

Healthy Minnesota Partnership Meeting Summary: March 3, 2026

Meeting Summary

The Healthy Minnesota Partnership held the first meeting of 2026 on March 3. A total of 98 people attended, out of 132 people who RSVPed for the meeting. The meeting goals included learning together about systems change and sharing information. A recap of the Water for Systems Change model was provided before a comprehensive presentation on Population Health and Systems change. Partnership updates were provided and attendees engaged in an activity to share examples of how their work aligns with the Statewide Health Improvement Framework.

Meeting notes

Welcome & introductions

Healthy Minnesota Partnership co-chair, Assistant Commissioner Halkeno Tura (Minnesota Department of Health) welcomed attendees and shared opening remarks. Co-chair Sarah Grosshuesch (Local Public Health Association) reviewed the agenda. Out of

Water for Systems Change recap

Tara Carmean (MDH) provided a recap of the model presented on Dec. 3 by guest speakers from the Michigan Public Health Institute. The Water of Systems Change model is used by MDH and is a tool the Partnership can refer to and use in discussions and work.

Systems are made up of interconnected parts or components that work together to achieve some function or purpose. (For example, a public health system may include a health department, local public health, health care systems, transportation, education, housing, and more)

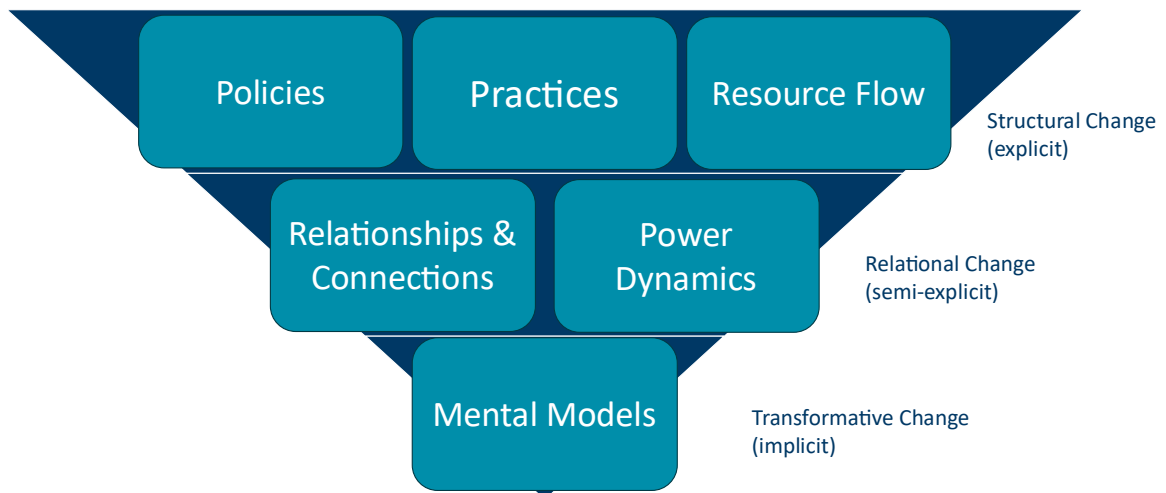
Systems change is about advancing equity by shifting the conditions that hold a problem in place. The six conditions of systems change include:

- The **policies** that guide institutions within a system;
- The **practices** of those institutions, including officially stated activities and informal habits;
- The **resource flows** that determine how resources are distributed and allocated;
- The **relationships and connections** that shape how we communicate and relate to each other; and

- The **power dynamics** that determine who has decision-making authority;
- The **mental models**, or subconscious beliefs and narratives, that influence our thoughts and actions as individuals and groups.

Systems change can happen by leveraging any of these six conditions but are more likely to be sustained when working at three different levels of change: explicit, semi-explicit, and implicit.

Six Conditions of Systems Change



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Examples of how the Partnership has tried to leverage different conditions of system change:

- **Policies:** previous policy discussions, including policy profiles in the most recent statewide health assessment to highlight how policies impact health, and by including policy related objectives and strategies in the statewide health improvement framework
- **Relationships:** increasing community engagement, outreach and recruitment in recent years. Added steering committees, the Advisory committee and health priority workgroups
- **Mental models:** past narrative work (documents and trainings) and including narratives about structural racism and systems in the most recent statewide health assessment

A few examples shared by attendees focused on relationships and connections, resource flows.

Population health & systems change: Seeing and shifting the water

Cherylee Sherry, Acting Director for the Office of Statewide Health Improvement Initiatives at MDH, presented on population health and shared examples of how one program, the Statewide Health Improvement Partnership (SHIP), operationalizes structural change through policy, systems, and environmental strategies.

Overview of population health

- Health outcomes of a group of individuals, including the distribution of outcomes in the group. Aiming to reduce health inequities among population groups.
- Population health seeks to step beyond the individual-level focus of mainstream medicine and public health by addressing the social determinants of health and improve the capacity of people to adapt to, respond to, or control life's challenges and changes.
- It describes an approach to improving health that focuses on the health of communities or populations rather than on that of individuals. It examines factors that enhance the health and well-being of the overall population.
- A population perspective – “community diagnosis” – includes surveillance, descriptive data, surveys and analytic studies, intervention via health care system, policy, etc.
- Both individual-level perspectives and population-level perspectives are needed
- Population Health includes Clinical care + public health + social determinants of health and shared accountability across sectors

Examples provided from the Statewide Health Improvement Partnership (SHIP)

- The SHIP is a separate program at MDH that provides grants to local communities and Tribes. It also uses a policy approach. Its strategy includes schools, communities, workplaces, and health care.

