



## ***Healthy Minnesota 2022 update***

**2022 ANNUAL REPORT OF THE HEALTHY MINNESOTA  
PARTNERSHIP**

February 2023

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

Minnesota Department of Health  
Healthy Minnesota Partnership  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-3880  
[health.ophp@state.mn.us](mailto:health.ophp@state.mn.us)  
[www.health.state.mn.us/healthyminnesotapartnership](http://www.health.state.mn.us/healthyminnesotapartnership)

*To obtain this information in a different format, call: 651-201-3880.*

*Healthy Minnesota 2022 Update: 2022 Annual Report of the Healthy Minnesota Partnership is a collaboration of 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.*

## Contents

The Healthy Minnesota Partnership.....	1
Our vision .....	1
Our values .....	1
Our guiding principles .....	1
Healthy Minnesota Partnership: Considerations during the COVID-19 response .....	2
<i>Healthy Minnesota 2022: Statewide Health Improvement Framework</i> .....	2
Partnership strategic approaches.....	3
Expand conversations about what creates health and well-being .....	3
Shape policies and systems around health and well-being .....	4
Promote and apply asset-focused approaches to advance health and well-being .....	4
2022 progress on Healthy Minnesota 2022 .....	4
Ways in which Partnership members worked to expand the conversation about health in 2022 .....	4
Ways in which Partnership members shaped plans, policies, and systems for health in 2022.....	5
2022 Partnership work plan activities .....	7
Healthy Minnesota Partnership membership.....	7
Expand conversations about what creates health and well-being .....	7
Shape policies and systems around health and well-being .....	9
Applying an asset-focused approach to health equity.....	9
Looking ahead: 2023.....	10
Develop the next statewide health assessment .....	10
Develop the next statewide health improvement plan .....	10
Inform and shape more policies through an equity lens .....	10
Partnership membership.....	11
About the Healthy Minnesota Partnership .....	11
Partnership members and alternates during 2022 .....	11
Staff to the Partnership in 2022 .....	12
Community participants at 2022 Partnership meetings .....	12

## The Healthy Minnesota Partnership

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

Convened in 2010 by the commissioner of health, the Partnership identifies and acts on strategic opportunities to improve health and well-being for all people in Minnesota. Members come from rural, suburban, and urban communities; from hospitals, health plans, and public health departments; from government agencies; from faith-based, advocacy, and community organizations; and from organizations led by those most impacted by health inequities. (For more information, see [About the Healthy Minnesota Partnership](#) on p. 16.)

### Our vision

All people in Minnesota enjoy healthy lives and healthy communities.

### Our values

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

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

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

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

### Our guiding principles

**We are explicit about race and racism.** We focus on race and racism because racialization multiplies challenges to health.<sup>1</sup> We are intentional in our efforts to reveal the historical and contemporary actions that continue to limit the opportunities to be healthy available to people of color and American Indians in Minnesota. 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

---

<sup>1</sup> Race is a social construct that assigns people to artificial categories based on superficial physical characteristics. Racialization is the assignment of people to those categories; racism discriminates on the basis of those categories.

everyone can be healthy. All who participate in our process are expected to bring what they learn to their constituencies and colleagues and to act on this knowledge to advance health equity in Minnesota.

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

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

## Healthy Minnesota Partnership: Considerations during the COVID-19 response

The COVID-19 pandemic and the response to it created challenges and opportunities for the Healthy Minnesota Partnership and its ability to advance its strategic approaches. This report documents activities of individual members and the Partnership as a whole. While a lot was accomplished, the challenges faced required adaptations and narrowed activities.

Many of the Partner member organizations were involved in clinical care and public health efforts to prevent the spread of COVID-19 and address health care needs of those who suffered from the virus. Others were involved in ensuring and advocating for system responses to other impacts around incarceration, transportation, employment, food security, housing security, etc.

Some were involved in raising the issue of insufficient interpretation and translation of COVID-19 response information including vaccinations. There is a need for more coordinated efforts to make sure diverse linguistic communities are getting the materials they need.

