategies for community health
- Establish safe biking and walking routes to schools
- Establish gay/straight alliance student clubs to make schools safer and more affirming for all students

To Learn More

The following references provided more information on what assures the opportunity to be healthy.

- Centers for Disease Control and Prevention: Healthy Communities Program: **Attaining Health Equity**
- Robert Wood Johnson Foundation: **What Shapes Health?** [Webinar]
- World Health Organization: **Social Determinants of Health**
- National School Climate Center: **School Climate**
- Annie E. Casey Foundation: **Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation**

Communities Creating Health

Strengthen communities to create their own healthy futures.

This theme of *Healthy Minnesota 2020* reflects the fact that we are never healthy—or unhealthy—alone. Our actions and the actions of others together create the environments that play such an important role in our health and well-being. In other words, our health is tightly linked to the health of our entire community.

Minnesota's communities are as varied as our people. Some communities are defined by where we live: neighborhoods in urban areas, towns, and counties in rural Minnesota. We belong to other communities based on our shared experience or shared identification with a culture, faith, profession, or orientation.

Strong communities are characterized by familiarity and a welcoming environment: we know one another and look out for each other, but at the same time we make room for newcomers. We find ways to welcome and reintegrate returning veterans. In strong communities we get involved in community activities, and we share decision-making and the responsibility for taking action.

To create healthy futures, our communities need stable and affordable housing. We need community-based organizations and educational programs developed by and for our own community. We need strong informal support networks and healthy social connections. We need to support and encourage one another in the expression of our individuality, our differences, our commonalities, and our diverse cultural values and faith traditions. We need to take responsibility for our civic life and for making our own policy decisions. And we need to have access to the research and information that helps us make decisions that are healthy for ourselves and for our communities.

Our communities are weakened when we are too busy to participate in community life; when we are not open and welcoming to newcomers; when we fail to treat each other with respect and caring concern; when we fail to make the connection between mental and physical health and thus do not pay enough attention to mental health concerns; when our elderly, the disabled, and the mentally ill are isolated; and when our cultural knowledge is not passed on to our children and grandchildren.

Highlights from *The Health of Minnesota*

Owners of small businesses and farms have a personal stake in the social and economic well-being of their community. The same entrepreneurial and problem-solving skills required to run a small business can readily be applied to community issues. **Minnesota has seen an increase in recent years both in the numbers of small businesses, and in the percentage of women- and minority-owned businesses.**

Stable and secure housing provides control over the living environment, financial stability, and a sense of security, improves health, and improves community social and civic life. **Rates of home ownership in the Twin Cities vary by racial and ethnic group, ranging from 23 to 65 percent.**

High rates of incarceration within communities weaken family ties and increases community instability as members enter and are discharged—often repeatedly—from prison. **Minnesota has high disparities in the rates of incarceration for racial/ethnic groups.**

Core Indicators

Community strength is an area of growing interest and research (see "To Learn More" at the end of this section). The indicators of community strength included here reflect a variety of factors that have an influence on community strength.

Indicator 3.1

By 2020, communities across Minnesota have more small businesses and more women- and minority-owned businesses.

Why this indicator? A high degree of local business ownership increases the ability of the community to act together for the benefit of the community. Small business owners have a personal stake in the social and economic well-being of their community, and the same entrepreneurial and problem-solving skills required to run a farm or small business can readily be applied to community issues.

Minnesota business owners, 2011

	Count (2007)	Percent of Owners (2007)	Percent Change (2002-2007)
Male-owned	252,199	50.7	0.9
Female-owned	133,141	26.8	7.5
Equally male- and female-owned	93,826	18.9	69.3
African-American-owned	12,454	2.5	58.9
Asian-owned	11,407	2.3	48.1
Hispanic-owned	5,011	1.0	25.8
Native American/Alaskan-owned	2,891	0.6	5.4
Veteran-owned	43,548	8.8	n/a

U.S. Small Business Administration, Office of Advocacy. (2011). Small business profile: Minnesota.

