



# Healthy Minnesota 2020 Update

---

## *2014 Annual Report of the Healthy Minnesota Partnership*

*Minnesota Department of Health  
December 2014*

***Healthy Minnesota 2020 Update: 2014 Annual Report of the Healthy Minnesota Partnership***  
was produced in collaboration by the Minnesota Department of Health and the Healthy  
Minnesota Partnership. This project was supported by funds made available from the Centers for  
Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support, under  
#5U58CD001287. Its contents are solely the responsibility of the authors and do not necessarily  
represent the official views of the Centers for Disease Control and Prevention.

# Healthy Minnesota 2020 Update

## 2014 Annual Report of the Healthy Minnesota Partnership

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

### Contents

- The Healthy Minnesota Partnership..... 2
- Healthy Minnesota 2020: Statewide Health Improvement Framework ..... 3
- 2014 Progress on Healthy Minnesota 2020 ..... 3
  - Strategic Approach: Changing the Conversation about Health ..... 3
  - Partnership Progress..... 6
  - Narrative Strategy Team Progress ..... 6
  - Policy Strategy Team Progress ..... 8
  - Progress on Core Indicators/Key Conditions..... 9
- Looking Ahead: 2015 ..... 9
  - 2014/2015 Strategic Opportunities ..... 9
- Appendix A: Healthy Minnesota Partnership..... 11
- Appendix B: Healthy Minnesota – 2014 Performance Results ..... 13
- Appendix C: *Healthy Minnesota 2020* Key Conditions Indicator Updates..... 15
- Appendix D: Chronic Disease Dashboard ..... 17

**Healthy Minnesota Partnership** with the **Minnesota Department of Health**  
PO Box 64975 ▪ 625 Robert Street N. ▪ Saint Paul, MN 55164-0975  
Phone 651.201.5000  
[www.health.state.mn.us/healthmnpartnership](http://www.health.state.mn.us/healthmnpartnership)



## The Healthy Minnesota Partnership

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

### Healthy Minnesota Partnership Vision and Values

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

#### *We Value... Connection*

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

#### *We Value... Voice*

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

#### *We Value... Difference*

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

First convened in 2010 by the Commissioner of Health, the Partnership identifies and acts on strategic opportunities to improve health and well-being for all people in Minnesota. The members of the Healthy Minnesota Partnership come from rural, suburban and urban communities; from hospitals, health plans and public health departments; from business and government agencies; and from faith-based, advocacy, and community organizations (see membership in the Appendix).

In 2014, the Healthy Minnesota Partnership continued to implement the *Healthy Minnesota 2020 Framework* (page 4) with activities including:

- Development of performance measures to monitor progress on Partnership activities.
- Identification of minimum wage as a “strategic opportunity” to increase the opportunity of people in Minnesota to be healthy.

- Development of 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.
- An annual review of the key conditions for health and chronic disease and injury indicators.
- Participation in the development of a report on health equity by the Minnesota Department of Health.

### Guiding Principles of the Healthy Minnesota Partnership

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

## Healthy Minnesota 2020: Statewide Health Improvement Framework

The *Healthy Minnesota 2020* framework, published in December 2012, includes three key themes that guide the Healthy Minnesota Partnership's discussions and actions:



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

The emphasis of *Healthy Minnesota 2020* that these themes reveal is on creating the conditions that allow people to be healthy: conditions that assure a healthy start, which set the stage for healthy choices, and which create the environments that will support health throughout life.

*Healthy Minnesota 2020* is not a program for any single agency or organization to implement, but is a guide for activity on many fronts. It does not spell out action to take on specific diseases or conditions, but hopes to expand understanding and encourage activity on creating the kinds of systems and opportunities for health that will make a difference for lifelong individual and collective health for all people in Minnesota.

The themes of *Healthy Minnesota 2020* incorporate a sense of time and urgency (early childhood), shared responsibility (opportunity for everyone, everywhere), and the importance of self-determination (communities creating health). A wide range of efforts can fit within these themes, from transportation policy to access to health care to health behavior education. The framework creates opportunities for conversations about health involving all sectors of Minnesota. The themes have proved to be powerful tools for shaping the conversations, policy directions, and actions that are needed to realize the vision of a healthy Minnesota. For example, the themes of *Healthy Minnesota* have been used to shape intra-agency as well as inter-agency discussions of policy needs and possibilities for community action.