The Partnership continued its meeting schedule in 2022. Starting with in October, meetings were held using a hybrid format so members could attend virtually or in-person. Hybrid meetings provided an opportunity for those across the state to participate. However, hybrid meetings make it difficult to build the relationships needed to create strong partnerships.

## Healthy Minnesota 2022: Statewide Health Improvement Framework

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

- Everyone, everywhere has the opportunity to be healthy

- Places and systems are designed for health and well-being
- All can participate in the decisions that shape health and well-being

Within each priority, the Healthy Minnesota Partnership named indicators that reflect potential opportunities that the Partnership may address over the next five years.

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

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

### **Healthy Minnesota 2022 priorities, indicators, and strategic approaches**

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

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

## **Partnership strategic approaches**

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

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

Current public narratives that dominate policy conversations around health emphasize that health is created by clinical care and individual responsibility. For example, obesity is often viewed as an individual responsibility caused by bad choices. This narrative or story underpins health education programs that teach people how to make healthy food choices. An expanded conversation or emerging narrative might include consideration of food distribution systems, transportation, the ability to afford healthy food—all things that create the conditions that shape people’s health and well-being.

The Partnership works to expand the conversations to draw attention to the conditions in the community that create and shape people’s health and well-being.

Narratives that dominate the public sphere—the ones that are familiar and are repeated the most often—have more power than other ways of thinking. We recognize that, to advance a different set of actions and produce a different set of results, requires recognizing and unmasking the narratives that dominate thinking and policy decisions. It requires advancing a narrative—expanding a conversation—that will yield a fuller set of ideas, also rooted in shared values, to improve health for all. In other words, narratives frame solutions, and current narratives that emphasize health care and individual responsibility miss the enormous impact of social conditions on health. We need to expand the narratives about health so that solutions that will have the most impact—those targeting social conditions—will be part of the conversation about solutions.

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

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

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

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

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

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

An asset-focused approach to improving and advancing health moves away from “fixing problems” based on an individual, deficit-oriented approach which reinforces negative stereotypes and contributes to ongoing inequities and traumatization. The Partnership is still in the process of defining and implementing this strategic approach.

## 2022 progress on Healthy Minnesota 2022

### Ways in which Partnership members worked to expand the conversation about health in 2022

*The Partnership focus on expanding the conversation about what creates health has been a central part of its work since 2011. “Expanding” conversations can take many forms, such as teaching about health*

*equity and the role of policy in shaping people's daily lives and moving beyond the issue of health care to talk about the connection to health of other policy areas (e.g., transportation, housing).*

## Teaching and training on equity and health

- The Department of Human Services (DHS) released a report using a national racial equity model, Building Racial Equity into the Walls of Minnesota Medicaid: a focus on U.S.-born Black Minnesotans, and plans to produce similar reports on other populations.
- MDH staff prepared for a 2023 narrative workshop with those in local community health assessment community of practice. The workshop aims to increase skills to apply the Partnership's emerging narrative about health to local public health assessments.
- HealthPartners established a health equity podcast, Off the Charts. The podcast focuses on diversity and inclusion and what equity means for healthcare.

## Narratives on children's health

- The University of Minnesota published a paper summarizing research and the role social determinants of healthy play in creating adverse childhood experiences, Adverse childhood experiences: a scoping review of measures and methods.

## Connecting social isolation and health

- Communities are expanding use of libraries and community centers for mental health support and after school activities. Libraries are also being explored as a place where community members can access telehealth options.

## Ways in which Partnership members shaped plans, policies, and systems for health in 2022

*Strategic activities in this area include examining current and proposed policies through an equity lens, bringing a health lens to policy discussions and engaging in partnerships to advance health equity across policy areas.*

## Examining policies for equity

- Wright County looked at how to use their American Rescue Plan Act funds, particularly access to broadband. They planned to collect input from community members during the community health assessment on what the county should invest into to improve health and wellbeing. They also participated in a summit on the future of Public Health and changing investments to bring health to everyone in the community.
- The talking points for the Governor's supplemental budget included home visiting, the importance of improving connections among children and their parents, especially those with a parent who is incarcerated, and the importance of funding projects that improve parent-child bonding.
- The State Community Health Services Advisory Committee (SCHSAC) members are exploring ways transforming the public health system can best serve Minnesotans in the future. In addition, they are engaging in the same public policy issues the Partnership is concerned with, creating opportunities for overlap and synergy.