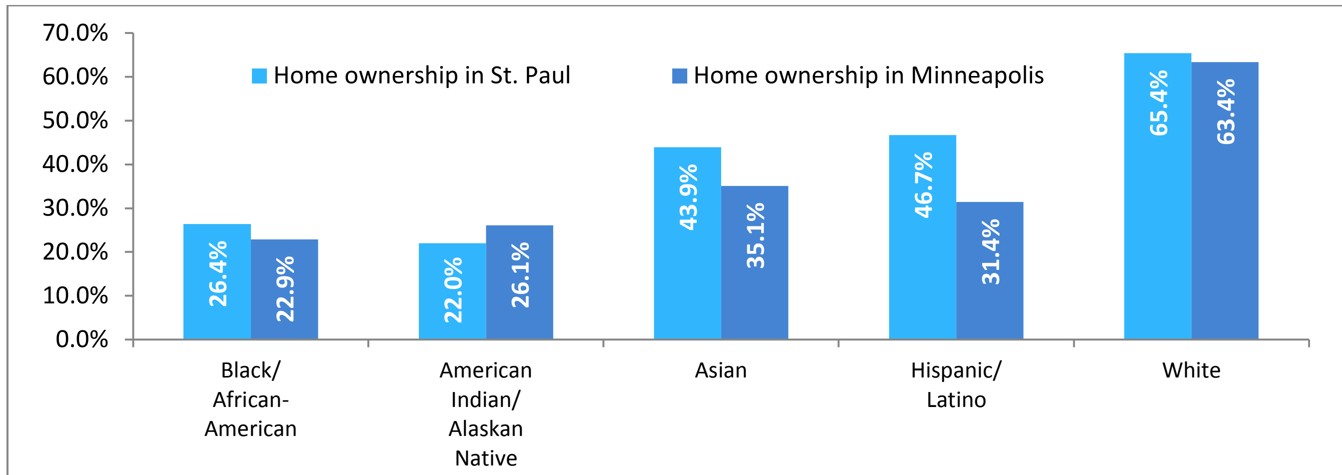
The presence of local businesses creates an environment that fosters social connectedness and builds social capital, as business owners and customers are neighbors and are interested in each other's well-being. Women- and minority-owned businesses (including businesses owned by immigrants), not only benefit the owners, but broaden the base of community knowledge, skills, and experiences, improve hiring opportunities for community members, and bring fresh ideas and diverse points of view into the local business community (see "To Learn More" at the end of this section).

Indicator 3.2

By 2020, populations that currently have low rates of home ownership are better able to afford and own homes.

Why this indicator? Having a stable, secure and affordable home contributes to stronger communities because home owners are more likely to make investments of time and commitment to the community, linking the future of the community to their own futures.

Home ownership in St. Paul and Minneapolis, Minnesota: 2006-2008



Corporation for Enterprise Development (CFED). (2011). [Assets and opportunity profile: Minneapolis]; [Assets and opportunity profile: St. Paul]. Retrieved January 1 2012.

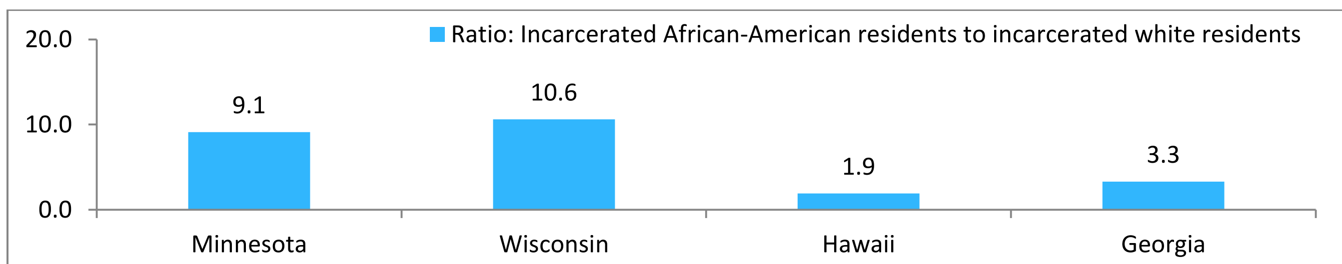
Owning a home reduces the frequency with which individuals and families move from one community to another. Frequent moving disrupts social connections, interrupts the school year (with potential impacts on graduation rates), and can make it more difficult for children to form attachments with friends in the neighborhood and at school.