## 2014 Progress on Healthy Minnesota 2020

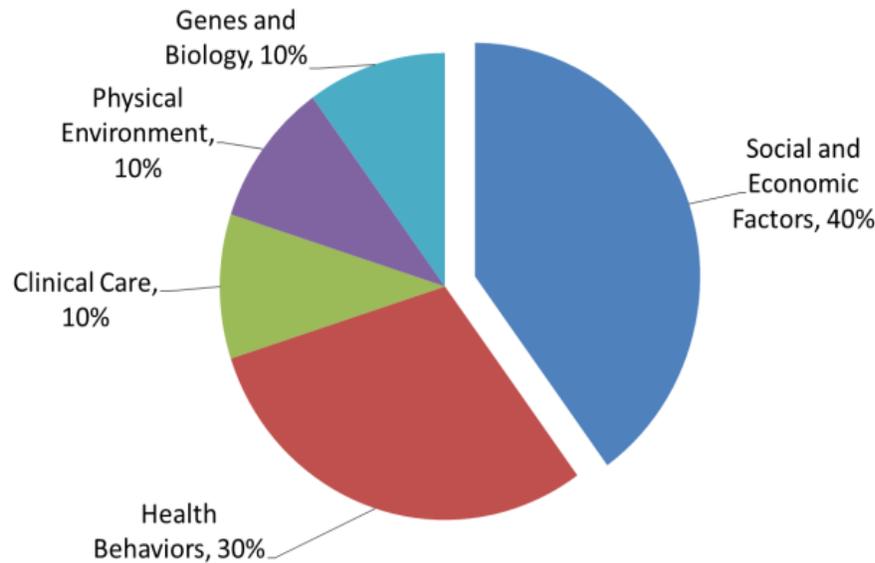
### Strategic Approach: Changing the Conversation about Health

As awareness of health disparities has grown, so also has the concern that progress is not being made. In Minnesota – a state with significant race-based health disparities – not only have the gaps in health status outcomes not lessened over the last ten years: they have grown larger. The strategic approach of the Partnership is focused on improving the conditions that are required for people to have the opportunity for

health, which means examining the policies that shape those conditions. This approach requires changing the nature of the public, policy conversation about health to focus on the factors that create health.

The factors that contribute to health outcomes are complex and go beyond the scope of any one sector. A number of theoretical models have been developed to explain the impact of different factors on health (see pie chart below.)

### Determinants of Health<sup>1</sup>



One of the key findings from these studies is that clinical care, which includes doctors' visits, hospital care, medication, and other medical treatment (and which is what many people think of when they talk about "health") contributes much less to health outcomes than do social and economic factors. That is because clinical care is often a response to existing health problems. Other factors, such as economic well-being, access to health care, social connectedness, and safe physical environments are what actually *create the conditions* in which health can flourish (or not). This understanding is consistent with the historical and national definition of public health, which is: public health is "what we, as a society, do collectively to assure the conditions in which (all) people can be healthy."<sup>2</sup>

Reflecting this growing understanding about the factors that create the opportunity to be healthy, the Healthy Minnesota Partnership decided to focus the *Healthy Minnesota 2020* framework on the social and economic factors and the physical environment.<sup>3</sup> The diagram on page 4 shows how the *Healthy Minnesota 2020* themes connect with social and economic factors to lead to the realization of the *Healthy Minnesota 2020* vision. The arrows show the complex web of relationships and activity among the many conditions that are necessary for health, and the various kinds of outcomes that these conditions assure.

The Partnership recognizes that these factors, including the "key conditions for health" identified in the framework, range beyond the scope of any single entity or sector to change. They also realized that the

<sup>1</sup> Determinants of health model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

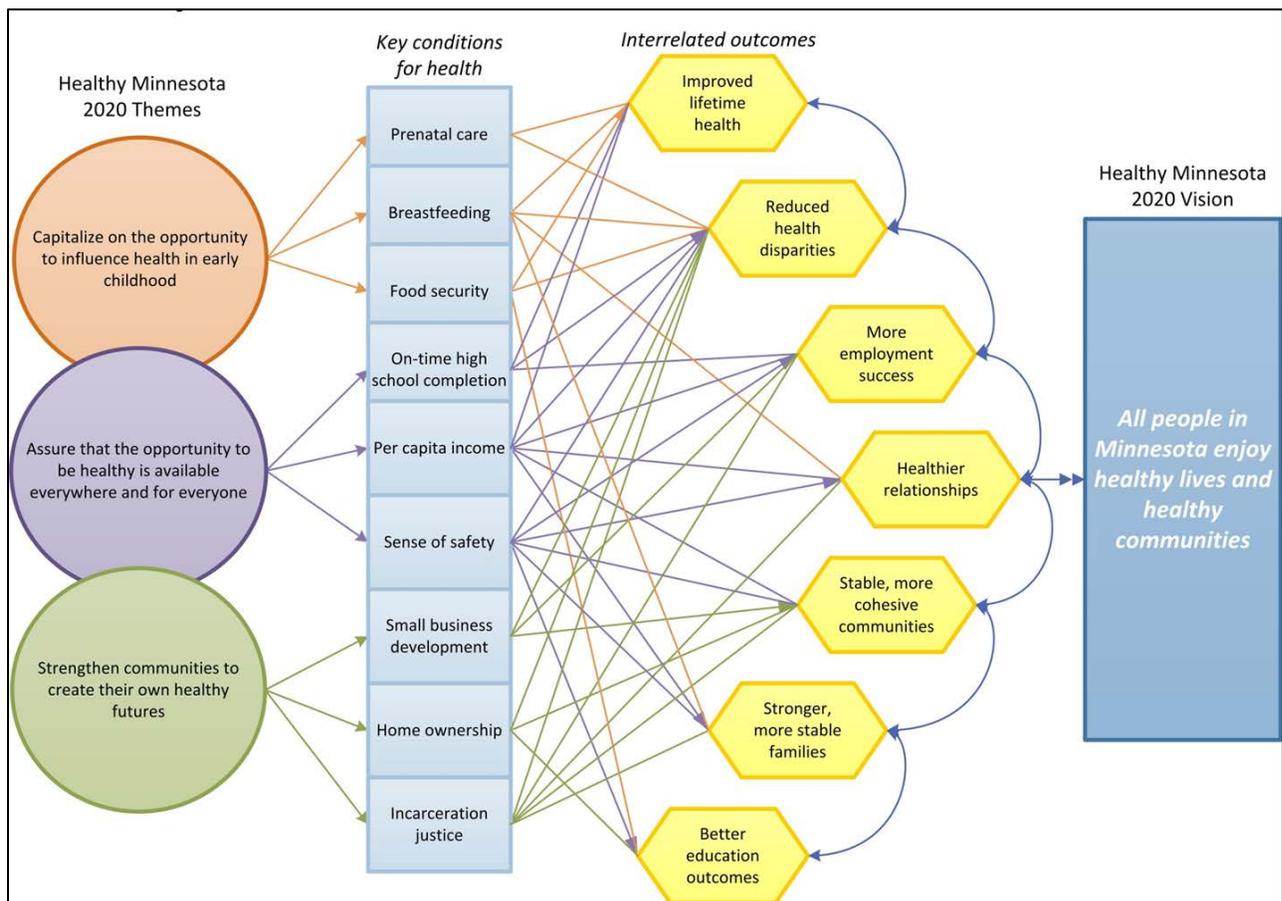
<sup>2</sup> Institute of Medicine. *The Future of Public Health*, 1988.

