Healthy Minnesota 2022
Statewide Health Improvement Framework

FEBRUARY 2018

DEPARTMENT OF HEALTH

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 2022
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The Healthy Minnesota Partnership

Minnesota is known for its strikingly beautiful lakes, rivers, forests, and grasslands; vibrant urban, suburban, and rural communities; numerous passionate and committed civic-minded people; world-famous institutions; and a robust economy. Minnesota is also grappling with unprecedented change precipitated by events and policies at local, national, and global levels. Shifting weather patterns, political polarization, changing demographics, and continuous streams of all kinds of information challenge our state in old and new ways. Nonetheless, for many Minnesota is a great place to live, work, play, pray, and raise a family.

In 2017, the Healthy Minnesota Partnership* and the Minnesota Department of Health (MDH) published the *2017 Minnesota Statewide Health Assessment* (www.health.state.mn.us/communities/practice/healthymnpartnership/sha.html), a frank look at the challenges to health in Minnesota. They found that while Minnesota is above average on health measures compared to the nation as a whole, when looking at inequities in economic opportunity, civic engagement, and more, the state no longer appears in such good shape.

Population-based inequities for populations of color and American Indians, for the elderly, for the LGBTQ community, for women and children, and for people with disabilities—in everything from infant mortality and educational achievement, to employment rates of home ownership and incarceration—are clear and persistent in Minnesota. The work of the Healthy Minnesota Partnership, therefore, focuses on what the state must do to assure that everyone in the state can be healthy.

A vision for health

First convened in 2010 by the Commissioner of Health, the Healthy Minnesota Partnership identifies and acts on strategic opportunities to improve health and well-being for all people in Minnesota. The members of the 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, advocacy, and community organizations (see: Appendix A).

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

Within that vision, the Partnership operates under a clear set of values and principles, listed below.

Healthy Minnesota Partnership 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

* The Healthy Minnesota Partnership brings community partners and the Minnesota Department of Health together to improve the health and quality of life for individuals, families, and communities in Minnesota. The Partnership's charge is to develop an approach for statewide health improvement that engages multiple sectors and communities across the state and assures that every person in every community can be healthy. The members of the Healthy Minnesota Partnership come from rural, suburban and urban communities, from community-based organizations, from hospitals, health plans and public health departments, from business groups, and from government agencies. Members and attendees represent many different populations in the state. Learn more: Healthy Minnesota Partnership (www.health.state.mn.us/communities/practice/healthymnpartnership/).

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.

Healthy Minnesota Partnership 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.

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 should 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 focuses upstream, at the policy level. We work to expand the public conversation about health and to identify essential policies 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 and work to strengthen our working relationships and increase the capacity of our communities to shape conditions and increase the opportunity of every person to be healthy.

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

Looking ahead: An invitation

Since its inception, the Healthy Minnesota Partnership has brought community partners and MDH together to improve the health and quality of life for individuals, families, and communities in Minnesota through a variety of activities. A summary of these activities is in Appendix B.

When developing this framework for action, the Healthy Minnesota Partnership reflected these on activities—how the conversations around health had expanded to include the conditions that create health, how health was being considered in policy development across the state, and how new partnerships and creative partnerships were being generated to advance health and well-being. They affirmed the energy and changes this work had generated and looked forward to expanding and strengthening capacity to implement these practices.

The Healthy Minnesota Partnership offers their vision and framework and invites you to consider where you, your organization or your community can contribute to strengthening the conditions for a healthier Minnesota.

Everyone can play a part. Minnesota needs your knowledge, experience, skills, and connections. It needs the assets and strengths of its many communities to be recognized and applied to realizing its vision—that all people in Minnesota enjoy healthy lives and healthy communities.

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.

To be informed and get involved in the activities of the Healthy Minnesota Partnership, please visit the Partnership online and subscribe to its email list: Healthy Minnesota Partnership (www.health.state.mn.us/communities/practice/healthymnpartnership/).

