

# **Healthy Minnesota Partnership Annual Report 2025**

*Published March 2026*

## Healthy Minnesota Partnership Annual Report 2025

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

*To obtain this information in a different format, call: 651-201-3880. This project was supported by funds made available from the Centers for Disease Control and Prevention (CDC), of the U.S. Department of Health and Human Services (HHS) under Federal Award Identification Number (FAIN) NB01PW000038. The contents are those of the author(s), and do not necessarily represent the official views of, nor endorsement by, the CDC/HHS, or the U.S. Government.*

## CONTENTS

About the Healthy Minnesota Partnership.....	1
Charge of the Partnership.....	1
Vision, values, and principles.....	2
Convening the Partnership .....	3
Quarterly meetings.....	3
Advisory Committee .....	4
Summary of 2025 activities.....	4
Adopt and release the health improvement framework .....	4
Begin work on the health improvement framework.....	5
Strengthening connections.....	6
What’s coming up in 2026 .....	7
Support health priority workgroups .....	7
Monitor progress of the improvement framework.....	7
Strengthen the Partnership and its capacity .....	7
Appendix .....	7
Membership.....	7

# About the Healthy Minnesota Partnership

The Healthy Minnesota Partnership (the Partnership) is a statewide group that brings together the Minnesota Department of Health (MDH), other government agencies, local public health, health care systems, non-profits, community-based organizations, advocacy groups, other cross-sectoral organizations and community members. Together, these partners work to improve the health of all people living in Minnesota.

MDH convenes the Partnership, and its current co-chairs are Assistant Commissioner Halkeno Tura (MDH, Health Improvement Bureau) and Sarah Grosshuesch (Local Public Health Association and Wright County Public Health).

## Charge of the Partnership

MDH first convened the Partnership in 2010 and charged the Partnership to lead the development of Minnesota's statewide health assessment and improvement framework. MDH is a nationally accredited health department by the Public Health Accreditation Board (PHAB). Conducting a health assessment and implementing an improvement framework are two of the many required accreditation standards.

The Partnership uses a public health approach, which focuses on the conditions that shape health and prioritizing prevention over the early detection and treatment of illness.<sup>1</sup> Through the statewide health assessment and improvement framework, the Partnership examines the systems, structures, and community conditions that impact health.

This work includes:

- Relationship building across sectors
- Creating shared narratives to expand conversations about health
- Using asset-based language and practices
- Talking about and using a Health in All Policies approach.

## Minnesota Statewide Health Assessment

Statewide health assessments have been released in 2012, 2017 and 2024.

These health assessments tell the story of health in Minnesota and include data from many sources to show how social and environmental conditions (education, transportation, income, environment, etc.) impact health. The most recent health assessment also describes how systems and structures influence health.

## Minnesota Statewide Health Improvement Framework

The statewide health improvement framework is a multi-year plan in response to the statewide health assessment. Previous improvement frameworks have been released in 2012, 2018, and 2025. It outlines health priorities, objectives, and strategies to describe how MDH and its partners work together to improve population health in Minnesota.

---

<sup>1</sup> For more information on what is public health: [CHS Administration Handbook - Introduction: Public Health in Minnesota - MN Dept. of Health](#)

The most recent improvement framework includes three community-identified health priorities:

- Belonging, wellbeing, and substance use prevention
- Health and housing
- Equitable access and care

## Vision, values, and principles

The Partnership is guided by its vision, values and principles.

### Vision

All people in Minnesota enjoy healthy lives and healthy communities

### Values

- Health: Health is more than the absence of disease. It includes wellbeing and balance across every aspect of life – physical, mental, and social.
- Equity: Every person and community in Minnesota deserve to have the opportunity to be as healthy as they can be.
- Inclusion: Everyone is welcome to participate.
- Difference: We are members of many communities. Differences make us stronger together than we would be alone.

