DEPARTMENT OF HEALTH

# Healthy Minnesota 2022 update

## 2019 ANNUAL REPORT OF THE HEALTHY MINNESOTA PARTNERSHIP

February 2020

**Healthy Minnesota 2022 update:**
**2019 annual report of the Healthy Minnesota Partnership**

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# Contents

# The Healthy Minnesota Partnership

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

Convened in 2010 by the commissioner of health, we identify and act on strategic opportunities to improve health and well-being for all people in Minnesota. Our members come from rural, suburban and urban communities; from hospitals, health plans and public health departments; from business and government agencies; from faith-based, advocacy, and community organizations; and from organizations led by those most impacted by health inequities. (For more information, see About the Healthy Minnesota Partnership, p . 9.)

## Our vision

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

## Our values

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

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

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

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

## Our guiding principles

**We are explicit about race and racism**. We focus on race and racism because racialization multiplies challenges to health.[*] We are intentional in our efforts to reveal the historical and contemporary actions that continue to limit the opportunities people of color and American Indians in Minnesota have to be healthy. Being explicit about race and racism opens the door to a wide range of conversations about structural barriers to health, including those based on gender, sexual orientation, age, and disability.

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

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

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

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

# Healthy Minnesota 2022: Statewide health improvement framework

The Healthy Minnesota 2022 statewide health improvement framework lists three priorities to guide the Partnership's work to improve health and well-being across Minnesota. These three priorities build on the 2017 statewide health assessment, which uses the themes of opportunity, nature, and belonging as a way to understand health outcomes across Minnesota's populations. The 2022 statewide health improvement framework priorities are:

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

Within each priority, the Healthy Minnesota Partnership identified two key conditions that reflect potential opportunities that the Partnership may address over the next five years.

The framework also identifies three strategic approaches (described in more detail below):

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

**Table 1. Healthy Minnesota 2022 priorities, indicators, and strategic approaches**

| Priorities | Indicators | Strategic approaches |
|---|---|---|
| Everyone, everywhere has the opportunity to be healthy | Positive early life experience<br>Economic well-being | Expand conversations about what creates health and well-being |
| Places and systems are designed for health and well-being | Healthy surroundings<br>Supportive systems | Shape policies and systems around health and well-being |
| All can participate in the decisions that shape health and well-being | Just and violence-free communities<br>Engaged populations | Promote and apply asset-focused approaches to advance health and well-being |

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

# Partnership strategic approaches

## Expand conversations about what creates health and well-being

Current public narratives that dominate policy conversations around health emphasize that health is created by clinical care and individual responsibility. The Partnership works to expand these conversations to draw attention to the conditions in the community that create and shape people's health and well-being.

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

Narratives that dominate the public sphere—the ones that are familiar and are repeated the most often—have more power than other ways of thinking. We recognize that to advance a different set of actions and produce a different set of results requires recognizing and unmasking the narratives that dominate thinking and policy decisions. It requires advancing a narrative—expanding a conversation—that will yield a fuller set of ideas, also rooted in shared values, to improve health for all.

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

## Shape policies and systems around health and well-being

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

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

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

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

An asset-focused approach to advancing health equity moves away from "fixing problems" based in an individual, deficit-oriented approach that reinforces negative stereotypes and contributes to ongoing inequities and traumatization. The main elements of this approach for the Healthy Minnesota Partnership include:

### 1. Expanding the narrative about health from an individual focus to an examination of communities and systems

The Healthy Minnesota Partnership narrative is asset-focused, moving conversations toward creating thriving communities and systems. It defines health as "being in safe, stable, and nurturing environments and relationships, sharing in the shaping of society's structures, and experiencing with our families and communities our best possible physical, mental and social well-being," and asks, "How is health created?"

To view this narrative, visit: Emerging elements of public narratives on health (PDF) (www.health.state.mn.us/communities/practice/healthymnpartnership/narratives/docs/NarrEmergingElements.pdf).

### 2. Telling the truth about the sources of population-based inequities

Instead of individual problems, the asset-focused approach of the Partnership names systemic problems, structural racism, and historical trauma as key contributors to health inequities. This makes it possible to shift to talking about what communities need to create conditions that

promote, protect, affirm, and maintain health. For example, when our narrative says, *Health today is influenced by events, decisions, and experiences of the past: these include the historical trauma and structures of racism put in place by genocide, slavery, internment, and other oppressions*, it is naming key truths about structural oppression that need to be exposed and addressed.