<sup>3</sup> While clinical care and healthy behaviors may contribute less overall to health outcomes, nonetheless they do play an important contributing role. The Partnership chose to focus on social and economic factors, recognizing that clinical care and health behaviors are addressed in a variety of other arenas.

outcomes are to a large extent dependent on policies set in both the public and private spheres. Policy discussions, however, are greatly influenced by the “narratives” or stories used to understand health and to develop solutions to health concerns.

Public conversations take place in the policy arena, in media stories, in structured discussions (such as focus groups), and in informal conversations among friends and strangers. In most of these conversations two “narratives” tend to dominate: 1) that health is a product of *health care*, and 2) that health is a product of individual behaviors and therefore an individual responsibility. But these two narratives are limited and incomplete, as noted above. Thus the Partnership chose as their primary strategy to work toward changing of the nature of public discussions about health.

### Healthy Minnesota 2020 – Statewide Health Improvement Framework



To implement this approach, in 2014 the Partnership focused on:

- “Building muscle” in the strategic approach by focusing on a single strategic policy opportunity (minimum wage).
- Developing and promoting alternative narratives on income and health to support a wide range of policy solutions.
- Encouraging the development of messages about creating opportunities for health.
- Engaging a wide range of people and populations in conversations about policy and health, including hosting inquiry sessions for the MDH legislative report, *Advancing Health Equity*.

## Partnership Progress

The Partnership hosted a large meeting, with invited members of the community, to discuss a set of “inquiry” questions that were designed by MDH to elicit suggestions and content for a legislatively mandated report on health equity. The table discussions focused on how policies and practices can best impact health equity, based on the *Healthy Minnesota 2020* narrative work.

In 2014 the Partnership selected the minimum wage discussion at the Minnesota State Legislature as a strategic opportunity to change the public conversation about health. The Policy and Narratives Strategy Teams provided the narrative framing for this effort (see below). Many of the Partnership members were engaged in the legislative effort as well as in efforts within their own organizations.

For example, Partnership organizations including ISIAIAH, Take Action Minnesota, the Minnesota Public Health Association (MPHA) and MDH worked to use the narrative and link health to the minimum wage. The MDH *White Paper on Income and Health* provided credibility for advocates to argue for an increase in the minimum wage, by bringing data on the connection between income and health into the discussion. ISIAIAH engaged the faith community including the Northwestern Synod of the Evangelical Lutheran Church in America. A bishop in this synod used the Partnership’s materials to write a column on income and health for the Fargo Forum. (A summary of ISIAIAH’s efforts can be found at: <http://isaiahmn.org/2014/04/minimum-wage-bill-victory/>.)

MPHA developed an issue brief (<http://www.mpha.net/Resources/Documents/MinimumWageIssueBrief.pdf>) and focused on income and health for the MPHA *Day at the Capitol*. All four partners joined together for a press conference at the Capitol to lift up the connection between health and income. This new message around income and health was picked up by Centro de Trabajadores Unidos en Lucha (CTUL) in their community organizing efforts. CTUL was able to use the MDH *White Paper on Income and Health* to organize among their subcontracted janitors – who often were working seven days per week, with no sick leave – and help them understand the connection between their working conditions and their health. CTUL won a groundbreaking agreement in 2014 with Target Corporation, which agreed to a new policy that will give the workers better conditions, including the right to collectively bargain, and ensure workers are not forced to work seven days a week. CTUL continues to use this information to inform their efforts with other companies that subcontract for janitors in the Twin Cities areas. (See <http://ctul.net/> for a video that quotes the income and health report.)

