

Health Promotion & Chronic Disease

A DIVISION OF THE MINNESOTA DEPARTMENT OF HEALTH

Overview

The Health Promotion and Chronic Disease Division (HPCD) provides leadership for the prevention and management of chronic diseases, disabilities, and injuries in Minnesota.

What We Do

1. We work to advance health equity and reduce health disparities in Minnesota.
2. We develop, implement, and support culturally respectful programs designed to reduce the burden of chronic diseases and injuries.
3. We collect, share, and use data and best practices to inform actions at the community, state, and national levels.
4. We address social determinants of health in our work and collaborate with diverse partners to strengthen impact.

Partners

Our partners include local health departments, tribal communities, non-profit organizations, health care providers, other state agencies, and professional alliances.

In Minnesota, as of 2020:

- 6 in 10 adults have a chronic condition.
- Unintentional injuries are the 4th leading cause of death for adults.

Chronic conditions are ongoing and may require medical attention. They can also interfere with daily activities. Promoting well-being and preventing chronic disease and injury not only helps save lives but improves quality of life for many Minnesotans. It also has the potential to save Minnesota millions in health care costs and lost productivity.

75% of health care costs are attributable to chronic conditions.

The Centers for Disease Control and Prevention estimates that 90% of the nation's \$3.8 trillion in annual health care expenditures are for people with chronic and mental health conditions (CDC, 2021).

More Information

MDH Health Promotion & Chronic Disease (www.health.state.mn.us/about/org/hpcd/index.html).

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Emerging Issues

Healthy Aging

As adults age, they are more likely to suffer from disability and chronic diseases. In the next ten years, more than 1 in 5 Minnesotans will be 65 years of age or older, placing significant strain on our health care systems and families. MDH is working with a variety of partners to coordinate efforts and build infrastructure to promote brain health among people at risk of Alzheimer's Disease and Related Dementia (ADRD). Through a CDC BOLD grant, HPCD is improving collaboration among stakeholders who already work with aging adults; supporting Community Health Workers to provide caregiver support and identify signs and symptoms of dementia; and integrating brain health into existing chronic disease prevention and management efforts.

Mental Health and Well-Being

The connection between mental health and chronic disease, injuries, violence, and disabilities is increasingly clear. HPCD is working with other divisions within MDH and external partners to collaborate on program, policy, communication, and data to action activities and communication focused on improving mental health. For example, HPCD has submitted a budget proposal to support the 988 Suicide Prevention Lifeline, is building strategies to track and prevent Adverse Childhood Experiences (ACEs) and is helping to improve patient care by connecting primary care and behavioral health clinics.

People with Disabilities

Health inequities faced by the disability community in Minnesota have been exacerbated by the COVID-19 pandemic. HPCD submitted a budget proposal for the 2022 Legislative Session to build upon the momentum of the collaboration, infrastructure, and relationships built by MDH during the pandemic to address the needs of people with disabilities. The goal is to reduce health disparities and improve the health of Minnesotans with disabilities by increasing availability and connection to accessible and appropriate preventive health care and evidence-based health promotion interventions and services across the state.

Long COVID and Chronic Disease, Injury, and Disabilities

Long COVID impacts the body in many ways that can range from mild to debilitating and is currently understood as signs and symptoms lasting four weeks or more after a COVID infection. MDH is funded under the two-year CDC Health Equity Grant to collect data and support select long COVID studies at the intersections of COVID-19 and chronic disease. These efforts will include assessing impacts on BIPOC and rural communities disproportionately impacted by the COVID-19 pandemic and increasing awareness of post-COVID conditions. With additional resources, future long COVID programmatic activities may include convening healthcare, public health, and community stakeholders to develop guidelines for screening and diagnosis, treatment, and coordinated care for long COVID; assuring appropriate care recommendations for high-risk individuals with other chronic conditions; and addressing policy issues around health plan coverage and worker disability.

Programs & Activities

Center for Health Promotion

The Center for Health Promotion analyzes and reports data on preventable chronic diseases/conditions; supports policies and systems of care that promote health; and creates public awareness of ways to prevent and daily management of chronic diseases and conditions.