2017 Minnesota Statewide Health Assessment

The World Health Organization (www.who.int/about/mission/en/) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." According to the *2017 Minnesota Statewide Health Assessment*:

> *Health is a resource for our everyday lives. If we are healthy, we can engage with our family and friends, attend school, go to work, play, and actively participate in society by volunteering, voting, and more. Each of us is part of a community, or multiple communities, and our health results largely from our interactions with the people and the places that surround us, including both the human-made and natural worlds. Because health comes from our interactions, health is something we shape together, and the health of each person is affected by the health of every other person.*

The 2017 assessment is a departure from traditional health assessments that focus primarily on medical outcomes, disease rates and negative health behaviors. Instead, this assessment focuses on the basics all people need to be healthy. It highlights that Minnesota communities that receive low investment or face barriers—based on race, income, gender identity, ability or geography—face structural problems that persistently limit opportunities for health.

The assessment clarifies how factors like economic opportunity; living conditions and structural racism shape health in Minnesota communities and connects residents to health outcomes:

- **Opportunity**: Health and well-being depend greatly on the opportunities people have in the areas of education, employment, income, housing and transportation, and more.

- **Belonging**: Inclusion in the community and connections to other people enhance or weaken health, from early childhood and continuing throughout the lifespan.
- **Nature**: Connections to and interactions with the natural environment shape health and have an impact on air, water and soil.

The statewide health assessment sets the stage for *Healthy Minnesota 2022* by providing not only data but also a clear and concrete way of framing the issues that shape health in Minnesota. The categories above of **opportunity**, **belonging**, and **nature** provided the basis for the priorities of *Healthy Minnesota 2022* and for identifying the key conditions of health that the Partnership will address and track. The categories and the priorities, combined with the strategic practices of the Partnership, form a strong foundation from which the Partnership can focus its activities and efforts toward the improvement of health for every person in Minnesota.

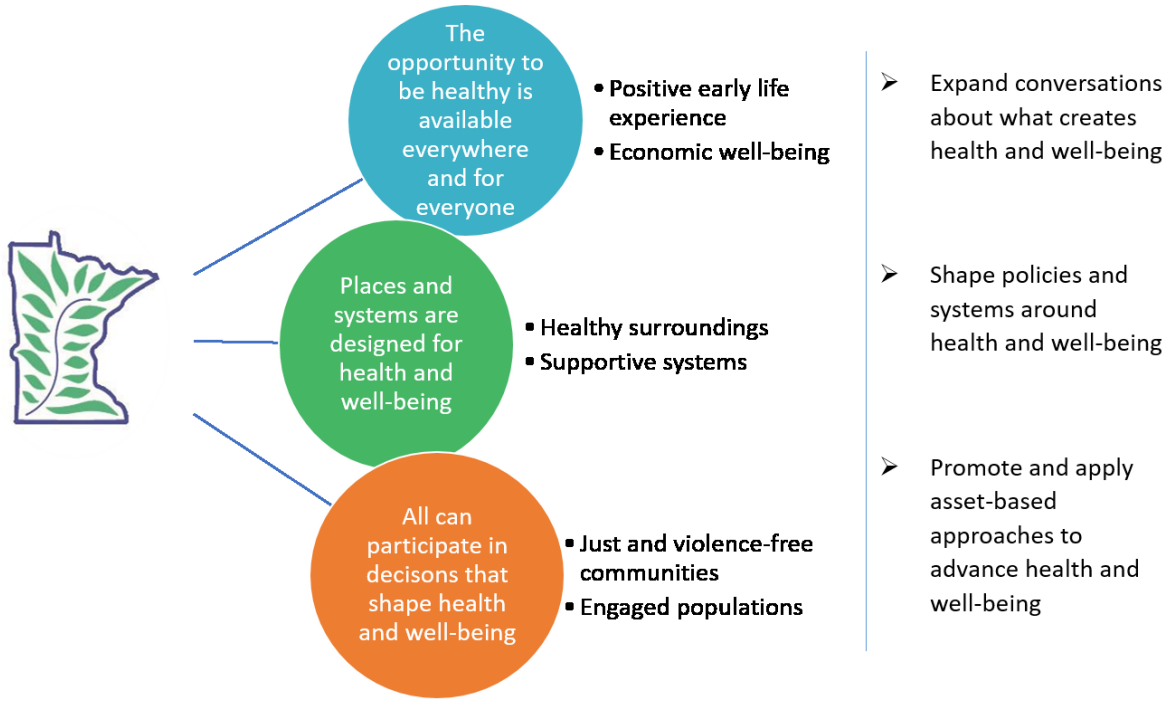
Healthy Minnesota 2022 priorities

Healthy Minnesota 2022 emphasizes creating conditions that allow people to be healthy, conditions that assure a healthy start and create environments that support health throughout life.