In 2014 the Partnership also continued its two strategy teams to implement the *Healthy Minnesota 2020* strategic approach: the Narratives Strategy Team and the Policy Strategy Team. Each team met several times over the course of the year to fulfill their charges.

During the September 2014 meeting, Partnership members reviewed their performance measure results and then discussed and provided some suggestions for improvement to be considered during 2015 (see Appendix B, *Healthy Minnesota Partnership – 2014 Performance Results*).

## Narrative Strategy Team Progress

The Narrative Strategy Team,<sup>4</sup> created to identify and promote public narratives that emphasize health-generating factors and the opportunity to be healthy, focused on developing narrative frames that would lead

---

<sup>4</sup> A public narrative is more than a simple story; it is “a representation of a particular situation or process in such a way as to reflect or conform to an overarching set of aims or values.”<sup>4</sup> As noted earlier, the prevailing narrative about health in our culture is health-care based: the idea that health is somehow generated by a visit to the doctor’s office. Another

to effective messaging around the issue of income and health, to support the Partnership’s decision to focus on the strategic policy opportunity of minimum wage at the state legislature. This approach is designed to move public thinking about health toward a greater understanding of the importance of assuring that everyone has the opportunity to be healthy – in this case, the relationship between income and health.

### ***Narrative Frames on Income and Health***

1. A living wage is important for health. Raising low wages will increase people’s opportunity to be healthy by increasing their access to the basic necessities of life.
2. People and communities forced to live on low wages live with increased stress and that negatively impacts their health. Low wages make people sick. Increasing those wages will help decrease stress for people and help turn community energy towards creating physical and mental health.
3. Populations of color and American Indians are disproportionately represented among minimum wage workers. Raising the minimum wage will have a positive impact on the health of these populations and reduce health inequities.
4. Health inequities are not inevitable. We as a society are creating substandard health status for people by allowing businesses to pay poverty wages. We can choose to make people’s lives healthier and create greater health for all by raising wages.
5. Poverty wages lead to people and communities having less control over their health because they make decisions based on ability to pay rather than choosing what they already know will make them healthier. Paying living wages increases the health of both people and communities.
6. We are all interconnected – our opportunities to be healthy are linked. Raising the minimum wage will improve the health of those individuals, along with their families, and the health of all people living in Minnesota.
7. Raising the minimum wage will help more children of color be healthy – all children deserve a healthy start. We should not condemn some children to ill health for economic reasons.
8. Income and wealth is one important predictor of health outcomes. When we systemically allow people to be paid poverty wages, we are accepting not just the economic impact on those people’s lives, but the health impacts as well. We can change the systems that make us sick.
9. We all value, and benefit from, health in our communities. Yet some businesses do not take on this responsibility and the impact of low wages is not something individuals can solve on their own. Acting together to enact policies requiring wages that create health is one example of corrective actions we can take together.

*Drafted 1/25/14 by the Narrative Strategy Team*

### ***Performance Measure:***

- *By 2014, one or more new ways of talking about the factors that create health for people in Minnesota (“meta narratives”) are developed, representing various perspectives.*
  - RESULT: This performance measure was met. The Narrative Strategy team developed multiple narrative frames for the issue of income and health (see box above).

---

prevailing narrative is that health is individual-based: that it is the sole responsibility of the individual to engage in “healthy behavior,” such as exercising more or eating low-fat foods. In fact, however, behaviors are strongly influenced by the conditions in which people live, work, learn, and play. Public narratives are needed to support creating the opportunity to be healthy – such as ensuring safe housing, promoting on-time high school graduation, and providing a livable wage – in order to realize the vision of *Healthy Minnesota 2020*.

### ***Summary of Activities:***

The Narrative Strategy Team met three times in 2014. During these meetings the team made progress in several key areas:

- In a joint meeting with the Policy Strategy Team, participants developed frames and messages for the policy discussions of minimum wage/income during the 2014 state legislative session. The results of this discussion are available in the box on page 7.
- The team discussed ways to continue and expand this kind of work, both among Partnership members and in the community in general. The team also discussed possibilities for building capacity in the community, so that more people have can engage in reframing issues from the perspective of the factors that create health, rather than the dominant narratives of health care and healthy choices.
- The team began the process of developing narrative frames for the two strategic policy opportunities selected by the Partnership for the 2015 Minnesota legislative session. This work will continue into 2015.

### **Policy Strategy Team Progress**

The Policy Strategy Team, created to promote and advocate for the incorporation of health considerations in the development of private and public policy, focused on identifying strategic opportunities for the Healthy Minnesota Partnership to implement and deepen the *Healthy Minnesota 2020* approach to improving health by changing the nature of public conversations about health.

#### ***Performance measure:***

- *By 2014, health will be considered and promoted in the development of at least one new public policy in a sector other than public health or health care (e.g., through a health impact assessment).*
  - **RESULT:** This performance measure was met. The Policy Strategy Team identified a strategic opportunity (minimum wage) and worked with the Narrative Strategy Team and the Partnership to promote the connection between income and health.