Aging: The overall goal of our work is to improve quality of life for individuals with Alzheimer's disease and related dementia (ADRD) and their caregivers, and to prevent dementia and dementia-related conditions. HPCD engages and collaborates with diverse stakeholders to integrate, align, and leverage our approaches to address related chronic conditions and promote healthy aging.

Arthritis: We work with partners and communities to promote walking and build awareness about arthritis and the benefits of walking to manage pain. We offer toolkits and support the Arthritis Foundation's Walk with Ease program, a low-cost walking program that combines self-paced walks with health-related information.

Asthma: We work with partners across the state with the goal to improve outcomes and quality of life for people who have asthma in Minnesota. This entails working with partners to build capacity for asthma home-based services; provide training to LPH, schools and community coaches and others about asthma triggers; and provide technical assistance to school nurses.

Cardiovascular Health: We focus on promoting heart health for all Minnesotans. We improve stroke treatment by increasing public awareness, improving emergency medical services, and improving transitions of care. We implement cross-cutting approaches to prevent cardiovascular disease through health system interventions and community-clinical linkages that address high blood pressure, high cholesterol, and diabetes.

Diabetes and Chronic Kidney Disease: We promote healthy behaviors for people with all types of diabetes or chronic kidney disease, partner with communities to increase and sustain local diabetes prevention and management programs, and utilize data to raise awareness and monitor progress to reduce the burden of diabetes, chronic kidney disease, and prediabetes.

Oral Health: We work with partners to promote and protect oral health by collecting and reporting oral health data; conducting early dental disease prevention initiatives; promoting school-based sealant programs; and developing and implementing a state oral health plan.

Community Impact Spotlight: *Increasing access to safe, clean drinking water to promote good nutrition and oral health*

Drinking sugary beverages can increase risk of cavities, obesity, and chronic conditions like type 2 diabetes or heart disease. Thanks to funding from the Oral Health Program, more schools and community organizations are now able to install water bottle filling stations which makes the healthy choice easier and more accessible. People can fill reusable bottles with fluoridated water to stay hydrated through the day and protect their oral health and overall health. [Learn more about hydration stations.](#)

"Since putting this fountain in, we have been able to remove our vending machine from which water, juice and soda were sold after school. What a great change for us all!" – 2018 hydration station grantee.

Chronic Disease and Environmental Epidemiology

The Chronic Disease and Environmental Epidemiology (CDEE) Section includes:

Minnesota Cancer Reporting System: MCRS is the statewide system for collecting and reporting all newly diagnosed cancer cases in the State. These data are widely used to inform policy, report to the public on trends in cancer incidence and mortality, and enable researchers to conduct studies about the causes of cancer. MCRS works closely with HPCD Cancer Prevention Programs.

Environmental Public Health Tracking: We use existing data to evaluate trends and patterns of disease to inform decisions and policy; we make data accessible to partners and conduct analyses to respond to environmental health concerns; and we work with partners across MDH and state agencies; local health departments, and others on health promotion strategies and data utilization. We also maintain the Minnesota Public Health Data Access Portal.

Minnesota Biomonitoring: Chemicals in People: We work with communities and partners to measure and track changes in chemical exposures over time; to identify groups that are highly exposed to chemicals; and to inform policies to reduce exposures. Our activities are guided by a scientific advisory panel, and we work in close collaboration with the MDH Public Health Laboratory. Current projects include measuring chemicals in preschool-age children, and a series of clinic-based projects focused on urine mercury testing linked to using skin lightening products. Past projects include an extensive monitoring for per /polyfluoroalkyl substances (PFAS).

Minnesota Sickle Cell Data Collection Program: Minnesota participates in the CDC *Sickle Cell Data Collection* program to better understand the prevalence, incidence, mortality, care management, care utilization, and health outcomes of Minnesotans living with Sickle Cell Disease (SCD). This is a cross-division effort (HPCD, Children and Family Health, Health Policy, Public Health Labs) in collaboration with Sickle Cell Foundation of Minnesota, healthcare systems, and the Minnesota Department of Human Services (DHS Medicaid). The goal is to integrate data across multiple datasets in Minnesota and conduct investigations to guide outreach, clinical care, public health practice, and policies to improve the quality of life for people living with SCD and their families.