As the Partnership reviewed the *2017 Minnesota Statewide Health Assessment*, they considered what it revealed about the conditions necessary for health and well-being. The Partnership also reviewed their work over the past five years, the current statewide context and the flexibility needed as the Partnership moves into the next five-year cycle.

For *Healthy Minnesota 2022*, the Partnership identified three priorities to guide their work to improve health and well-being across Minnesota. These three priorities build on the assessment categories of opportunity, nature, and belonging and provide touchstones for future commitments. Included with each priority are two key conditions to track using an array of indicators.

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



Priority 1: The opportunity to be healthy is available everywhere and for everyone

The opportunity for health and well-being can look very different across the state and across Minnesota's populations. Disparities in social, economic and health measures across race/ethnicities, geographies, genders, sexual orientations and ages are clear and persistent. Yet all parts of the state share many concerns, such as making sure children grow up healthy, communities are cohesive, all the places people live are free of environmental dangers, everyone has safe and stable housing, communities have good employment opportunities, and everyone can get where they need to go.

Public debate often seems to imply that solutions for critical problems must pit one population against another—yet our interconnections are many. Understanding that everyone's greatest health and well-being is only possible when every person can be healthy is, therefore, critical to making progress in many areas. All can benefit from an approach that focuses both on the unique concerns of Minnesota's many distinct populations and the concerns shared across the state.

Key condition: Positive early life experience

The experiences of children in their first few years of life have long-lasting effects on their mental and physical health as children, teens, and adults. During the first 1,000 days of life, a baby's brain develops at a rapid pace, influenced by people and the environment. As a child grows, early opportunities for learning and safe, nurturing relationships set the stage for a healthy life.

Indicators: Each key condition has many potential indicators associated with it. As the Partnership selects focus areas each year, they will also identify indicators that will help to reveal and explain the key condition and the issues associated with it. Indicators associated with early life experiences could include (and are not limited to):

- Ready for pre-kindergarten; third-grade reading levels
- Children living below poverty level by race/ethnicity, geography
- Families' perceived social support (survey)
- Early childhood experiences of trauma by race/ethnicity and income
- Adverse childhood experiences, e.g., children with incarcerated parents

Key condition: Economic well-being

Economic well-being is a powerful force for physical and mental health. Income and wealth, employment and opportunities to advance influence where people live and the stability of their living arrangements, the condition of homes, the quality of schools, possibilities for recreation, and the availability of good food. On average, those who prosper economically also enjoy better health and well-being.

Indicators: Each key condition has many potential indicators associated with it. As the Partnership selects focus areas each year, they will also identify indicators that will help to reveal and explain the key condition and the issues associated with it. Indicators associated with economic well-being could include (and are not limited to):

- Lifespan by zip code
- Unemployed Minnesotans by race/ethnicity, education, disability, geography
- Per capita income

- Cost burden of housing by race/ethnicity; homeownership by race/ethnicity, gender
- Residents under 65 without health insurance by race/ethnicity
- Strength and durability of economic supports (elderly, disabled, children, etc.)

Priority 2: Places and systems are designed for health and well-being

Cities, towns, roads, schools, prisons, parks, health care systems and more are the way they are by design: structured by the decisions people have made and the policies they have put in place. Some of these decisions are recent; others are part of Minnesota's history. Inequities in health and well-being across populations are often the result of decisions that have designed places and systems to include some populations and exclude others, to the benefit of some populations and to the detriment of others.

The design (or redesign) of all of Minnesota's places and systems should reflect the clear intention of protecting and improving the health and well-being of all people. Places and systems should reinforce and support what people need to be healthy, including belonging and inclusion, opportunity, and positive interactions with nature.