#### ***Summary of activities:***

The team met four times in 2014. Their primary task was to develop a range of potential strategic opportunities for the Partnership to consider for the 2015 Minnesota legislation session. They also identified potential strategic partners/ sectors and a list of potential activities for Partnership members to take to apply a health lens to each of the strategic opportunities chosen by the Partnership.

- A list of potential strategic opportunities was created through input from Partnership members; a survey of the Healthy Minnesota 2020 listserv (approximately 1,600 people); and a scan of other active policy initiatives related to the nine key conditions of the *Healthy Minnesota 2020* framework.
- Each potential strategic opportunity was evaluated using the following criteria:
  - Must have momentum for action with an active campaign.
  - Must advance health equity for one of the nine key conditions for health.
  - HMP members are actively involved.

- Communities experiencing disparities lead the campaign or actively involved in leadership decisions.

The potential strategic opportunities considered include:

- **Paid family leave**, which would allow employees in Minnesota to bond with a new child or take care of an ill or elderly family member.
- **Paid sick leave**, which would allow employees to stay home when they are sick or take care of an ill family member. This change would improve working conditions; protect public health and increase income and job security for many low wage workers.
- **MoveMN**, a transportation initiative that would dedicate new and ongoing state funds for active and equitable transportation choices throughout Minnesota. Expanding transportation options creates more opportunities for physical activity; increases access to jobs and healthy food options.
- An increase in the amount of temporary funds that very low-income families are eligible to receive for family support through the **Minnesota Family Investment Program (MFIP)**. The current benefit of \$532 for a single parent of two children has not been increased since 1987. The change would increase family stability, improve the well-being of children, and create stronger communities.

## Progress on Core Indicators/Key Conditions

Over the course of 2014 the Partnership continued to monitor the key conditions for health that are part of the overall *Healthy Minnesota 2020* framework. As the Narrative and Policy Strategy Teams developed their efforts to implement the strategic approach of the Partnership, it became apparent that the key conditions for health are particularly useful for providing guidance both for shaping the narrative and for selecting strategic opportunities for changing the conversation about health (see the 2015 strategic opportunities, below).

Updated data on the key conditions for health are available in Appendix C.

## Looking Ahead: 2015

### 2014/2015 Strategic Opportunities

In October 2014, the Partnership chose two strategic opportunities for the 2015 Minnesota legislative session:

#### ***Paid family leave:***

Several organizations, including Partnership organizations ISIAAH and Take Action Minnesota and others, are working on an initiative in Minnesota to promote paid family leave. Several Minnesota legislators also have expressed interest in championing this policy.

Paid family leave can be used for the birth or adoption of a baby or for a sick family member such as a parent, spouse, or sibling. Other states have passed paid family leave laws allowing for six weeks of paid time off (California, New Jersey, and Rhode Island).

The Partnership selected paid family leave as a strategic opportunity for changing the conversation about health because this issue is connected to many positive early childhood and maternal health outcomes. For example, with paid family leave, infant mortality and maternal depression both decrease. Paid family leave allows parents to bond with a new child and invest most time in the

critical early childhood period. Additionally, paid family leave allows elderly parents to stay at home under the care of loved ones for longer periods of time.

Paid family leave is linked to health equity because it helps to improve working conditions, lower stress, and increase income in low income and disadvantaged communities. Low wage workers, women, and women of color in particular are most likely not to have access to paid leave.

Paid family leave is connected to the *Healthy Minnesota 2020* key conditions for health of per capita income, prenatal care, and breastfeeding.

### ***MoveMN:***

A statewide coalition of almost 200 organizations (including the American Heart Association, Blue Cross Blue Shield of MN, the Minnesota Public Health Association, and many others) has come together under the banner “Move MN” to push for a multi-modal transportation policy. This proposal expands affordable transportation choices, including greater bicycle/pedestrian options, statewide transit options, and improved roads/bridges that may reduce the costly wear and tear on vehicles that inevitably fall harder on low-income people.

The Partnership selected paid family leave as a strategic opportunity for changing the conversation about health because making transportation options more affordable and/or providing greater access to jobs and education has the potential to change community-based opportunities for health. Improved transportation options can help connect communities to jobs and educational opportunities that would otherwise be out of range for some, as well as opening up more housing opportunities. All of these results have an impact on health equity as communities of color face the steepest obstacles in accessing well-paying jobs, education benefits, quality health care, and affordable housing.

MoveMN is connected to the *Healthy Minnesota 2020* key conditions for health of food security, small business development, home ownership, and per capita income.

### ***Next steps:***

The 2015 Minnesota legislative session creates a natural context for discussing and debating policy issues, providing a venue for applying the Healthy Minnesota approach and creating many opportunities to talk about health from the perspective of the conditions that create health in the community, and counteracting the dominant narratives of individual behavior and health care. During this legislative session the strategy teams of the Partnership will work to continue changing the nature of the public conversation about health so that greater attention is given to the factors that create health. The Narrative Strategy Team will meet to develop frames and initial messages for both of the strategic opportunities noted above. Meanwhile, the Policy Strategy Team will meet to coordinate the development of “mini-Partnerships” of those who are interested in working on these issues and applying the narrative frames and messages in the policy debates that will be taking place.