*HEALTHY MINNESOTA 2022 UPDATE:*  
2022 ANNUAL REPORT OF THE HEALTHY MINNESOTA PARTNERSHIP

- DOC created a new policy review tool that includes guidelines for person-centered and equitable policy practices. Beginning in 2023, all new policies and annual reviews will include ways to ensure that impacted people are consulted, and that policies help create successful experiences for people, without unnecessary negative impacts or restrictions.
- DHS refreshed their policy on equity to include expectations for staff.
- DHS is working to make the internet more accessible through their Accessibility Advocates Program. The program teaches staff about accessibility requirements and promotes including accessibility for all public materials.
- HealthPartners established an Equity, Inclusion, and Anti-Racism leadership cabinet.
- DHS released a communication toolkit to provide county and tribal eligibility workers, health plans and navigators with messaging and resources to encourage Medicaid Assistance and MinnesotaCare members to update their contact information. The campaign is critical to successfully restarting renewals in public health care programs when the federal public health emergency ends.
- MDH Healthy People 2030 is proposing new objectives around voting and civic participation. A former member of the Healthy Minnesota Partnership has been doing work on a health and voting narrative. After developing the narrative, they are working with others to advance policies that support expanded access to voting.

## **Bringing a health lens to policy discussions**

### **Broadband access:**

- Sherburne County received ARPA funding and prioritized getting broadband to everyone in the county. They worked with all the entities who provide broadband in the county with the hope that everyone will have broadband to their property line.
- A member of the Minnesota Department of Health, Rural Health Advisory Committee participated in the Project Reach Program. They created a policy proposal for support digital access in rural areas and proposed library services would provide support for seniors. This proposal was accepted.
- HealthPartners serves as one of 144 member organizations on a national collaborative to support broadband service and expansion of telehealth access with an emphasis on quality and equity. They are a founding member, serves on the steering committee and is a co-chair of the Telehealth Committee.
- The State is working on developing a broadband equity plan to include telehealth, education and social connectiveness. This will provide an opportunity to advance the Partnership's health narrative work. This is being led by the Department of Employment and Economic Development.

### **Paid leave and health:**

- SCHSAC identified a renewed interest in paid family leave that may present an opportunity during the 2023 Legislative Session in Minnesota, with recent news stories about the connection between paid leave and equity.

### **Early childhood:**

- HealthPartners sponsored Penumbra Theater's production *Weathering*, which was about the African and American birth experience and loss. HealthPartners team of birth Center leaders, OB/GYN staff attended a performance and held discussions with colleagues.

### **Incarceration and health:**

- The Department of Corrections developed the policy and implemented Healthy Start ([Minn. Stat. § 244.065](#)), a conditional release program for pregnant and post-partum persons incarcerated at MN Correctional Facility-Shakopee. During the first-year pilot, seven parents were provided a Healthy Start with their infants. DOC and partners are continuing to explore ways to increase numbers of participants and support services to parents.
- The Department of Corrections and DHS shared three financial workers to support people who were leaving correction facilities with applying for public assistance benefits. The goal is that increasing connections with benefits will decrease recidivism and homelessness.
- Many Minnesota counties will receive money from the Opioid Settlement. One strategy allows use of funding from the opioid settlement to provide support and advocacy to people as they are leaving incarceration.
- The Opioid Response Advisory Council has had many conversations about re-entry. Wright County started a new process with Centra Care to offer additional services to people during re-entry.
- The Department of Corrections issued a 2022 Legislative Report: Homelessness Mitigation Plan. The plan includes recommendations to mitigate homelessness and support housing stability.