Key condition: Healthy surroundings

The design of cities, homes, and workplaces shapes interactions with nature and determines who can access a healthy natural environment and who cannot, who will face exposure to pollutants and who will not. Every day, people are making decisions in agriculture, development, construction, land management, and food systems that have an impact on health and well-being.

Indicators: Each key condition has many potential indicators associated with it. As the Partnership selects focus areas each year, they will also identify indicators that will help to reveal and explain the key condition and the issues associated with it. Indicators associated with healthy surroundings could include (and are not limited to):

- Asthma emergency department visits by region
- Radon levels and exposures by income, housing type
- Access to recreational opportunity; regional park usage by race/ethnicity; nature opportunities for children
- Distance from large grocery store or supermarket; mobile food shelves
- Food supports for home-bound/disabled elderly; nutritious food supporting healthy aging
- Environmental noise levels

Key condition: Supportive systems

Growing understanding about what creates health locates the source of health problems in the systems and structures that shape individual behavior and health across communities. Transit and transportation systems support health by connecting people and places, and by creating opportunities for walking and bicycling. Health care systems support belonging when people can get and afford the right care at the right time, in a convenient location, with a caring provider and a positive outcome. Systems of

employment determine whether people have access to paid leave to care for themselves and their families, and educational systems create belonging and opportunities for lifelong success.

Indicators: Each key condition has many potential indicators associated with it. As the Partnership selects focus areas each year, they will also identify indicators that will help to reveal and explain the key condition and the issues associated with it. Indicators associated with supportive systems could include (and are not limited to):

- Access to transportation: transit, street connectivity, walking and bicycling for transportation
- Access to paid sick and family leave
- Belonging in school; experience of bullying by race/ethnicity, income, disability, sexual orientation
- Supports for aging in place
- Diversity/availability of health care providers; infants given formula in the hospital
- Rates of uninsurance and underinsurance

Priority 3: All can participate in decisions that shape health and well-being

Many decisions—whether by government, institutions, corporations, or other organizations—have some impact on health and well-being. Often, however, the full potential of these decisions to affect health and well-being is unexplored and thus not fully understood. At the same time, American society marginalizes some populations and persistently excludes them from decision-making processes. To make sure that policy decisions do not benefit the health and well-being of some populations at the expense of others requires the active participation of all potentially affected populations and communities in the decision-making process.

The healthy future of Minnesota calls communities, systems, and institutions to come together to assure fair and just decision-making processes to support the health and well-being of all.

Key condition: Just and violence-free communities

Acts of violence, exclusion, and discrimination, as well as unjust social and economic structures, exclude and marginalize people as well as cause physical and emotional harms. For example, high incarceration rates and the cycle of incarceration weaken communities by increasing family and neighborhood instability, reducing community attachment and investment, and reducing expectations and hopes for the future. Communities that see high levels of arrests and convictions breathe an atmosphere of greater anxiety about public safety, and are concerned about both crime and police action.

Indicators: Each key condition has many potential indicators associated with it. As the Partnership selects focus areas each year, they will also identify indicators that will help to reveal and explain the key condition and the issues associated with it. Indicators associated with just and violence-free communities could include (and are not limited to):

- Rates of incarceration: Racial and ethnic disparities in Minnesota prisons and jails
- Rates of return to prison for technical violations
- Employment opportunities and hiring practices for former felons
- Experience of interpersonal violence, including child maltreatment, domestic violence, bullying, and sexual assault, by age, gender, disability, race/ethnicity, sexual orientation, and income
- Adult experiences of trauma

- Access to mental health support and services for victims and perpetrators of violence

Key condition: Engaged populations

All voices, whether central or marginalized, are important, and all the information these voices carry is necessary to understand and design systems that will allow society to thrive. People who participate in decision-making processes and in running systems help shape the conditions in the community that affect the health of themselves and their families. People who are marginalized, by contrast, suffer from higher rates of injury, joblessness, homelessness, incarceration, trauma, depression, disease, and disability than other populations; their marginalization also contributes to a decline in well-being for the population as a whole.