### Principles

- We are explicit about race and structural racism to create fair and just conditions for the health of all people in Minnesota.
- We lead by doing.
- We focus on the institutional and governmental policy discussions and decisions that shape opportunities for health equity.
- We innovate and practice with a focus on asset-based approaches.
- We convene statewide and community partners to co-create and determine priorities and conduct impactful work.
- We value and seek out input from community members to inform our work

## Convening the Partnership

The Partnership's primary role is a convenor.<sup>2</sup> It brings together MDH and many cross-sectoral partners to set priorities and create strategies for improving health in Minnesota through the health assessment and improvement framework. The Partnership holds quarterly meetings to engage members, share information, explore alignment between partners, and promote shared learning to support this work.

### Quarterly meetings

The Partnership has quarterly meetings that are open to Partnership members, and anyone interested in its work. Although one of the 2025 quarterly meetings was canceled, attendance remained high with record number attendance at the December meeting.

#### 2025 meeting dates, attendance, and topics

- Feb. 11: (77 attendees) reviewed and adopted the improvement framework
- May 20: (55 attendees) launched the improvement framework, presented on the Statewide Health Assessment curriculum project, and collected input for future meetings.
- September meeting canceled due to unavoidable conflicts.
- Dec. 3: (105 attendees) Water of Systems Change presentation, updates, and member engagement activity

Across the three meetings in 2025, most people attended one meeting (77%) in 2025. Fewer attended 2 meetings (17%) and 6% attended all three meetings.

#### Attendance by affiliation

Meeting attendees represent a variety of organizations. In 2025, the majority (54%) of attendees were affiliated with local public health and MDH. Further breakdown of meeting attendees by affiliation includes:

- 30% local public health
- 24% Minnesota Department of Health
- 13% health care or health care systems
- 11% community-based organizations or non-profits
- 6% other state agencies
- 5% education
- 4% unknown
- 3% community members or "other,"

---

<sup>2</sup> Community partnership and convening is a key element of a Health in All Policies approach and part of PHAB's Foundational Public Health Responsibility Framework, which defines what needs to be present in every community to efficiently and effectively promote and protect the health of all people in Minnesota.

- 1% Tribal public health

## Advisory Committee

A small group of Partnership members serve on the Advisory Committee. Established in June 2025, the committee evolved from previous Steering Committees for the statewide health assessment and improvement framework.

The Advisory Committee was established to maintain a core group of members who advise MDH staff on the Partnership's work, including future health assessments and improvement frameworks.

Current members represent: the Board on Aging, Blue Cross Blue Shield, Department of Human Services, Essentia Rural Health Institute, Local Public Health Association (2 representatives), Minnesota Hospital Association, Minnesota Pollution Control Agency, and the Minnesota Department of Health.

The Advisory Committee meets virtually every other month. In 2025, the committee met four times between June and December. A summary of accomplishments include:

- Developed a committee charter
- Provided feedback on member retention and the member and partner engagement project
- Advised on a draft decision-making proposal for the Partnership
- Brainstormed a list of potential process measures for the improvement framework

## Summary of 2025 activities

The Partnership's goals in 2025 were to:

- Adopt and release the improvement framework
- Begin work on the improvement framework
- Strengthen connections with members and partners

Each goal is expanded on below.

### Adopt and release the health improvement framework

The improvement framework was developed through a collaborative process led by the Partnership between May 2024 and January 2025. It was adopted by the Partnership during the Feb. 11, 2025 meeting. After final presentations and discussion, 41 out of 45 attendees (91%) who participated in a consensus poll activity voted in support of adopting the improvement framework.

After it was adopted, the improvement framework was put into its final design and released in May 2025. It was posted online and distributed through the Partnership and its networks. Several presentations were also given to other groups, including the Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) Community of Practice, Partners in Public Health, the MDH Housing Workgroup, and Scott County Community Advisory Committee.

