State Story

Minnesota Department of Health Changes the Narrative on Health with the Healthy Minnesota Partnership

The Minnesota Department of Health worked with its Healthy Minnesota Partnership to change the narrative around health and develop a health in all policies approach for eliminating health disparities and achieving health equity.

For many years, the Minnesota Department of Health (MDH) has been intentionally engaged in decreasing race and ethnicity-based health disparities in the state. It has seen modest success in some areas, but overall the disparities remain. Research over the last several decades has shown that race and ethnicity-based health disparities are the result of persistent social and economic inequities, which have a greater influence on health outcomes than either individual choices or interventions by the healthcare system. MDH leaders recognized that to focus health improvement efforts solely on access to healthcare and individual behavior change (the traditional public health approaches of the last 30 years) would fail to make adequate advances in eliminating health disparities. Working with a statewide group known as the Healthy Minnesota Partnership, MDH decided to shift the public conversations about health in Minnesota to focus on the factors that actually *create* health. This effort to develop and implement a new narrative about health, focused on "upstream" issues such as education, employment, and home ownership, led to an emphasis on a health in all policies approach for MDH and its partners.

Steps Taken:

In 2010, MDH established the Healthy Minnesota Partnership, comprising a wide range of community partners, including faith-based organizations, local health departments, the state departments of transportation, education, and housing finance, higher education, community health centers, hospital systems, and community-based organizations, among others. With partial funding from the CDC, the Partnership led MDH through the development of a statewide health assessment and a statewide health improvement plan.

Health assessments are typically organized by disease, injury, and chronic illness. However, the Partnership made a decision to change the approach and organization of the 2012 statewide health assessment to focus on the physical, social, and behavioral factors that influence health. "The Health of Minnesota: 2012 Statewide Health Assessment" uses "the opportunity to be healthy" (i.e., the factors that create health) as an organizing principle. The assessment primarily focuses on topics related to people and places, including immigration, diversity, aging, and the environment; the opportunity for health (including education, employment, home ownership, poverty, social connectedness, access to healthcare, and the public health infrastructure); and healthy living (including nutrition, physical activity, and mental health). The assessment discusses disease, injury, and chronic illness data in its second part.

Following the statewide health assessment, the Partnership developed an accompanying action plan: the "Healthy Minnesota 2020: Statewide Health Improvement Framework." Emphasizing opportunity and health equity achievement allowed the Partnership to consider a much broader overall action

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strategy for population health improvement. The strategy of "changing the nature of public conversations about health" led them to identify three critical themes: (1) capitalizing on the opportunity to influence health in early childhood; (2) assuring that the opportunity to be healthy is available everywhere and for everyone, and (3) strengthening communities so that they can create their own healthy futures. These themes support a wide range of organizational concerns and policy areas. The Partnership notes that MDH is not solely responsible for changing community conditions to lead to better health for everyone: The best strategy involves a "health in all policies" approach that engages multiple sectors to create opportunities for health. MDH and the Partnership are working to develop individual and organizational capacity to implement health in all policies, learning to identify which policies and systems will best advance health equity, and developing data systems to support and provide accountability for these efforts.

The statewide health assessment and accompanying statewide health improvement framework were the catalyst for focusing on health equity in Minnesota. Part of this work required developing common language and understanding around health equity, social determinants of health, the root causes of poor health outcomes, and opportunities for health, and developing the narratives that express and support this way of understanding health. As the Healthy Minnesota 2020 report noted,

> "A narrative is a story or an account of something. Yet a narrative is more than a simple story; it represents and communicates societal and cultural values. Narratives about health in our culture generally emphasize healthcare and individual responsibility; what we need are more narratives about the factors that create the opportunity to be healthy (such as safe housing, high school graduation, livable wage) to realize the vision of Healthy Minnesota 2020.[1]"

In 2014, MDH continued the process of changing the narrative around health and focusing on the factors that create health through the report "Advancing Health Equity in Minnesota: Report to the Legislature." This legislatively-mandated report was developed using an extensive community-based process. Nearly 100 MDH staff met in October 2013 to learn about the health equity initiative and become equipped to hold community-based conversations that would yield critical information for the report. Over 180 of these "inquiry sessions" were held, involving over 1,000 people. MDH created an online survey to gather the information generated in these sessions, yielding over 200 pages of comments and suggestions, many of which were incorporated into the report. Additional opportunities for public input included the posting of a draft report for review and comment and a public hearing.

The report provides the impetus for expanding the work of MDH on health disparities by focusing on the policies, processes, and systems that create the inequities leading to health disparities. The recommendations of the Advancing Health Equity report include: advance health equity through a "health in all policies" approach, engaging a wide range of state agencies in this effort; create a Center for Health Equity within MDH; develop stronger partnerships with communities; improve statewide data related to health equity; diversify the MDH workforce; and redesign grant-making processes to support emerging organizations. The final report continues to receive a substantial amount of community, legislative, and media attention, and has been used to support both state and community-led policy initiatives.

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Results:

Minnesota's work to change the nature of public conversations about health and to incorporate health into all policies continues. Results include:

- A variety of coalitions used the Advancing Health Equity report as a tool for supporting an increase in the minimum wage. MDH published a white paper that shared research about the strong link between income and health.
- A University of Minnesota study found that people of color are disproportionately exposed to air pollution related to traffic; the changing conversation about health allows new questions to be introduced into policy discussions about the relationships of air quality, housing options, and health equity.
- Bio-monitoring efforts within MDH identified a race-based gap in outreach efforts that had been focused primarily on home owners. Data on home ownership rates in Minnesota show significant race and ethnicity-based inequities, so the program was expanded to include renters.
- MDH now automatically overrides a default setting in the state's accounting system that holds payments to vendors until 30 days after the invoice payments are entered into the system, speeding up payments to grantees. This has been shown to be particularly important for smaller organizations, often from communities experiencing health disparities, whose financial resources can be seriously stretched by delays in grant payments. Funding sources include: Preventive Block grant, TANF, foundations, and state appropriated dollars.

Lessons Learned:

- Accept that you do not have all the answers. Respect and acknowledge the expertise of the community. It is more important to be in an authentic relationship with others than to always be the "expert."
- Do not be afraid to have difficult discussions about race and racism. Be attentive to the way that the issues of race and racism tend to be avoided or hidden in euphemisms; keep them explicit.
- Recognize that in the process of identifying, discussing, and addressing health equity you will encounter a variety of different tensions, e.g., understanding the past while looking toward the future, implementing best practices while in the midst of a paradigm shift, or the need to address specific community needs while trying to improve health for all. Learning to recognize and name these tensions without trying to resolve them helps to keep them from derailing discussions and relationships.

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[1] Healthy Minnesota 2020: Statewide Health Improvement Framework. 2012. Available at http://www.health.state.mn.us/healthymnpartnership/hm2020/1212healthymn2020fw.pdf. Accessed 10-24-2014.

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