Indicator 3.3

By 2020, racial/ethnic inequities in incarceration rates in Minnesota are diminished.

Why this indicator? Incarceration rates have a powerful effect on the strength of families and communities. Incarceration separates parents and children, disrupts family interactions, and is an adverse childhood experience that affects a child's future health. The huge differences in Minnesota's incarceration rates by race and ethnicity point to imbalances in sentencing policies, institutionalized racism, community-level poverty, and inequities in opportunity. The inequities reinforce each other, as incarceration and the restrictions placed on those who return to the community impose substantial social and economic barriers, such as access to employment and housing, affecting individual, family, and community well-being.

Incarceration disparities in Minnesota and comparison states: 2007



Mauer, M. & King, R.S. (2007). [Uneven justice: State rates of incarceration by race and ethnicity (PDF: 380KB / 23 pages)]. The Sentencing Project.

High incarceration rates and repeat incarceration rates within communities—when large numbers of people are moving in and out of the community—weaken those communities by increasing family and neighborhood instability, reducing attachment to and investment in the community, and reducing expectations and hope for the future.

A Place to Start: Strategies to Support Communities Creating Health

Many evidence-informed strategies and promising practices are available to strengthen Minnesota's communities to create their own healthy futures. Below is a starting list of strategies identified during the development of *Healthy Minnesota 2020*.

Build health-promoting public and private policy. For example:

- Promote and support small business development in communities across the state
- Promote and support a variety of stable housing options
- Identify and reform racial disparities at key decision points in the justice system, e.g., sentencing
- Support funding streams for local and community-based organizations
- Reduce and bridge silos of support for mental, physical, and oral health
- Advance health in all policies, and analyze the health impact of public policies on communities

Create safe and supportive environments. For example:

- Create healthy and affordable housing opportunities
- Promote aging-in-place supports such as mental health, elder day care, social connection, and housing and transportation options
- Assure accessibility for persons with disabilities
- Establish local caregiver support networks
- Help veterans transition back to civilian life through counseling and other services
- Develop "welcome centers" for connecting new immigrants with current residents

Strengthen community action. For example:

- Connect entrepreneurs and small business owners with resources and educational opportunities
- Develop alternatives to incarceration and establish supports for families of prisoners
- Provide home buyer/homeowner education, counseling, and support
- Support development and capacity of diverse community leadership
- Educate communities in community-based public research
- Increase capacity of communities to address health issues
- Implement policy, systems, and environmental change strategies for community health