### **Housing and health:**

- The Minnesota Housing Finance engaged in multiple health equity and racial equity legislative activities, including housing preservation (affordability), renter/tenant stability, expungement provisions and income non-discrimination (e.g., Section 8 vouchers). Other proposals recognized the impacts of housing instability on children, such as the Homework Starts with Home program.

## **2022 Partnership work plan activities**

### **Healthy Minnesota Partnership membership**

Partnership staff began meeting with members to check-in and discuss their interest in their participation with the Partnership as work gears up for the next statewide assessment and implementation plan.

Many members expressed they were drawn to the focus on public health, commitment to advancing health equity, and the opportunity for cross-sector relationships and partnerships. Many were also particularly interested in the narrative work. Community engagement was also recognized as an important activity to many members.

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

### **Framing of the statewide health assessment**

One of the roles of the Healthy Minnesota Partnership is to direct the development of Minnesota's periodic statewide health assessment. Throughout their work, the Partnership has examined the overall approach of the assessment and suggested ways the assessment could benefit from the Partnership's work on narrative, assets, and policy

The 2017 statewide health assessment revealed the impact of health inequities on Minnesota’s populations but did not make an explicit link between systemic oppression and inequitable health outcomes. Understanding of the role of systems in health inequities has grown since the last statewide health assessment was completed, and the Partnership moved toward making those connections clearer through a series of conversations between 2020 and 2022. A summary of the Partnership’s statewide health assessment discussions between 2020-2022 are included below.

- **2020:** Discussions were had around identifying policies that reinforce systemic racism and on how state and community conditions contribute to equitable and inequitable health outcomes
- **2021:** Discussions continued around elevating actionable data and using an assets-based approach model, using structural determinants of health and well-being to frame the next statewide health assessment, using a principles-based approach, elevating authentic community engagement, and how COVID-19 stories and data should be featured in the next assessment
  - Discussion with Health Equity Advisory Leadership Council to ensure next assessment reflects impact of structural and institutional racism
- **2022:** Discussions continued to elevate the focus that the statewide health assessment will take a closer look at the causes of inequities in health outcomes by looking at structures and systems, systems’ responsibilities for health outcomes while also aligning with other state, local and hospital assessments

As a result of these conversations, the Partnership recommended that the 2023 statewide health assessment should:

- Be focused on systems—identifying and calling out systemic/structural causes of health inequities (ex: structural racism, transportation system, hospital system, etc.)
- Be orientated to action
- Highlight assets and strengths
- Reflect and be shaped by community concerns
- Align with statewide, local and hospital health assessments
- Meet Public Health Accreditation Board standards and measures

## COVID in the next statewide health assessment

The Partnership recognized that COVID will occupy some part of the next statewide health assessment because of the enormous impact of the pandemic across Minnesota. They discussed issues such as: What COVID data are important to share? What is the story about COVID that needs to be told in the statewide health assessment?

In 2022, the Partnership continued exploring how to incorporate the varying impacts COVID-19 had on different populations across the state in the next statewide health assessment. Some of the COVID areas that the Partnership discussed potentially incorporating in the next statewide health assessment include:

- COVID-19 data overview, including morbidity and mortality data
- Health equity and COVID-19
- Impact of COVID-19 response activities and policies for health
- The role of narratives

At the end of 2022, MDH staff shared an update on identifying indicators and data sources for each of the four areas above with other MDH data stewards. From there the following next steps and questions for consideration were shared: What COVID data is most important to share in the statewide health assessment? Where should it appear in the statewide health assessment (stand-alone chapter or integrated in the sections)? How will retrospective data inform or support public health work (the SHIP)?

## Aligning with Minnesota local and hospital community health assessments

In 2022, the Partnership raised a question about how to better align with other local and hospital assessments taking place in Minnesota. To identify areas for alignment, MDH staff scanned local hospital assessments across MN regions, including assessments conducted by large systems, independent facilities, and other systems. Additional MDH staff have also reviewed local public health assessments for another project and identified common priority areas across the state. Staff also conducted a review of other statewide assessments done by other states to understand how other states incorporated COVID. The information collected from these reviews will be shared with the Partnership in 2023 for consideration in the statewide health assessment. Lastly, ways to align or support other Minnesota state assessments and plans (ex: the MCH Title V Assessment, Minnesota's Cancer Plan, etc.) will also be considered for the next statewide health assessment.