### 3. Working to create a common base of community-level evidence and data on well-being

One of the greatest challenges to the asset-based approach is the almost exclusive reliance of public health (and others) on individual-level data sources, which are often deficit focused, (e.g., rates of disease and injury, violence, drug and alcohol use, morbidity, and mortality). The Partnership narrative points toward the need for asset-focused, community level indicators.* Methods that can be used to identify assets include asset mapping, participatory appraisal, and appreciative inquiry (including storytelling, world café, and open space technology). Methods that to mobilize assets include asset-based community development, time banking, co-production, social prescribing, and participatory budgeting.

## 2019 progress on Healthy Minnesota 2022

Ways in which Partnership members worked to expand the conversation about health in 2019 include:

- Developing narrative frames with community partners around children and youth with special health needs and disabilities and their families
- Participating in a community partnership that is working to link housing and mental well-being issues as intersecting priorities
- Seeking to engage communities in authentic ways with the health care system to remove barriers to health care and improve health outcomes
- Providing narrative training to a group of African-American leaders, who then developed their own narrative on infant mortality that reflects their community experience and knowledge
- Engaging the community to understand the connections among transportation and well-being, and working toward a vision of sustainability in transportation
- Surveying the population to determine the extent to which people understand the role of social and economic factors on health
- Using the Partnership's narrative on the importance of shaping community conditions to support health in a successful bid for public office
- Embedding an expanded narrative in state plans on aging, and reframing issues of aging with more powerful narratives

* The Wilder Foundation, recognizing that quantitative data may not be available and that available indicators may not be useful for measuring assets and resilience, has developed a qualitative approach to use in situations where quantitative data either is not available or may not be the best way to analyze the situation (see: Community-led solutions: Building evidence that counts [www.mncompass.org/trends/insights/2018-09-26-community-led-solutions]). The Glasgow Centre for Population Health has explored several methods for identifying and mobilizing assets and has a number of publications detailing this information (see: Asset-based approaches [www.gcph.co.uk/resilience_and_empowerment/asset_based_approaches]).

- Addressing food insecurity among university students by using the Partnership narrative frames to connect housing and food insecurity to health and learning
- Working to introduce more rigor into the definition of adverse childhood experiences (ACEs) and the application of this idea in research, in particular by expanding the narrative of ACEs from focusing on households to include community-level factors, such as community poverty
- Hosted a "lunch and learn" session on narrative with partners in a health care system

Ways in which Partnership members shaped plans, policies, and systems for health in 2019:

- Creating a new equity coordinator position in the Minnesota Department of Human Services (DHS) Communities of Care Division; DHS has also affirmed "health in all policies" as part of its strategic plan, and is conducting an equity survey of all employees
- Embedding the expanded narrative of housing and health into the Minnesota Board on Aging 2019-2022 state plan
- Exploring a change to rental applications in Hennepin County that would allow people to apply only once in a 90-day period, so that low-income people do not have to pay multiple application fees
- Having all DHS staff trained on "health in all policies," based on their equity policy and an equity framework tool, to better evaluate legislative (and other) proposals
- Using the Partnership narrative to develop area aging plans, which go also to the federal government and to Area Agencies on Aging
- Obtaining a new planning grant to implement strategies for improving the employment of formerly incarcerated men and women
- Examining the Partnership's own policies and approaches to determine if they are trauma-informed

Ways in which Partnership members applied an asset-focused approach to health equity in 2019 include:

- Moving away from a punitive approach to "conduct on premises" (e.g., loud parties late into the night) in the City of Minneapolis, an approach which resulted in evictions, to a panel of "helpers" that consult with tenants on various issues to help people stay in their homes
- Examining the intersection of mental well-being and housing in Minneapolis, and building on the assets of faith communities, to help communities deal with these intertwined issues.
- Looking at the role of housing in building and maintaining social connectedness, which in turn improves well-being
- Working with Minnesota's governor, who has issued a proclamation to kick-off an forward-looking initiative for Minnesota to become an "age-friendly" state
- Exploring ways to support incarcerated pregnant women, such as growing their ability to learn and practice improved parenting skills

# 2019 Partnership work plan activities

In 2019, partners took part in a wide range of activities to implement and support the Healthy Minnesota framework and strategic approach, as follows.