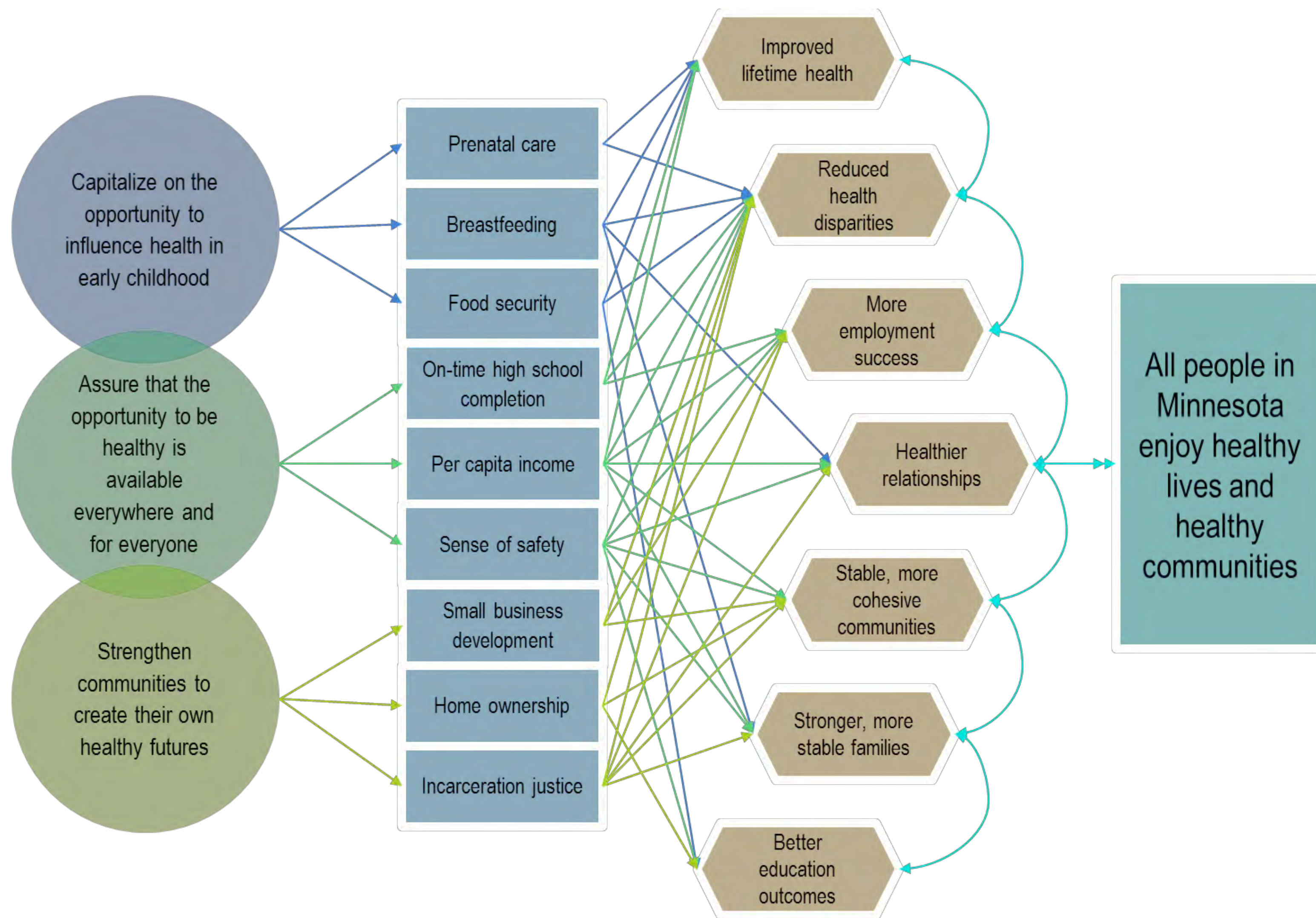
To Learn More

The following references provide more information on the factors that help to empower communities for a healthy future:

- **The Asset-Based Community Development Institute**
- Blanchard, T.C., Tolbert, C., Mencken, C. (2011). **The health and wealth of U.S. counties: How the small business environment impacts alternative measures of development**. *Cambridge Journal of Regions, Economy, and Society 5*(1): 3-13.
- BetterTogether: **Social Capital**
- Centers for Disease Control and Prevention: **Healthy Communities Program**
- Centers for Disease Control and Prevention: Healthy Places: **Health Impact Assessment**
- Robert Wood Johnson Foundation: **Community Health Leaders**

Healthy Minnesota 2020 Statewide Health Improvement Framework

This chart shows how the *Healthy Minnesota 2020* themes connect to the *Healthy Minnesota 2020* vision. The arrows show the complex web of relationships and activities among the indicators and the outcomes. The vision is realized through a range of actions leading to the desired outcomes; those activities and outcomes are revealed by changes in the core indicators. The outcomes illustrate the "social determinants" frame of reference that is central to *Healthy Minnesota 2020* .