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

In 2022, the Partnership had multiple conversations about how systems and structures create and maintain the conditions for certain health inequities and brainstormed ideas about the opportunities or investments could increase equity. Partnership members identified data and indicators that highlight system responsibility and considered the potential changes that could occur with focusing on systems data. In addition, the Partnership provided guidance towards using the following systems approach:

- Shift the focus from individuals to systems
- Invest in long-term, iterative community relationships
- Identify key levers for systems change

MDH staff began working on a literature review to explore what research is available on upstream interventions and prevention policies that impact health outcomes.

## Applying an asset-focused approach to health equity

### Asset-focused data

Partnership members discussed the particular importance of an assets-focused approach in the use of data, whether in the statewide health assessment, in policy proposals, or in program development.

Data are essential for generating funding and influencing the use of resources. But data are not neutral: which indicators are chosen, who is involved in the collection of data, how the data are interpreted, and how this information is presented and used all are important. An assets-focused approach to data should:

- Reflect community voices and highlight community concerns
- Encourage communities to lead in the development and implementation of innovative solutions
- Reduce the burden of proof that marginalized communities typically bear

- Illustrate how systemic racism contributes to inequities in health outcomes
- Lead to innovative strategies and create leverage to advocate for resources

## Looking ahead: 2023

In 2023, the Partnership will develop the next statewide health assessment using a systems-focused approach. It then will move into the development of the next statewide health improvement plan.

### Develop the next statewide health assessment

The Partnership will continue to set the direction and participate in the development of the next statewide health assessment.

The 2023 statewide health assessment will adopt the 2017 sections—People, Opportunity, Nature, and Belonging—and will include structural and system-level indicators that explain inequitable outcomes across populations (for example the impacts of structural racism).

The Partnership heard clearly from communities most impacted by health inequities that retelling of poor health outcomes from their communities over and over again has a negative impact. The assessment will highlight strengths and assets of the state and its communities, so that strategies that amplify these can be considered in the development of the next statewide health improvement plan.

Development of the statewide health assessment will include multiple phases, including planning, community engagement, data collection analysis and interpretation, writing and developing, and dissemination. Decisions about the overall framing, indicators, statewide data sources, analysis, writing, format, and dissemination will be made during the developmental phases with the Partnership, statewide health assessment steering committee, and MDH executive office. An MDH workgroup will support engagement of MDH data stewards for data collection and analysis. Community engagement activities are planned to take place in phases to inform what is included in the statewide health assessment (such as strengths and assets) and how the statewide health assessment is disseminated. A draft of the statewide health assessment will also be open for public comment.

The release of the statewide health assessment is anticipated in September/October 2023. It is intended to provide a foundation for the statewide health improvement framework, or implementation plan.

### Develop the next statewide health improvement plan

Once the statewide health assessment is complete, the Partnership will develop the next statewide health improvement plan.

### Inform and shape more policies through an equity lens

Many of the policy issues important to the Partnership are being considered in the 2023 Minnesota Legislative Session. Partnership members will have opportunities to advance policy objectives through Healthy Minnesota Partnership narrative framing.

## Partnership membership

During the COVID-19 response, the Partnership did not work to recruit new members. New member organization representatives were appointed as individuals retired or moved to new positions.

In 2023, new Partnership members will be recruited to support the development of the statewide health assessment and more importantly to develop and implement the next statewide health improvement plan.

## About the Healthy Minnesota Partnership

**Charge:** The Healthy Minnesota Partnership came into being to develop innovative public health priorities, goals, objectives, and strategies to improve the health of all Minnesotans, and to ensure ownership of these objectives and priorities in communities across the state of Minnesota. The Healthy Minnesota Partnership resides online: [www.health.state.mn.us/healthymnpartnership](http://www.health.state.mn.us/healthymnpartnership).