Community Impact Spotlight: *Reducing chemical exposures in kids*

Children's bodies are especially vulnerable to chemicals. Healthy Kids Minnesota 2021 is a first-of-its-kind statewide effort designed to provide parents and communities information about whether children in Minnesota are being exposed to potentially harmful chemicals. MDH Biomonitoring will work with local public health and school district partners to enroll 3-to-6-year-olds during their Early Childhood Screening appointments and test the children's urine to give a comprehensive picture of how children's chemical exposures vary among different communities and over time. [Learn more about the Healthy Kids MN project.](#)

"Healthy Kids Minnesota is a much-needed step in improving children's environmental health and health equity." – Cindy Hillyer, Minneapolis Public Schools.

Injury and Violence Prevention

The Injury and Violence Prevention Section (IVPS) implements and evaluates programs that help reduce the risk of injury and violence. IVPS collects, analyzes, and reports data about injuries (e.g., concussions, drug misuse and overdose, falls, motor vehicle crashes, poisoning, sexual violence, spinal cord injury, and suicide), and is responsible for the following:

Suicide Prevention: The Suicide Prevention Unit uses a public health approach to prevent suicide by supporting and coordinating state-funded suicide prevention activities and the state suicide prevention plan. The suicide prevention unit provides training and technical assistance at the state and local level to raise awareness of suicide prevention for all ages. We coordinate the Minnesota State Suicide Prevention Taskforce to implement and oversee the state's suicide prevention plan.

Alcohol and Drug Abuse Prevention: The Drug Overdose Epidemiology Unit collects, analyzes, and reports data on substance misuse, including alcohol, marijuana, opioids, and other drugs to inform state and local prevention and response initiatives. The Drug Overdose Prevention Unit works with a wide variety of partners such as tribal nations, state agencies, health care systems, EMS, law enforcement, and community organizations on programs like naloxone distribution and training, reducing inappropriate opioid prescriptions, and doing innovative communications work including a podcast aimed at empowering individuals to make safe choices around opioid use.

Violence Prevention Programs: The Sexual Violence Prevention and Safe Harbor Programs work to prevent all forms of sexual violence by changing social norms and environments to protect against violence and sex trafficking. We work towards this goal by funding promising strategies to prevent sexual violence, connecting individuals and organizations through statewide networks, and evaluating prevention strategies for impact.

Occupational Health and Safety: We work to reduce occupational injury and disease by collecting/reporting data on over 20 health indicators and developing new indicators for emerging occupational health and safety issues. We collaborate with state and local partners to inform injury and illness prevention initiatives.

Data Systems and Epidemiologic Analyses: The Surveillance, Epidemiology and Analysis (SEA) Unit manages the Violent Death Reporting System for Minnesota (suicide, homicide, and unknown causes of death). The SEA Unit devised, developed, and now maintains the Minnesota Injury Data Access System (MIDAS), an on-line repository of state and local injury and violence data. They operate the traumatic brain and spinal cord injury (TBI/SCI) registry and epidemiology program. They are national leaders in describing alcohol epidemiology.

Community Impact Spotlight: *Support and healing for sexually exploited youth*

Thanks to the Safe Harbor Program, youth engaging in commercial sexual activity are no longer viewed as criminals and instead provided the help they need. The statewide network is made up of 45 grantees, including nine Tribal nations, that provide regional supportive service, shelter/housing, and outreach activities. Safe Harbor partners with the Bureau of Criminal Apprehension and Office of Justice Programs at Department of Protective Services to train and support law enforcement as well collaborates closely with the Minnesota Coalition Against Sexual Assault to improve multidisciplinary coordination. Over two years, Safe Harbor grantees helped more than 1,200 youth access housing, support services, or a regional navigator. More than 100 referrals came from law enforcement or juvenile corrections, demonstrating a clear success in the redirection from criminalizing behavior to offering support and healing.