## Appendix A: Healthy Minnesota Partnership

**Charge:** The Healthy Minnesota Partnership was created to develop innovative public health priorities, goals, objectives, and strategies to improve the health of all Minnesotans, and to ensure ownership of these objectives and priorities in communities across the state of Minnesota. The Healthy Minnesota Partnership resides online: <http://www.health.state.mn.us/healthymnpartnership/>

**Membership:** The efforts of the Healthy Minnesota Partnership are intended to benefit the state as a whole, and the membership of the partnership reflects a broad spectrum of interests. As of October 2014, the following were represented in the Healthy Minnesota Partnership.

### 2014 Partnership Members

Karen Ahmann State Community Health Services Advisory Committee	Ed Ehlinger Minnesota Department of Health	John Salisbury LGBTQ Health Advocacy Roundtable
Yende Anderson Council on Black Minnesotans	John R. Finnegan, Jr. School of Public Health University of Minnesota	Ferd Schlapper Boynton Health Services University of Minnesota
Jeanne Ayers Minnesota Department of Health	Hector Garcia Chicano Latino Affairs Council	Doran Schrantz ISAIAH
Alfred Babington-Johnson StairStep Foundation	Tim Henkel Minnesota Department of Transportation	Barb Sporlein Minnesota Housing Finance Agency
Ken Bence Minnesota Public Health Association	Neal Holtan Medical Consultant	Thomas Fisher College of Design University of Minnesota
Kari Benson Minnesota Board on Aging	Warren Larson Sanford Health	Maria Veronica Svetaz Hennepin County Medical Center
Greg Brolsma Association of Minnesota Energy Managers	Vayong Moua Blue Cross Blue Shield Center for Prevention	Sue Yost Local Public Health Association (Greater MN)
Janny Dwyer Brust Minnesota Council of Health Plans	Gretchen Musicant Local Public Health Association (Metro)	Donna Zimmerman Itasca Project
Rachel Callanan American Heart Association	Kami Norland National Rural Health Resource Center	
Rhonda Degelau Minnesota Association of Community Health Centers	Martha Overby Minnesota Chapter, March of Dimes	
Liz Doyle TakeAction Minnesota	Joan Pennington Minnesota Hospital Association	



*Partnership Alternates*

Ann Bajari  
Minnesota Public Health  
Association

Carol Berg  
Minnesota Council of Health  
Plans

Kathleen Call  
University of Minnesota School  
of Public Health

Dylan Flunker  
LGBTQ Health Advocacy  
Roundtable

Mary Hertel  
Minnesota Board on Aging

Stacey Housman  
Blue Cross Blue Shield Center  
for Prevention

Kristin Loncorich  
Minnesota Hospital Association

Lars Negstad  
ISAIAH

Susan Palchick  
Local Public Health Association  
(Metro)

*Staff to the Partnership:*

Dorothy Bliss  
Minnesota Department of Health

Jodi Nelson  
Minnesota Department of Health

Jeannette L. Raymond  
Minnesota Department of Health

Marcus Howard  
Student Worker  
Minnesota Department of Health

*Narratives Strategy Team  
Members*

*Partnership members/alternates:*

Jeanne Ayers  
Carol Berg  
Stacy Housman  
Gretchen Musicant  
Kami Norland

*Additional members:*

Kari Bailey  
MEDICA

Jackie Dionne  
Minnesota Department of Health

Kristen Godfrey  
Hennepin County Medical  
Center

Monica Hurtado  
ARCHE

Clarence Jones  
South Side Community Clinic

Melissa Kwon  
Center for Applied Research and  
Educational Improvement,  
University of Minnesota

Dave Mann  
Grassroots Policy

Steve Peterson  
Community Transformation  
Grant Leadership Team,  
Evangelical Lutheran Church in  
America

Scott Smith  
Minnesota Department of Health

*Policy Strategy Team Members*

*Partnership members/alternates:*

Yende Anderson  
Jeanne Ayers  
Alfred Babington-Johnson  
Janny Dwyer Brust  
Rachel Callanan  
Liz Doyle  
Warren Larson  
Deb Loy  
Vayong Moua  
Lars Negstad  
Ferdinand Schlapper  
Donna Zimmerman