Other noteworthy comments:

- Systems change is a nonlinear progress that includes pattern detection, a learning orientation, and multiple windows of data
- Suggested implications for the Partnership include shaping statewide narratives to align sectors, influence shared measurement and examine equity conditions
- Systems change requires patience, learning, humility, internal reflection, and external action
- Progress requires attention to what is invisible but in the water: programs matter, policies matter

Healthy Minnesota Partnership updates

In 2026, the Partnership is continuing to work on implementing the Minnesota Statewide Health Improvement Framework and building relationships within the Partnership.

Health Priority Workgroups have quarterly meetings in 2026: Health & Housing; Equitable Access and Care; and Belonging, Well-being, and Substance Use Prevention. These workgroups are forming and identifying initial action steps for the objectives and strategies. Updates about their work will be shared during future meetings

Partnership staff are working with the Advisory Committee to identify a list of process measures to monitor progress on the improvement framework. Health Priority Workgroups will also be consulted before measures are final.

Partnership staff completed member engagement activities in January and are working on incorporating input. Recommendations to update membership and Partnership processes are also being considered and will be shared in the future.

Networking activity: sharing together

Partnership staff heard clearly that members are interested networking and learning about other partners' work. Staff engaged attendees in trying an activity with an online tool to share "one thing that you (or your organization) is currently working on that relates or aligns with one of the three health priorities":

- Health & Housing
- Equitable Access and care
- Belonging, wellbeing, and substance use prevention.

Attendees shared examples of their work across each of the health priorities.

Attendance

Healthy Minnesota Partnership Co-chairs

Assistant Commissioner Halkeno Tura, Sarah Grosshuesch

Attendees

Lori (Anoka County Community Action Program (ACCAP), Katie Albert, Erica Alley, Patti Anderson, (Pennington and Red Lake County Public Health and Home Care), Debra Apenhorst, Farah Baig, LaShawnda Bishop (Minnesota Department of Human Services), Katie Chapman (Southwest Health), Katie Chatfield (Greater Twin Cities United Way), Flora Coan (Solventum), Jill Collins Mattson (City of Bloomington Public Health Department) Tonayo Crow, Sara Croymans (UMN Extension), Christy Dechaine (Minnesota Hospital Association), Andrea Demmer, Charles Dixon, (Minnesota Department of Children Youth and Families), Charles Dixon, Armelle Edoh (SCHA), Susan Felten (Houston County Public Health), Angela Fields (CHW Concepts), Claire Fleming (American Heart Association); Matt Flory (MPHA/American Cancer Society), Caleb Frauendienst, Jode Freyholtz-London (Wellness in the Woods), Kristen Friedrichs (Nicollet County Public Health), MAJRA Gibbons (Blue Cross and Blue Shield of MN Foundation), Michelle Gin (Minnesota Department of Health), Isabella Green (St Paul - Ramsey County Public Health), Sarah Grosshuesch (Wright County Public Health), Sarah Hayes Anderson (Children's Dental Health Services), Curtis Hedman (MDH), Maria D Hernandez (DHS - Resettlement Programs Office), Diane Holmgren (Saint Paul - Ramsey County Public Health), Amanda Johnson, Juneau Jones, Shelagh Kalland (Blue Cross Blue Shield of MN), Shelagh Kalland, Ami Keene (Essentia Health), Stephanie Kovarik (HealthPartners), Allison Larson (MDH), JP Leider (UMN), Josh Leopold (MDH), Meghann Levitt (Carlton County Public Health and Human Services), Marie Malinowski, Samantha Martinez (Anoka County), Denise McCabe (MDH),

Melissa, Michels (MDH), Melissa Mikkonen (BCBS MN), Kim Milbrath (MDH), Earl Miller (MN DOC Community & Reentry Division), Murugi Mutiga, Lindsay Nelson (Carver County Public Health), Nhat Nguyen (Fairview Health Services), Jen O'Brien, Andrea Orest (Cook County Public Health), Alex Orvik (Polk County Public Health), Rachel Peterson (Mille Lacs County Public Health), Heather Peterson, Janelle Peterson (Homestyle Direct), Sarah Peterson, Chad Rhoads (United Way of Central MN), Blaire Rodenbiker (MDH), Wynfred Russell (Anoka County Public Health), Pamela Kriege Santoso, Michelle Scharenbroich (MDH), Deanna White, (MDH), Taylor Schumacher, Tamara Severtson (St Francis Regional Medical Center), Caitlin Stackpool, Laura Stumvoll (VA), Patty Takawira (MDH), Elizabeth Taylor-Schiro (MDH), Grace Totoe (Minneapolis Health Clinic), Elena Tran (Scott County Public Health), Amanda Vanyo (Saint Paul - Ramsey County Public Health), Natalie Vasilj, Danushka Wanduragala (HealthPartners), Kap Wilkes (Kap Wilkes Consulting), Dasharatha Yata, Abbie Zahler

Partnership support staff

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