**Membership:** The efforts of the Healthy Minnesota Partnership focus on the health of the whole state; the membership of the partnership reflects a broad spectrum of interests. A list of the members and alternates participating in the Healthy Minnesota Partnership are listed alphabetically below.

## Partnership members and alternates during 2022

Aaron Johnson, Eliminating Health Disparities grantee  
Alyssa Wetzel-Moore, Minnesota Housing Finance Agency  
Amber Dallman, Minnesota Department of Transportation  
Anjuli Camerson, Council on Asian Pacific Minnesotans  
Mary Hertel, Minnesota Board on Aging  
Annie Halland, Minnesota Public Health Association  
Barbara Burandt, State Community Health Services Advisory Committee (SCHSAC)  
Bill Adams, SCHSAC  
Chelsea Georgesen, MN Council of Health Plans  
Chelsey Olson, MN Council of Health Plans  
Christen Donley, Minnesota Department of Corrections  
Christy Dechaine Minnesota Hospital Association  
Colleen McDonald-Diouf, Boynton Health Services  
DeDee Varner, Itasca Project  
Diego Diaz-Rivero, Minnesota Department of Human Services  
Jan Malcolm, Minnesota Department of Health  
Jess Roberts, University of Minnesota  
Joan Pennington, Center for Community Health  
Justin Bell, American Heart Association  
Kate Elwell, University of Minnesota Boynton Health Services  
Katherine Teiken, Minnesota Housing Finance Agency  
Kathleen Call, University of Minnesota School of Public Health  
Kelley Heifort, Minnesota Department of Corrections  
Kenza Hadj-Moussa, TakeAction Minnesota  
LillyAnna Smith, American Heart Association  
Linda Davis-Johnson, Minnesota Department of Human Services  
Mary Hertel, Minnesota Board on Aging  
Mary Manning, Minnesota Department of Health

HEALTHY MINNESOTA 2022 UPDATE:  
2022 ANNUAL REPORT OF THE HEALTHY MINNESOTA PARTNERSHIP

Kim Nordin, National Rural Health Resource Center  
Linda Davis-Johnson, Minnesota Department of Human Services  
Mary Hertel, Minnesota Board on Aging  
Michelle Trumpy, Boynton Health Services  
Nissa Tupper, Minnesota Department of Transportation  
Pam Houg, Minnesota Council of Health Plans  
Rachel Widome, University of Minnesota, School of Public Health  
Rosa Tock, Minnesota Council on Latino Affairs  
Sarah Grosshuesch, Local Public Health Association (Greater Minnesota)  
Sarah Sanchez, American Heart Association  
Susan Palchick, Local Public Health Association (Metro)  
Thomas Fisher, University of Minnesota College of Design  
Tracy Morton, National Rural Health Resource Center  
Vayong Moua, The Center for Prevention at Blue Cross and Blue Shield of Minnesota

## Staff to the Partnership in 2022

Audrey Hanson, Minnesota Department of Health  
Austin Wu, Minnesota Department of Health  
Deanne White, Minnesota Department of Health  
Jeannette L. Raymond, Minnesota Department of Health  
Ruby Roettger, Minnesota Department of Health  
Tara Carmean, Minnesota Department of Health  
Dorothy Bliss, Contractor  
Kim Milbrath, Minnesota Department of Health

## Community participants at 2022 Partnership meetings

Alexandra DeKesel Lofthus	James Bradford III	Lisa Hundwardsen
Amanda Schueler	Jennifer Seeley	Liz Arita
Amy Reineke	Jess Tabbutt	LuAnne Buck
Ann Bussey	Jessica Moreland	Melissa Stanton
Bethany R Abramson	Jessica Tabbutt	Marie Malinowski
Bonni Abdurahman	Joan Brandt	Marna Canterbury
Canan Karatekin	Haley Miskowiec	Mary Meyer
Denise McCabe	Kate Murray	Meg Petrich
Denise Schneekloth	Katie Cochran	Melissa Stanton
Don Schooler	Khatidja Dawood	Patty Archambault
Emily Rish	Lauren Pipkin	Richard Scott
Gale Boldt	Leigh Arbes	Sarah Sheperd