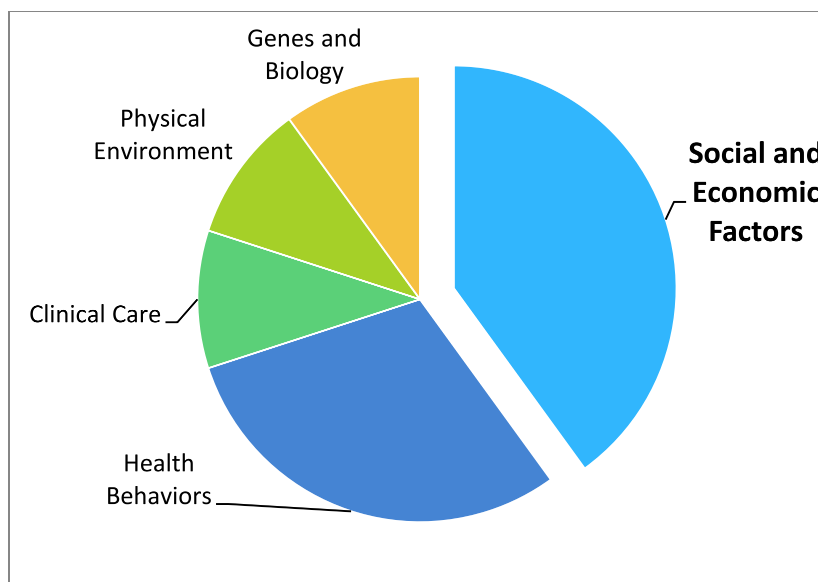


The Healthy Minnesota 2020 Strategic Approach

Changing Conversations about Health

A recurrent them throughout the discussions of the Healthy Minnesota Partnership was the need to change the nature of public conversations about health. Public conversations take place in the policy arena, in media stories, in structured discussions (such as focus groups), and in informal conversations among friends and strangers. In most of these conversations health care is a dominant narrative, because people tend to automatically connect the idea of health to their access to or experiences of health care.

Factors Influencing Health and Well-Being



*Tarlov, A.R. (1999). Public policy frameworks for improving population health. In N.E. Adler (Ed.), **Socioeconomic status and health in industrial nations: Social, psychological, and biological pathways** (pp. 281-293). New York Academy of Sciences.*

The factors that contribute to health outcomes, however, are complex and go beyond the scope of one sector, one entity, or one framework to address. A number of theoretical models have been developed to explain the impact of these different factors on health (see diagram). One of the key findings from these studies is that clinical care—which includes doctors' visits, hospital care, medication, and other medical treatment, is delivered by practitioners in medicine, chiropractic, dentistry, psychiatry, nursing, pharmacy, allied health, and other health care professions, and which is what many people think of when they talk about "health"—contributes much less to health outcomes than do social and economic factors. That is because clinical care is often a response to existing health problems. Other factors, such as economic well-being, social connectedness, and safe physical environments actually serve to create health, leading to better lifetime health outcomes.

Reflecting this growing understanding about the factors that create the opportunity to be healthy, *Healthy Minnesota 2020* is focused primarily on social and economic factors and the physical environment. While clinical care and healthy behaviors may contribute less overall to health outcomes, these factors do, however, still play an important contributing role, and are addressed in a variety of statewide plans and initiatives focused on specific health issues.

The *Healthy Minnesota 2020* strategic approach, therefore, is focused on having different kinds of public conversations about health. This includes revealing the dominant narratives and their effects on approaches to health; identifying alternative narratives that need to be heard; encouraging the development of narratives about creating opportunities for health; engaging a wide range of people and populations in conversations about health;

and learning to think and talk more effectively about the factors that create the opportunity to be healthy. These different conversations about health are essential for helping decision makers incorporate health considerations into the development of public and private policies and programs.

Promoting Narratives on the Opportunity to be Healthy

A narrative is more than a simple story. It reflects our aims, values, and common beliefs. As noted earlier, the prevailing narrative about health in our culture is health-care based: communicating the idea that health is somehow generated by a visit to the doctor's office. Another prevailing narrative is that health is individual-based: that it is the sole responsibility of the individual to engage in "healthy behavior," such as exercising more or eating low-fat foods. In fact, however, many people have no safe place to exercise and limited access to healthful food such as fresh fruit and vegetables. Instead, we need narratives about the factors that create the opportunity to be healthy (such as safe housing, high school graduation, livable wage) to realize the vision of *Healthy Minnesota 2020*.