Indicators: Each key condition has many potential indicators associated with it. As the Partnership selects focus areas each year, they will also identify indicators that will help to reveal and explain the key condition and the issues associated with it. Indicators associated with engaged populations could include (and are not limited to):

- Civic and community engagement; voter participation; turnout by precinct; maps
- Volunteer participation by age group
- Language accessibility
- Measures of belonging and inclusion; social connectedness; social cohesion
- Community-based collaboration (e.g., MnDOT measures: program evaluation measurements, budgets, hours, outreach, staffing)

The work of the Healthy Minnesota Partnership

The Healthy Minnesota Partnership developed this framework for action between October 2017 and February 2018 through the following steps:

- Reviewed and updated the vision, values and principles
- Considered the implications of the 2017 statewide health assessment
- Identified driving and restraining forces that affected attainment of the vision
- Synthesized the implications of the driving and restraining forces
- Assessed the past work of the Partnership and considered the work to be continued
- Adopted priorities and key conditions with indicators derived from the discussions listed above
- Identified a broad range of possible actions
- Committed to a set of strategic activities to strengthen key conditions for health

The 2022 Healthy Minnesota Statewide Health Improvement Framework focuses on advancing health equity by improving the conditions that create health. To do this, the Partnership will advance three strategic activities in the Partnership's work and in the work of their own organizations:

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

Annually, the Partnership with community input will identify a range of potential focus areas. Each potential focus area should reflect a statewide policy or discussion, have the potential to shape policies and systems around health and well-being, have demonstrated involvement of some Partnership

members, and have demonstrated involvement of communities experiencing health inequities as active participants or leaders.

At the fall meeting, the Partnership will choose up to two key areas of focus for the coming year. For each of the key focus areas the Partnership will summarize data from the statewide health assessment and other source, reflect on assets and strengths, and share this information with Partnership members and others across the state to inform action. The Partnership will also develop narrative framing related to the key focus areas to support expanded conversations around what creates health and well-being.

Partnership members will contribute to implementation of the framework. For example, they may:

- Participate in narrative frame development
- Advance a health narrative in collaborative efforts that are addressing a key focus area
- Contribute data and other information around a key focus areas
- Join Partnership workgroups that advance the three strategic practices
- Increase their knowledge and skills of the strategic practices
- Adopt the strategic practices in their organizational plans and processes

At each meeting of the Partnership, members will report how they are working to implement the strategic activities and seek opportunities to work with other Partners to strengthen the conditions for health in the state.

An annual self-assessment survey of Partnership members will measure performance of the Partnership as a whole. The Partnership will review summarized findings from the meeting reports and self-assessment each year and will identify revisions needed to strengthen the Healthy Minnesota 2022 Statewide Framework and its implementation.

Annual work plans for the Partnership will designate which individuals and organizations have accepted responsibility for implementation activities. Additional actions members take and report on throughout the year will supplement the annual work plans.

Expand conversations about what creates health and well-being

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

All people understand and make sense of the world through images and stories, analogies, and metaphors. People use these tools to sort through information and relate it to something they already know, and this guides their response.

"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 the 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. 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 that will yield a fuller set of ideas, also rooted in shared values, to improve health for all.

In the past five years, the Partnership focused attention on public narratives and developed narrative frames that demonstrate the intersection of health with income, transportation, paid leave, access to healthy food, incarceration, and burdensome debt. Narrative development currently underway includes conversations about early childhood, water, and housing. As the Partnership moves into planning for 2022, these expanded conversations about the conditions that shape health will build on the issues raised in the *2017 Minnesota Statewide Health Assessment* on opportunity, nature, and belonging.

The work of the Partnership on expanding conversations may include:

- Developing narrative frames to connect the key focus areas to health and well-being
- Encouraging their own organizations to use the *2017 Minnesota Statewide Health Assessment* and *Healthy Minnesota 2022* to inform internal policies, work plans and activities.
- Examining their own organizational mission statements for alignment with the priorities of *Healthy Minnesota 2022*.
- Expanding public conversations about what creates health by sponsoring community forums to introduce the *2017 Minnesota Statewide Health Assessment* or explore *Healthy Minnesota 2022* priorities and strategic practices

Activities, both those of the Partnership and of others, may include:

- Using narrative tools and techniques to reduce polarization and fragmentation, specifically naming and revealing racism, sexism, classism, and other forms of discrimination
- Working to increase community understanding the power of narrative to shape possibilities
- Identifying how and where decision-making happens
- Revealing and changing who decides what information is important
- Engaging in conversations about extreme weather events and connecting extreme weather events and the protection of nature to belonging and opportunity
- Identifying sources and structures of division
- Expanding narrative frames around wealth as a foundation of health
- Recognizing where issues and methods used to advance health equity in one community can be transposed to others

Shape policies and systems around health and well-being

Policies and systems—economic, social, educational, and more—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.