*Additional members:*

Deb Burns  
Minnesota Department of Health

Patty Bowler  
Minneapolis Public Health

Tannie Eshenaur  
Minnesota Department of Health

Alexa Horwart  
ISAIAH

Ray Lewis  
Minnesota Public Health  
Association

Vanne Owens Hayes  
African American Leadership  
Forum

Carmen Reckard  
Faribault-Martin Community  
Health

Kris Rhodes  
American Indian Cancer  
Foundation

## Appendix B: Healthy Minnesota – 2014 Performance Results

Healthy Minnesota Partnership Performance Measures (2014 Results)	Data Sources
<p># of identified sectors represented at Partnership meetings</p> <p># of populations experiencing inequities represented at Partnership and strategy team meetings</p> <p><b>Target:</b> 75% of identified sectors are represented at Partnership meetings</p> <p><i>This is a new measure for 2014; findings not available until 2015</i></p>	<ul style="list-style-type: none"> <li>• <i>Partnership and strategy team attendance records</i></li> <li>• <i>Sectors and populations identified in the fall</i></li> <li>• <i>Strategy team and Partnership meeting summaries</i></li> </ul>
<p># of Partnership meetings that address the strategic approach <b>(100%)</b></p> <p><b>Target:</b> 100% of meetings include structural racism as part of the discussion <b>(100%)</b></p>	<ul style="list-style-type: none"> <li>• <i>Annual Partnership meetings summaries</i></li> </ul>
<p># of new members who receive an orientation to the <i>Healthy Minnesota 2020</i> strategic approach <b>(7 of 9, 78%)</b></p> <p><b>Targets:</b></p> <p>50% of Partners report that their work was informed or supported by the <i>Healthy Minnesota 2020</i> narrative <b>(74%)</b></p> <p>50% of Partners report an increased capacity to implement <i>Healthy Minnesota 2020</i> approach <b>(86 to 91%)</b></p> <p>60% of Partners and strategy team members report increased knowledge of public narrative <b>(91%)</b></p> <p>60% of Partners and strategy team members report increased knowledge of a health in all policies approach <b>(74%)</b></p>	<ul style="list-style-type: none"> <li>• <i>Staff reports on orientation activities</i></li> <li>• <i>Results of an annual survey of Partnership members. This survey will be administered at and after the summer meeting of the Partnership</i></li> </ul>
<p><b>Target:</b> Frames, target audiences and messages are developed for 100% of the identified strategic opportunities <b>(100%)</b></p>	<ul style="list-style-type: none"> <li>• <i>Partnership meeting summaries</i></li> <li>• <i>Meeting summaries of the narrative and policy strategy teams</i></li> </ul>
<p># of Partners who work on health in all policies</p> <p><b>Target:</b> 50% of Partners address annual strategic opportunities by working with other Partners and associated groups to lift up health considerations in the development of policy <b>(56%)</b></p>	<ul style="list-style-type: none"> <li>• <i>Results of an annual survey of Partnership members</i></li> <li>• <i>Partnership meeting summaries</i></li> <li>• <i>Documentation (e.g., press releases, web postings, media coverage, meeting summaries, white papers)</i></li> </ul>

**1. What could the HMP do in the next year to increase members' understanding of the Healthy Minnesota 2020 concepts?**

- Address the data gaps for better understanding of the causes of health inequities.
- Develop data to support the health in all policies approach.
- Develop tools, fact sheets, etc., that Partnership members can share with others to help increase understanding of the Partnership concepts.
- Provide more education about what health in all policies is, and relate it to work that is already being done.
- Identify practical examples of what health in all policies looks like at the local level.

**2. What could the HMP do in the next year to increase members' capacity to implement and to support members to use the Healthy Minnesota 2020 strategic approaches?**

- Encourage Partnership members to share the Healthy Minnesota 2020 key conditions for health and to gain experience in using these measures.
- Help Partnership members to build support and to engage within their own organizations.
- Provide training kits, tools, etc., to support the narrative work and health in all policies.
- Help members to “translate” the Healthy Minnesota 2020 work for their own organizations.

**3. In what ways could the HMP be effective in assuring that structural racism continues to be named and addressed in Minnesota's health equity and policy discussions?**

- Continue to promote presentation of data by race/ethnicity whenever these data are available. Promote increasing the availability of data by race/ethnicity.
- Increase expectations for members to discuss and address structural racism in their own organizations.
- Develop and provide tools, techniques, examples, conversation starters, ways to reduce barriers/overcome anxiety, etc. for members to be better equipped to discuss structural racism.

**4. A number of members suggested that the Healthy Minnesota Partnership expand its conversation more broadly and increase involvement of organizations and communities outside the membership. In what ways could the Partnership do this?**

- Hold regular community conversations sponsored by Partnership members to increase interest and build a broader base of support.
- Increase the diversity of the Partnership, including younger members.
- Expand the cross-disciplinary, inter-disciplinary aspects of the Partnership.
- Look for ways the Partnership can create a regional presence, develop related partnerships, and identify other opportunities to expand the conversation about what creates health.