The improvement framework is available online: [Healthy Minnesota Partnership Statewide Health Improvement Framework - MN Dept. of Health](#)

## Begin work on the health improvement framework

The improvement framework has three broad health priorities:

- Belonging, wellbeing, and substance use prevention
- Health and housing
- Equitable access and care

Objectives and strategies for the health priorities are included in the improvement framework and reflect the Partnership's focus on system level approaches, including attention to collaboration, policies, primary prevention, and narratives.

## Health priority workgroups

In August 2025, the Partnership launched three health priority workgroups to bring together cross-sectoral partners to support action steps for the health priority objectives and activities in the improvement framework. Initial recruitment for the workgroups took place between June and August 2025. Overall, 68 people registered to join one of the following workgroups:

- 26 joined the Equitable Access and Care Workgroup
- 25 joined the Belonging, Well-being, and Substance Use Prevention Workgroup
- 17 joined the Health and Housing Workgroup

Workgroup members represented multiple sectors.

- 28% community-based organizations or non-profits
- 18% health system or health care
- 18% local public health
- 16% MDH
- 7% community member
- 6% educational institutions
- 5% of unknown
- 3% other state agencies

After a joint kick-off meeting in August 2025, workgroups met separately in the fall (October/November). The first meeting for each workgroup included relationship building and working on a mapping activity to identify other cross-sectoral work related to the health priority. The mapping activity was a first step for a shared relationship-building strategy across health priorities.

## Create a system to track progress

MDH staff further outlined a process to monitor and track progress of the improvement framework, including the use of both quantitative and qualitative data. Two Partnership staff completed a Results Based Accountability (RBA) certification in the spring of 2025 and incorporated RBA into the plans. Staff began working with the Advisory Committee in the fall to develop process measures and plans to identify measures for each health priority in early 2026. Future annual reports will include process measures for each health priority.

## Strengthening connections

### Orientations

People new to the Partnership can attend an orientation to meet MDH staff, learn more about the Partnership's background and get information to help them participate. In 2025, 27 people attended one of four virtual orientations offered quarterly. Orientation attendees represented multiple sectors, including:

- 32% of attendees from local public health
- 22% of attendees from health care or health related
- 19% of attendees from community-based organizations/non-profits
- 19% of attendees from MDH
- 3% of attendees from educational institutions
- 3% of attendees from other state agencies
- 3% unknown.

### Member and partner engagement project

The Partnership has experienced increased engagement and attendance in recent years, but MDH staff also noticed that many people only attend one meeting. To understand how to better engage and retain members, staff conducted an engagement process between September and December. Members on the Partnership's roster, Advisory Committee, and health priority workgroups were invited to complete a survey or attend a Dec. 19 listening session. In addition, preliminary survey findings were presented during the Dec. 3 meeting and an activity using an online tool (Menti-meter) collected additional input from meeting attendees. Overall, 119<sup>3</sup> people participated:

- 45 people completed a survey
- 68 engaged in a survey tool during the Dec. 3 meeting
- 6 people attended a listening session on Dec. 19

Some key highlights from feedback received:

---

<sup>3</sup> This is not an unduplicated number. People who completed the anonymous survey may have also participated in other ways.

- Members reported the most important role of the Partnership as a convenor. Other roles mentioned related to coordination, community engagement, and promoting equity.
- People attend Partnership meetings to learn, collaborate, and get updates
- People most want to learn about system change and upstream approaches at future meetings
- 89% of survey respondents agreed that the Partnership is inclusive and welcoming
- 27% of survey respondents reported not understanding how decisions are made, and 34% were neutral

People also shared ideas for making future meetings more useful and meaningful, which MDH staff immediately started incorporating. Staff conducted additional member interviews in January 2026 and are continuing to take steps to incorporate findings. For example, after reflecting on the numbers of members who don't understand how decisions are made, staff began a process to clarify decision-making and plan to update the charter in 2026.