Policies and systems can be, and often are, designed without consideration for the impact they may have on human health and well-being. Paying attention to the human health impacts of, for example, the way roads are designed and built, often turns out to be good not only for health and well-being but for businesses and the community as a whole—because human thriving and economic well-being are interconnected in many ways.

The work of the Partnership on policies and systems may include:

- Identifying specific policy areas and specific policies to which members can bring a health and well-being lens. Members will help each other identify fruitful opportunities for engaging in policy issues, support each other's efforts to articulate a health in all policies perspective, and act to assure the consideration of health and well-being in policy development
- Sharing the policy agendas of member organizations and others and reporting to the Partnership on the efforts made, lessons learned, and partners engaged in policy development
- Working with MDH to document and clarify the work done by members on specific, strategic policy areas selected for attention by the Partnership
- Considering their organizations role in changing systems in ways that advance equity

Activities, both those of the Partnership and of others, may include:

- Engaging in HIAP at multiple levels (e.g., state, county, corporate, etc.)
- Conducting equity assessments of policies and exposing policies that create or intensify health inequities; providing recommendations to improve policies
- Assuring that parks and other community assets are designed for active living
- Adopting Baby-Friendly Hospitals practices
- Implementing Minnesota Walks
- Facilitating access to health care with transit in Greater Minnesota areas
- Considering needs of vulnerable transportation users
- Analyzing how systems intentionally or unintentionally create or maintain inequities and advancing options for systems change
- Establishing age-friendly or dementia friendly communities
- Assuring access to affordable health care
- Educating populations experiencing health inequities for health and policy careers
- Adopting trauma-informed and healing-informed practices in grant making, health care, governing, etc.

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

As noted in the *2017 Minnesota Statewide Health Assessment*, a tension exists between the many documented deficits and disparities in health status experienced by populations in Minnesota, and the knowledge that these same populations embody tremendous strengths and assets, including resilience in the face of suffering and trauma. All people and populations bring both their challenges and their strengths to their situations.

Public health data have often focused on the deficit side of populations, a view of populations as needing health education or fixing. This approach may reflect attitudes of white supremacy[‡] and can risk becoming paternalistic. A deficit and expert approach can reinforce the exclusion of those experiencing health inequities in shaping decisions about what might benefit the health of their communities because they are perceived as having no or limited expertise.

An asset-based approach to health and well-being will necessitate the participation of communities experiencing health inequities and populations so that we can connect how strengths and assets will inform how policies and decisions are shaped. The Partnership hopes to encourage development of

[‡] White supremacy—an ideology that white people are superior to any other race—is a feature of programs and structures that favor white, European concepts of problems and solutions over community wisdom and cultural practices.

effective solutions by amplifying communities' assets and strengths in decisions affecting health and well-being.

The work of the Partnership on asset-based approaches to health and well-being may include:

- Increase members understanding of asset-based approaches
- Continuing to build a diverse cross-sectoral membership of the Partnership
- Recognizing and elevating leadership within their organizations of people from the populations experiencing health disparities to design and implement asset-based approaches and activities to promote health and well-being
- Bringing recognition to examples where communities have connected their strengths and resilience to issues of health and well-being
- Inviting people with experience and information on the historical, cultural and other strengths of populations in Minnesota to build Partnership knowledge and skills in this area

Activities, both those of the Partnership and of others, may include:

- Supporting asset-based community development
- Considering and leveraging the role of culture to support health and well-being
- Ensuring that community health needs assessment and planning processes consider community assets—human, social and physical assets
- Devoting resources to increase knowledge and skills of staff at all levels and systems around implicit bias and cultural competency
- Promoting American Indian food sovereignty as a way to address food insecurity
- Equipping communities with data needed to describe conditions for health and advance change
- Increasing participation and decision-making in government and other processes at every level
- Mobilizing communities to support parents and families so that all children have a healthy start
- Sharing stories of community successes and analyzing the reasons for success
- Using asset mapping as a tool
- Fostering belonging, inclusion and participation
- Experimenting with participatory budgeting
- Implementing the Olmstead Plan, especially the community engagement goals

Alignment with national and state plans

In Minnesota and across the nation, organizations and communities are broadening their attention from individual services and medical care to the conditions that create health. The work of the Healthy Minnesota Partnership aligns in many ways with efforts at local, state, and federal levels of government, with non-profit organizations, and with community actions to improve the health and well-being of all.

Healthy People 2020

Healthy People 2020 (www.healthypeople.gov/), the nation's health improvement plan, provides 10-year national objectives for improving the health of all Americans. *Healthy Minnesota 2022* aligns with this national plan in multiple ways. For example, part of the mission of Healthy People is to "increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress," which aligns closely with the strategic approach of the Healthy Minnesota Partnership to expand conversations about what creates health and well-being. The Healthy People mission to "engage multiple sectors to take actions to strengthen policies" for health aligns closely with the Partnership priority of assuring all can participate in decisions that shape health and well-being, and with the

Partnership approach to shape policies and systems around health and well-being. The Healthy People goal to "create social and physical environments that promote good health for all" aligns closely with the Partnership priority of assuring that the design of places and systems supports health and well-being.

National Prevention Strategy

The National Prevention Strategy (www.surgeongeneral.gov/priorities/prevention/strategy/) focuses on prevention and wellness and on community engagement. The strategic directions of "healthy and safe community environments," "empowered people," and "elimination of health disparities" align well with the Partnership priorities of places and systems that are designed for health and well-being, that all can participate in decision that shape health and well-being, and that the opportunity to be healthy is available everywhere and for everyone. The National Prevention Strategy is rich in detail and suggestions for action. Many of their specific recommendations within their priority areas focus on policy changes, congruent with the Healthy Minnesota Partnership approach. For example, one recommendation is to "support community and streetscape design that promotes safety and prevents injuries." One suggestion for action by governments is to "include safe shared spaces for people to interact (e.g., parks, community centers) in community development plans which can foster healthy relationships and positive mental health among community residents."

Minnesota state health plans

Cancer Plan Minnesota 2025 (mncanceralliance.org/cancer-plan-minnesota-2025) aligns with *Healthy Minnesota 2022* in its overall goals of prevention, assuring quality of life, and achieving health equity. The plan also includes strategies and objectives that focus on a greater understanding of the determinants of health and policy approaches to patient social and economic well-being.

Healthy Minnesota 2020: Chronic Disease and Injury includes goals and objectives that aligned closely with *Healthy Minnesota 2020* and thus remain aligned with *Healthy Minnesota 2022*.

The new Minnesota Adolescent Health Plan (www.health.state.mn.us/people/adolescent/youth/bbb/) is nearing completion and its priorities are strongly aligned with the three *Healthy Minnesota 2022* priorities. In addition, this plan employs an asset-based approach to its action plans.

Other state plans that link to, but don't as closely align with *Healthy Minnesota 2022*, include Oral Health in Minnesota 2013-2018 (www.health.state.mn.us/people/oralhealth/contact/stateplan.html), Minnesota Heart Disease and Stroke Prevention Plan 2011-2020 (www.health.state.mn.us/diseases/cardiovascular/stateplan/), and Asthma in Minnesota 2014-2020 (www.health.state.mn.us/diseases/asthma/about/stateplan.html). While these mention the conditions that create health, the implementation approaches do not include policy or systems change beyond health care change.