To help develop richer, more expansive and creative public conversations about health, in 2013 the Healthy Minnesota Partnership will convene a subgroup to identify and promote narratives that emphasize health-generating factors and the opportunity to be healthy. Part of this work includes holding dynamic, constructive conversations about what creates health with people of varying perspectives, and identifying descriptions and stories that are already in place but often are not heard. It may also include developing new narratives that reflect "real life" views of what it means to be healthy. Different narratives, in turn, may indicate a need for new/different data and/or and different ways of analyzing the data already being collected. Narrative and data are interdependent: research and data contribute to narratives by validating the connections among health and other (e.g., social, economic, and environmental) factors; narratives in turn help make sense of the data by providing an interpretive frame.

The conversations the subgroup will hold will be designed to generate creative thinking about how to characterize what individuals, families and communities need to enjoy healthy lives and healthy communities. Together the research and the narratives can help people imagine and then realize a healthy future for themselves, their families, and their communities.

Activities of the subgroup may also include testing alternative health narratives with various groups, developing tools to encourage Partnership member organizations to convene and participate in conversations with stakeholders and the community about the opportunity for health, and discussing how alternative health narratives can be integrated into organizational communications.

Incorporating Health Considerations in Policy Development

Public and private policies can have both positive and negative effects on the opportunity for all people in Minnesota to be healthy and on the ability of communities to create their own healthy futures. A policy approach to health improvement has great potential to positively influence health outcomes. But when conversations about health are all about health *care*, health *policy* in turn becomes focused on health care issues and subsequent attention naturally turns to strategies for improving health care services. To address this trend, another activity of the Healthy Minnesota Partnership, beginning in 2013, will be to promote and advocate for the opportunity for health to be considered, incorporated, and promoted in public and private policies, a strategy which is known nationally as **health in all policies**.

According to the National Association of County and City Health Officials,[4]

> *Health in all policies is an innovative, systems change approach to the processes through which policies are created and implemented. Health in all policies involves a consideration of the health impacts of policies at all stages of the policymaking process, thereby ensuring that policy decisions result in positive health effects or do not contribute to the degradation of health status.*

A subgroup of the Healthy Minnesota Partnership will explore research and develop strategies for promoting and advocating for health in all policies, paying particular attention to the policies that affect the people and communities who experience the greatest health disparities. The subgroup will identify strategic opportunities to add a health lens to public policy and program development in Minnesota, bring information about approaches to health in all policies to the Partnership members, and develop tools for Partnership organizations to have conversations in their own organizations about incorporating health considerations in their own policies.

Monitoring and Promoting Action for Health

As a statewide leadership group, the Healthy Minnesota Partnership has the opportunity to bring attention to public health issues, monitor progress on statewide efforts, and promote efforts toward the *Healthy Minnesota 2020* themes of a healthy start for all, an equal opportunity for health, and communities creating health. Beginning in 2013, the Partnership will invite experts from various sectors (especially those reflected in the core indicators) to discuss the ways in which their work contributes to the accomplishment of the *Healthy Minnesota 2020* vision. In addition, the Partnership will annually review and report on data on the nine core indicators of *Healthy Minnesota 2020* and related health status outcomes. For example, a third strategy team of the Healthy Minnesota Partnership will guide implementation of *Healthy Minnesota 2020: Chronic Disease and Injury* (see below). The strategy team will guide implementation of this chronic disease framework to reduce duplication of effort, and will seek collaboration and synergy among various chronic disease initiatives.

Besides the many statewide efforts that are linked to the themes of *Healthy Minnesota 2020* , the framework is linked to national efforts to improve the public's health, such as *Healthy Minnesota 2020* , a long-standing national agenda for health improvement. *Healthy Minnesota 2020* also is both informed by and influences Minnesota's local public health planning processes, as Minnesota's community health boards develop community health improvement plans with their own community partners.

Below is a partial list of the many state and national initiatives and frameworks for improving population health that inform and complement *Healthy Minnesota 2020*.