## What's coming up in 2026

In 2026 the Partnership will continue to focus on implementing the improvement framework and strengthening the Partnership and its capacity. Planned activities include:

### Support health priority workgroups

Convene quarterly meetings for each workgroup, develop and implement work plans with action steps for the objectives and strategies. Support relationship building and collaboration between members and other key partners.

### Monitor progress of the improvement framework

Finalize development of process measures with the Advisory Committee. Track progress by monitoring work plans, collecting data for process measures, and documenting qualitative stories or testimonials.

### Strengthen the Partnership and its capacity

Continue convening quarterly meetings and orientations. Try new methods and formats during meetings to increase engagement. Update membership processes and the charter for transparency. Continue exploring and supporting alignment across MDH, local public health, and other partners.

## Appendix

### Membership

#### Co-chairs

- Sarah Grosshuesch of Wright County Public Health, representing the Minnesota Local Public Health Association

- Assistant Commissioner Halkeno Tura, Minnesota Department of Health, Health Improvement Bureau

### **Advisory Committee members**

Listed alphabetically by last name

- Melissa Adams, Department of Human Services
- Christy Dechaine, Minnesota Hospital Association
- Sarah Grosshuesch, Wright County Public Health
- Derek King, Minnesota Pollution Control Agency
- Amber Lightfeather, Essentia Rural Health Institute
- Jim McKinstra, Board on Aging
- Melissa Mikkonen, Blue Cross Blue Shield,
- Kim Milbrath, Minnesota Department of Health
- Amy Reineke, Horizon Public Health

### **Member organizations, as of December 2025**

Listed alphabetically by organization

- American Heart Association: Claire Fleming (Heather Peterson, alternate)
- Blue Cross and Blue Shield of Minnesota: Sasha Houston Brown (Carla Kohler, Alternate)
- Council on Asian Pacific Minnesotans: Andrew Morris
- Essentia Institute of Rural Health: Amber Lightfeather
- JADE (Joint Action for Diversity and Engagement): Grace Li (Hanbin Zhou, alternate)
- Local Public Health Association: Diane Holmgren, Sarah Grosshuesch, Greater Minnesota; (Amy Reineke, alternate)
- Minnesota Board on Aging: Jim McKinstra (Maureen Kenney, alternate)
- Minnesota Council of Health Plans: Chelsey Olson
- Minnesota Council on Latino Affairs: Rosa Tock (Ivette Izea-Martinez, alternate)
- Minnesota Dept. of Corrections: Kelley Heifort (Earl Miller, alternate)
- Minnesota Dept. of Health: Dr. Robsan (Halkeno) Tura
- Minnesota Dept. of Human Services: Malissa Adams
- Minnesota Dept. of Transportation: Nissa Tupper (Amber Dallman, alternate)
- Minnesota Hospital Association: Christy Dechaine
- Minnesota Housing Finance Agency: Amanda Welliver (Alyssa Wetzel-Moore, alternate)

- Minnesota Pollution Control Agency: Derek King (Michael Thiel, alternate)
- Minnesota Public Health Association: Matt Flory
- National Rural Health Resource Center: Tracy Morton
- State Community Health Services Advisory Committee (SCHSAC): Jenna Carter
- University of Minnesota Boynton Health Services: Colleen McDonald Diouf (Michelle Trumpy, alternate)
- University of Minnesota School of Public Health: Timothy Beebe (JP Leider, alternate)
- Health plan representatives: Nancy Hoyt Taff (UCare); Marna Cantebury (Health Partners)
- YWCA of St. Paul: Beatrice Laiser (Dalton Outlaw, alternate)

### **MDH staff who supported the Partnership**

Listed alphabetically by last name

Murphy Anderson (Communications), Tara Carmean (Partnerships Planner), Michelle Gin (Unit supervisor), Audrey Hanson (former statewide health assessment project lead), Kim Milbrath (Section director) and Deanna White (Partnerships Planner).