Appendix A: About the Healthy Minnesota Partnership

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. For more information, visit: Healthy Minnesota Partnership (www.health.state.mn.us/communities/practice/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. As of February 2018, the following are members (alternates) of the Healthy Minnesota Partnership:

Carl Anderson, Boynton Health, University of Minnesota (Alternate: Kate Elwell)
Jeanne Ayers, Minnesota Department of Health
Ken Bence, Minnesota Public Health Association (Alt: Ashlyn Christenson)
Kari Benson, Minnesota Board on Aging (Alt: Mary Hertel)
Barbara Burandt, State Community Health Services Advisory Committee (SCHSAC)
Rachel Callanan, American Heart Association (Alt: Justin Bell)
Chris Conroy, TakeAction Minnesota
Linda Davis-Johnson, Minnesota Department of Human Services
Julia Dreier, Minnesota Council of Health Plans
John R. Finnegan, Jr., University of Minnesota School of Public Health (Alt: Kathleen Call)
Thomas Fisher, College of Design, University of Minnesota
Brett Grant, Voice for Racial Justice
Kelley Heifort, Minnesota Department of Corrections (Alt: Lee Buckley)
Tim Henkel, Minnesota Department of Transportation (Alt: Amber Dallman)
Warren Larson, Sanford Health
Anjuli Mishra, Council on Asian Pacific Minnesotans (Alt: Dave Sukharan)
Vayong Moua, Blue Cross/Blue Shield Center for Prevention (Alt: Stacey Housman)
Gretchen Musicant, Local Public Health Association (Metro) (Alt: Susan Palchick)
Lars Negstad, ISAIAH (Alt: Alexa Horwart
Kami Norland, National Rural Health Resource Center (Alt: Tracy Morton
Angela Thies, Minnesota Chapter, March of Dimes
Joan Pennington, Minnesota Hospital Association (Alt: Kristin Loncorich
Barb Sporlein, Minnesota Housing Finance Agency (Alt: Katie Topinka
Rosa Tock, Minnesota Council on Latino Affairs (Alt: Samantha Holte
Maria Veronica Svetaz, Hennepin County Medical Center, Center for Health Equity Grantee
Sarah Grosshuesch, Local Public Health Association, (Greater Minnesota)
Donna Zimmerman, Itasca Project (Alt: DeDee Varner

MDH staff to the Healthy Minnesota Partnership
Dorothy Bliss
Marisol Chiclana-Ayala
Beria Rochell Joseph, student worker
Frederick M. Ogugua, student worker
Jeannette Raymond

Appendix B: 2013-2017 Healthy Minnesota Partnership work

2013

Created a group to identify and promote narratives and data that emphasize the opportunity to be healthy. This team explored and developed 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.

Created a group to promote and advocate opportunities to be healthy through public and private policies. This team explored research and developed 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.

Through Partnership discussions with a variety of sectors, brought attention to public health issues, monitored progress on statewide efforts, and promoted efforts toward the themes and activities of Healthy Minnesota 2020.

2014

Developed performance measures to monitor progress on Partnership activities.

Identified minimum wage as a "strategic opportunity" to increase the opportunity of people in Minnesota to be healthy.

Developed narrative frames and messaging on income and health to advance a health in all policies approach to this strategic opportunity Formation of "mini-partnerships" among the Partnership members and others to take action on the strategic opportunities.

Participated in the development of the Advancing Health Equity report of the Minnesota Department of Health.[§]

2015

Identified two strategic opportunities to increase the opportunity of people in Minnesota to be healthy: paid leave and health, and multi-modal transportation and health.

Developed narrative frames and messaging on both paid leave and transportation related to health as a means to advance a health in all policies approach to these strategic opportunities. Formed of "mini-partnerships" among the Partnership members and others to take action on the strategic opportunities.

2016

Identified two strategic opportunities to increase the opportunity of people in Minnesota to be healthy: incarceration and health, and burdensome debt and health.

[§] For a more detailed explanation of the role of structural racism in health outcomes, see: *Advancing Health Equity in Minnesota: Report to the Legislature* (PDF)
(www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf).

Developed narrative frames and messaging on both incarceration and debt related to health as a means to advance a health in all policies approach to these strategic opportunities.

Continued discussions of the role of structural racism in health inequities.

2017

Directed the development and publication of the 2017 Statewide Health Assessment, a picture of health and well-being across the state and within the communities of Minnesota.

Identified healthy food access as a strategic opportunity and developed narrative frames and messaging as a means to advance a health in all policies approach to this issue.

Continued discussion of the role of structural racism in health inequities.