## Appendix C: Healthy Minnesota 2020 Key Conditions Indicator Updates<sup>5</sup>

HM 2020 Themes	Key Conditions Indicator	Previous Data	Most Recent Data	CHANGE
Capitalize on the opportunity to influence health in early childhood.	By 2020 more mothers in every racial/ethnic population access first-trimester prenatal care.	African American 78.6%	African American 75.6%	Getting Worse
		American Indian 79.1%	American Indian 74.2%	Getting Worse
		Asian NA*	Asian NA*	*
		Hispanic 82.5%	Hispanic 68.1%	Getting Worse
		White 90.5%	White 90.3%	No Change
		<i>Source: Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS), 2010</i>	<i>Source: Minnesota PRAMS, 2011</i>	
	More Minnesota children are exclusively breastfed for 6 months.	23.5%	23.5%	No Change
		<i>Source: CDC, 2011 Breastfeeding Report Card</i>	<i>Source: CDC, 2014 Breastfeeding Report Card</i>	
	Fewer Minnesota households experience food insecurity.	10.4%	10.6%	No Change
		<i>Source: USDA, 2011 Household Food Security in the U.S.</i>	<i>Source: USDA, 2012 Household Food Security in the U.S.</i>	
Assure the opportunity for health is available everywhere and for everyone.	By 2020 more students from each population group graduate from high school within 4 years.	African American 51%	African American 57%	Getting Better
		American Indian 45%	American Indian 49%	Getting Better
		Asian 74%	Asian 78%	Getting Better
		Hispanic 53%	Hispanic 58%	Getting Better
		White 84%	White 85%	No Change
		<i>Source: MN Department of Education, 2012 (2011 inflation adjusted per capita income)</i>	<i>Source: MN Department of Education, 2013 (2012 inflation adjusted per capita income)</i>	
	By 2020 Minnesota's racial & ethnic inequities in income are reduced.	African American \$14,740	African American \$16,524	Getting Better
		American Indian \$15,068	American Indian \$16,574	Getting Better
		Asian \$23,935	Asian \$24,367	Getting Better
		Hispanic \$13,461	Hispanic \$15,291	Getting Better
		White \$31,573	White \$33,810	Getting Better
		<i>Source: 2012 American Community Survey</i>	<i>Source: 2013 American Community Survey</i>	
	Initial indicator: Minnesota students feel safe at and on the way to school.  Current indicator: I feel safe in my neighborhood (disagree/strongly disagree).	African-American 8%	African-American Male 10%; African-American Female 10%	Getting Worse
		American Indians 9%	American Indian Male 9%; American Indian Female 14%	Worse for Females
		Asian 7%	Asian Male 7%; Asian Female 11%	Worse for Females
		Hispanic 9%	Latino Male 7%; Latina Female 9%	No Change
		White 4%	White Male 4%; White Female 4%	No Change
	<i>Source: 2011 Minnesota Student Survey</i>	<i>Source: 2013 Minnesota Student Survey</i>		

<sup>5</sup> These data and the performance survey results (Appendix C) were presented to the Partnership on October 1, 2014.

<b>Strengthen communities to create their own health</b>	By 2020 more communities across Minnesota have more small businesses and more minority- and women-owned businesses.	<b>Small employers (&lt;500 employees) 118,391</b>	<i>(Note: More recent results expected in Fall of 2014)</i>	
		<b>Women-owned 133,141</b>		
		<b>African American-owned 12,454</b>	<b>Minority-owned businesses ~40,000 (September 2014)</b>	<b>Getting Better</b>
		<b>Asian-owned 11,407</b>		
		<b>Hispanic-owned 5,011</b>		
		<b>Native American/Alaskan-owned 2,891</b>		
		<b>Veteran-owned 43,548</b>		
		<i>Source: MN Department of Commerce, 2011</i>	<i>Source: MN Department of Commerce, 2014 (pending)</i>	
	By 2020 populations that currently have low rates of home ownership are better able to afford and own homes.	<b>African American 28%</b>	<b>African American 23%</b>	<b>Getting Worse</b>
		<b>American Indian 44.5%</b>	<b>American Indian 47.1%</b>	<b>Getting Better</b>
		<b>Asian 63.1%</b>	<b>Asian 54.2%</b>	<b>Getting Worse</b>
		<b>Hispanic 50.2%</b>	<b>Hispanic 41.9%</b>	<b>Getting Worse</b>
		<b>White 77.8%</b>	<b>White 77.2 %</b>	<b>No Change</b>
			<i>Source: 2007-2009 data –American Community Survey (Accessed from: MN Compass)</i>	<i>Source: 2010-2012 data –American Community Survey (Accessed from: MN Compass)</i>
	By 2020 racial/ethnic inequities in incarceration rates in Minnesota are diminished.	<b>In 2007, about nine African-American Minnesotans were incarcerated for every white Minnesotan incarcerated.</b>	<b>African American Prison Population 34.9%; State Population 5.7%</b>	<i>Comparison not yet available</i>
<b>American Indian Prison Population 8.9%; State Population 1.3%</b>				
<b>Asian Prison Population 2.7%; State Population 4.5%</b>				
<b>Hispanic Prison Population 7.1%; State Population 5.0%</b>				
<b>White Prison Population 53.5%; State Population 81.9%</b>				
	<i>Source: The Sentencing Project, 2007</i>	<i>Prison Population Source: MN Department of Corrections Adult Inmate Profile 1/1/2014. State Population Source: U.S. Census Bureau: State and County QuickFacts, 2012</i>		
	<i>*Sample size too small to report</i>			

## Appendix D: Chronic Disease Dashboard

The indicators from the *Healthy Minnesota 2020: State Chronic Disease & Injury Dashboard* are focused on the leading causes of death and disability in Minnesota. The indicators are used to facilitate collaboration across chronic disease sectors and motivate action at the state and local levels to improve health in Minnesota. The indicators updates are available online at: <http://www.health.state.mn.us/divs/hpcd/dashboard/>.