**Conducted a member survey**. Several Partnership members volunteered to help conduct a survey of all members to inquire as to the value they thought the Partnership added to their work, and whether they though the Partnership needed any changes to its membership structure. They found that most respondents felt that having a defined membership was important for continuity, organizational accountability, and to ensure cross-sectoral, cross-population and cross-geography representation. Members, however, did express some concern about who is missing, especially representatives from small community organizations, some health care sectors, and populations experiencing health inequities. The MDH deputy commissioner also reached out to Partnership members by phone to ascertain their level of commitment and to learn how their organizations intend to contribute to the Partnership and implement the work plan. She found that members are very interested in tangible actions they can take—both "what now?" and "what's next?" for the Partnership.

**Developed the 2019-2020 work plan**. The work plan activities focus on making the work of the Partnership more known and available to a much broader audience and range of actors who can use the narrative work to advance health equity, including holding discussions with different community groups on the role of narrative in their efforts.

**Finalized and posted the narrative work of the Partnership online**. Over the last several years, the Partnership has convened groups of people to develop narrative frames on multiple issues, from income to transportation to housing. Staff of MDH have formatted these and they are now available online: Narratives and health equity: Expanding the conversation (www.health.state.mn.us/communities/practice/healthymnpartnership/narratives/).

**Conducted a learning station at the annual Community Health Conference** using transportation, housing, and income narrative frames to advance health in all policies discussions.

- Improved a tool that leads users through a series of steps to apply the narrative frames to local and statewide policy discussions

**Piloted a narrative application training** using the Partnership narrative, and provided two webinars for Partnership members on how to apply the narrative in a practical way.

- Developed, piloted and improved a new tool that leads users through a series of steps to apply the narrative frames to both communications and program work
- Met with MDH staff to train on the narrative application exercise with community partners, to increase their capacity to amplify the community-led narrative on infant mortality in the African-American community

**Conducted narrative training** for 120 staff from the Wisconsin Department of Health.

**Engaged additional sectors in the Partnership work**.

- The Minnesota Department of Transportation (MnDOT) Office of Sustainability and Public Health hosted a webinar to engage Partnership members on their ideas and understanding about the connections among transportation and health, what MnDOT could do or do differently, and what role MnDOT could and should play in promoting public health.
- The Minnesota Department of Human Services facilitated a discussion with Partnership members on their work on identifying policy changes that would improve health outcomes for people who are in "deep poverty."

- A number of Partnership members participate with MDH and others in the development of a measurement framework to reflect the full complexity of the factors and conditions that create and contribute to health and health equity. See: Health care quality measures: Measurement framework (www.health.state.mn.us/data/hcquality/measfrmwk.html).
- The Partnership provided an introduction to narrative concepts for Fairview Health Services.

# Looking ahead: 2020

## Strategic opportunities for 2020

In 2020, the Partnership will continue to advance by deepening and spreading its three adopted strategic approaches. It will also look forward to 2021 to consider its approach to developing the next statewide health assessment.

- Continue to develop capacity among Partners and others to apply narrative frames to specific policies, programs and procedures
  - Develop additional sets of frames based on Partnership organization priorities
  - Conduct applying narrative sessions
  - Train-the-trainer in applying narrative
- Increase the use of the Healthy Minnesota Partnership emerging narrative
  - Conduct an environmental scan of groups and collaboratives that might benefit from applying the emerging narrative to their work
  - Begin strategic engagement of key groups to advance the emerging narrative
- Inform and shape policies through an equity lens
  - Increase Partnership member ability to review institutional policies with an equity lens
  - Facilitate sessions for Partnership members and others to apply the emerging narrative to their respective policy agendas
  - Continue to support Partnership members' efforts to link health to policy discussions
  - Consider compiled information on the political determinants of health
- Increase Partnership members understanding of asset-based approaches
  - Compile existing practices on collecting and sharing public health data that elevates assets and considers a trauma informed approach
  - Consider these practices to inform the development of the next iteration of the statewide health assessment