Minnesota-Based Statewide Initiatives

Healthy Minnesota 2020: Chronic Disease and Injury

This framework builds on the substantial work already done by Minnesota Department of Health programs and community partners to create strategic plans for the prevention and management of arthritis, asthma, cancer, diabetes, injury and violence, heart disease and stroke, oral health, and obesity. This document details a set of objectives, lead indicators, and key strategic approaches to reduce the burden of chronic diseases and injury in Minnesota. *Go: Healthy Minnesota 2020: Chronic Disease and Injury (PDF: 1.69MB / 28 pages)*

---

[4] *National Association of County and City Health Officials. Environmental Health in All Policies. Retrieved December 1 2012.*

Prenatal to Three State Plan

The Minnesota Department of Health has been charged with leading the development of a Minnesota plan to address the needs of young children from the prenatal period to age three. The purpose of this effort is to align the outcomes, policies, and efforts that support Minnesota's youngest children and their families, creating coordinated activities across systems, cultures, and geography, and to provide equity of access for all children, especially the most vulnerable. The target date for completing this plan is January 2013.

Governor's Health Care Reform Task Force

The Governor's Health Care Reform Task Force is charged with developing strategies to improve access to health care for all Minnesotans, lower health care costs, encourage preventive care and reward healthy outcomes, and to address the persistent health disparities in the state. *Go: Health Care Reform Task Force*

Prevention and Public Health Workgroup (Governor's Health Care Reform Task Force)

The Prevention and Public Health Workgroup of the Governor's Health Care Reform Task Force is charged with proposing activities to measurably improve the health of Minnesotans through strategies focused on prevention at both the individual and population levels. *Go: Prevention and Public Health Workgroup*

Statewide Health Improvement Program

The Statewide Health Improvement Program (SHIP) provides grants to community health boards and tribal governments to prevent disease before it starts. SHIP strategies help to create communities that support individuals who are seeking to make healthy choices in their daily lives. SHIP emphasizes policy, systems, and environmental change strategies that create lasting, sustainable changes in communities, schools, worksites, and health care settings. *Go: Statewide Health Improvement Program (SHIP)*

Minnesota Department of Transportation: Flagship Initiatives

The Minnesota Department of Transportation strategic plan identifies a number of high priorities. One of their flagship initiatives is Towards Zero Deaths, which aims to reduce traffic fatalities and serious injuries. The plan also emphasizes the relationship between community development and transportation, which is an important strategy for creating conditions for health. *Go: Minnesota Dept. of Transportation: Flagship Initiatives*

The Minnesota Housing Finance Agency 2013-2015 Strategic Plan

This plan serves as a framework for the developing the Agency's annual business plans, budgets, and operating plans. The priorities and strategies identified in the plan help create conditions for health: promote and support successful homeownership; preserve federally subsidized rental housing; address specific and critical needs in rental housing markets; prevent and end homelessness; and prevent foreclosure and support community recovery. *Go: Minnesota Housing Finance Agency: 2013-2015 Strategic Plan (PDF: 788KB / 16 pages)*

Minnesota Department of Human Services: Minnesota Prevention Systems Alignment Plan

This plan builds on a community-based, public health approach to prevention known as the Strategic Prevention Framework to promote mental health, and prevent alcohol and other drug misuse. The framework and plan emphasize the promotion of individual, family, and community health, identification of common risk factors,

and a systems approach to prevention across the areas of substance abuse, mental health, primary care, and public health. *Go:* [Minnesota Prevention Systems Alignment Plan (PDF: 3.19MB / 157 pages)]

Minnesota Diabetes Steering Committee

This effort is focused on developing a shared vision and common agenda for diabetes prevention and reduction in Minnesota. The effort is led by a planning group that includes leaders from health systems, health plans, state government, providers, and the community. The planning group is promoting a new approach to diabetes prevention that emphasizes aligning resources across systems and promoting health in the community. The effort will be linked with many existing efforts to ensure momentum moving forward. Future meetings of the planning group are not yet scheduled.