Sage Cancer Screening and Cancer Control

Comprehensive Cancer Control Program: CCC is a CDC-funded initiative to strengthen efforts across Minnesota to decrease the negative impact of cancer. The CCC team works with other organizations and individuals to plan and implement a coordinated approach, including prevention and detection, treatment, survivorship, and end of life care. We work closely with the [MN Cancer Alliance](#), an independent coalition of stakeholders from around the state, to implement [Cancer Plan MN 2025](#).

Sage Breast and Cervical Cancer Programs: Sage works to reduce racial health disparities by connecting un- and underinsured women with cancer screening and treatment. Over 75% of Sage clients are women of color: 50% Latina, 9% African American, 11% American Indian, 2% Asian, 25% white and 3% other. In 2021, Sage screened over 6,500 women for breast and cervical cancer and detected over 115 new cases of these cancers. We work with nearly 500 clinics in all 87 Minnesota counties. Sage also houses a patient navigation center that responds to community and client needs by answering questions, addressing barriers, scheduling appointments, and connecting clients to other resources such as smoking cessation programs. Annually, Sage patient navigators field approximately 14,000 calls and schedule about 40% of all Sage appointments.

SagePlus: SagePlus helps women understand and reduce their risk for heart disease and stroke. SagePlus works with clinics to provide blood pressure, cholesterol, and diabetes screenings for women, and provides counseling and other resources to support lasting lifestyle changes for heart health. Minnesota African American and American Indian women experience the worst disparities in heart disease, and SagePlus has a special focus on these two populations.

Sage Systems Change: The Systems Change program works with select clinics to improve their cancer screening rates through Evidence-based Interventions (EBIs). EBIs practices or programs that have been peer-reviewed and documented for effectiveness in clinic settings, including provider- and patient-focused programs and services. Sage is currently working with seven clinic partners and we expect the number of additional clinics will grow in the next few years.

Community Impact Spotlight: *Reaching diverse communities to prevent cancer*

Breast cancers are easier to treat if they are detected early. However, because women of color are less likely to have access to adequate and affordable screening and treatment, they are less likely to be diagnosed early and survive their cancer.

Paula Weems is one of those survivors. While working at the Mall of America, Pamela got a free mammogram through Sage, and discovered she had stage 4 breast cancer. Only 29% of women with late-stage breast cancer survive, but Paula is still here today following her treatment. Since her journey with cancer, Paula has gone on to help others in the African American community understand the importance of regular cancer screenings and celebrate survivorship. [Read Paula's story](#).

Interactive Data Resources

Access these HPCD interactive data resources to evaluate trends and geographic patterns over time, and to identify at-risk populations with disparities:

- The **Minnesota Injury Data Access System** (MIDAS) is an interactive database for use by the public. Local level data are provided on an array of injury, violence, and health issues to inform public health research and action.
- The **Minnesota Public Health Data Access Portal** provides public access to population health and environmental data on more than 25 topics.

In the News

- New program to provide parents, communities more details on childhood chemical exposures (11/16/2021)
- Regular breast cancer screenings can detect cancer early, save lives (11/04/2021)
- Nonfatal drug overdoses increased during COVID-19 (09/30/2021)
- MDH and partners release new state plan to improve oral health (08/04/2021)
- Preventable deaths by suicide decreased in 2020 (05/12/2021)
- Preventable deaths by overdose increased dramatically during COVID-19 pandemic (05/03/2021)
- Preventable deaths from alcohol use increased in 2020 (04/15/2021)
- MDH announces new opioid podcast series (04/05/2021)

By the Numbers

- In 2021 HPCD provided over \$20 million in outgoing grants and contracts to support non-profit organizations, local health departments, screening clinics, Tribal communities, and community-based organizations in Minnesota. This funding is critical to build and sustain partnerships that help prevent diseases, injuries, and disabilities in throughout the State.
- Over 65% (\$31 million) of HPCD's funding is from federal sources to which we must apply for competitive renewal on a regular cycle. Without this federal funding, MDH would not have any dollars to sustain work on many common chronic diseases or conditions, including asthma, diabetes, aging and Alzheimer's, and across many injury prevention areas.
- About 32% (\$15 million) of HPCD's funding is from the State's general fund.
- HPCD employs approximately 165 Minnesotans with expertise in data collection, analysis, and reporting; communication; and program planning and implementation.