# About the Healthy Minnesota Partnership

**Charge**: The Healthy Minnesota Partnership came into being 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 focus on the health of the state as a whole, and the membership of the partnership reflects a broad spectrum of interests. During 2018, the members and alternates of the Healthy Minnesota Partnership included:

## Partnership members and alternates during 2019

- Justin Bell, American Heart Association
- Ken Bence, Minnesota Public Health Association
- Barbara Burandt, State Community Health Services Advisory Committee (SCHSAC)
- Kathleen Call, University of Minnesota School of Public Health
- Jenna Carter, The Center for Prevention at Blue Cross and Blue Shield of Minnesota
- Meghan Colman, Minnesota Board on Aging
- Amber Dallman, Minnesota Department of Transportation
- Linda Davis-Johnson, Minnesota Department of Human Services
- Julia Dreier, Minnesota Council of Health Plans
- Kate Elwell, University of Minnesota Boynton Health Services
- John R. Finnegan, Jr., University of Minnesota School of Public Health
- Thomas Fisher, University of Minnesota College of Design
- Brett Grant, Voices for Racial Justice
- Sarah Grosshuesch, Local Public Health Association (Greater Minnesota)
- Kenza Hadj-Moussa, TakeAction Minnesota
- Kelley Heifort, Minnesota Department of Corrections
- Mary Hertel, Minnesota Board on Aging
- Dan Kitzberger, Minnesota Housing Finance Agency
- Warren Larson, Sanford Health
- Jan Malcolm, Minnesota Department of Health
- Anjuli Mishra, Council on Asian Pacific Minnesotans
- Tracy Morton, National Rural Health Resource Center
- Vayong Moua, The Center for Prevention at Blue Cross and Blue Shield of Minnesota
- Gretchen Musicant, Local Public Health Association (Metro)
- Lars Negstad, ISAIAH
- Kim Nordin, National Rural Health Resource Center
- Susan Palchick, Local Public Health Association (Metro)
- Joan Pennington, Minnesota Hospital Association
- Bob Robbins, TakeAction Minnesota
- Tim Sexton, Minnesota Department of Transportation
- Sarah Sanchez, American Heart Association
- Maria Veronica Svetaz, Eliminating Health Disparities grantee
- Rosa Tock, Minnesota Council on Latino Affairs
- DeDee Varner, Itasca Project
- Donna Zimmerman, Itasca Project

## Staff to the Partnership in 2019

- Dorothy Bliss, Minnesota Department of Health
- Jeannette L. Raymond, Minnesota Department of Health

## Guests at 2019 Partnership meetings

- Bill Adams
- Allison Alstrin
- Dawn Baddeley
- Gretchen Benson
- Kristen Boelcke-Stennes
- Alvina Bruggemann
- Phoebe Chastain
- Erica Crouch
- Renee DeVries
- Diego Diaz-Rivero
- Lily Do
- Comfort Dondo
- Angie Fertig
- Matt Flanders
- Cristine Flood-Urdangarin
- Kate Grannon
- Roger Green
- Vanne Owen Hayes
- Marco Hernandez
- Derek Hersch
- Samantha Holte
- Nancy Jost
- Canan Karatekin
- Tiffany Kovaleski
- Sarah Lahr
- Kita Lewis
- Ray Lewis
- Jean Lee
- Ying Lee
- Julia McCarthy
- Beth McMullen
- Marsha Milgrom
- Katherine Miller
- Justine Nelson
- Paula Newinski
- Josh Ney
- Karen Nikolai
- Nancy O'Brian
- Reenae Oswald-Anderson
- Kathryn Pomeroy
- Rebecca Ramsey
- Sara Rohde
- Angela Schoffelman
- Richard Scott
- Danielle Seraphine
- Tim Sexton
- Siri Simmons
- Katherine Teiken
- Sarah Van Petten
- Julia Wolfe
- Yi Li Xou
- Erika Yoney
- Yi Zhou You

## 2019 narrative capacity building

- Minnesota Community Forum for Children and Youth with Special Health Needs and Disabilities
- MDH Early Learning Detection and Intervention Program staff
- MDH Cardiovascular and Diabetes Program staff
- HealthEast Community Advancement Department
- Wisconsin Department of Health and Human Services staff