Legislative Commission to End Poverty in Minnesota by 2020: Legislative Report

The Legislative Commission to End Poverty in Minnesota by 2020 began its work in June 2007, and finalized its recommendations in January 2009. The Commission identified key issues and challenges for ending poverty, including job availability, need for strong communities, and education—all of which are also key issues and challenges for creating health. The commission crafted six broad strategies for ending poverty by 2020 with recommendations for each strategy. *Go:* [Legislative Report (PDF: 1MB / 72 pages)]

National Health Improvement Frameworks

U.S. Dept. of Health and Human Resources: Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities. The Minnesota Department of Health and many organizations throughout Minnesota are actively engaged in working toward the objectives identified in this important effort. *Go:* [Healthy People 2020]

U.S. Dept. of Health and Human Resources: National Prevention Strategy

The National Prevention Strategy is a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life. The National Prevention Strategy was released on June 16, 2011 by the National Prevention, Health Promotion, and Public Health Council. *Go:* [National Prevention Strategy]

National Partnership for Action to End Health Disparities: National Stakeholder Strategy for Achieving Health Equity

The National Stakeholder Strategy for Achieving Health Equity provides a common set of goals and objectives for public and private sector initiatives and partnerships to help racial and ethnic minorities—and other underserved groups—reach their full health potential. *Go:* [National Stakeholder Strategy for Achieving Health Equity]

Appendix: Healthy Minnesota Partnership

Charge: The Healthy Minnesota Partnership was created 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. The Healthy Minnesota Partnership resides online: www.health.state.mn.us/healthymnpartnership

Membership: The efforts of the Healthy Minnesota Partnership are intended to benefit the state as a whole, and the membership of the partnership reflects a broad spectrum of interests. As of December 2012, the following organizations were represented in the Healthy Minnesota Partnership.

American Heart Association: *Rachel Callanan*

Association of Minnesota Emergency Managers:
Greg Brolsma (Alternate: Jim Halstrom)

Blue Cross Blue Shield of Minnesota Foundation:
Carolyn Link (Alternate: Stacey Millet)

Boynton Health Services: *Ferd Schlapper*

Chicano Latino Affairs Council: *Hector Garcia*

Council on Asian-Pacific Minnesotans: *Kao Ly Ilean Her*

Council on Black Minnesotans: *Natalie Johnson Lee*

Governor's Office: *Lauren Gilchrist*

Hennepin County Medical Center: *Maria Veronica Svetaz*

Indian Affairs Council: *Annamarie Hill-Kleinhans*
(Alternate: Jolynn Shopteese)

ISAIAH: *Doran Schranz*

Itasca Project: *Donna Zimmerman*

Local Public Health Association—Metro:
Gretchen Musicant (Alternate: Todd Monson)

Local Public Health Association—Greater Minnesota:
Carmen Reckard (Alternate: Sue Yost)

March of Dimes, Minnesota Chapter: *Marianne Keuhn*

Medical Consultant: *Neal Holtan*

Minnesota Association of Community Health Centers:
Rhonda Degelau

Minnesota Board on Aging: *Kari Benson*
(Alternate: Jackie Keaveny)

Minnesota Council of Health Plans:
Janny Dwyer Brust (Alternate: Carol Berg)

Minnesota Dept. of Education: *Karen Cadigan*
(Alternate: Barbara O'Sullivan)

Minnesota Dept. of Health: *Jeanne Ayers, Ed Ehlinger*

Minnesota Dept. of Transportation: *Tom Sorel*
(Alternate: Nick Thompson)

Minnesota Hospital Association: *Joan Pennington*
(Alternate: Kristin Loncorich)

Minnesota Housing Finance Agency: *Barb Sporlein*

Minnesota Medical Association: *Janet L. Silversmith*

Minnesota Public Health Association: *Ken Bence*
(Alternate: Ann Bajari)

National Rural Health Resource Center: *Kami Norland*

Sanford Health: *Warren Larson*

StairStep Foundation: *Alfred Babington-Johnson*

SCHSAC: *Susan Morris*

TakeAction Minnesota: *Liz Doyle*

University of Minnesota School of Public Health:
John R. Finnegan, Jr.

Water Resources Center: *Deborah Swackhamer*

Xcel Energy: *Michael Connelly*

MDH Staff to the Partnership:
Dorothy Bliss, Jeannette Raymond

MDH Coordinating Committee: *Pat Adams, Deb Burns, Maggie Diebel, Gail Gentling, José González, Jim Koppel, Jane Korn, Mary Manning*