

Healthy Minnesota Partnership Meeting Summary: May 12, 2026

Meeting Summary

The Healthy Minnesota Partnership (the Partnership) meeting opened with a short interactive activity to review recent work and meeting topics. Then staff from the Minnesota Department of Health (MDH), Injury Prevention and Mental Health Division gave a Primary Prevention 101 presentation, including an overview of what primary prevention is and examples of primary prevention work. After a short break, Partnership staff shared updates on process measures for monitoring Partnership engagement and announced upcoming updates to membership with will be rolled out this year. Before ending the meeting, attendees were given an opportunity to share brief updates from their organization.

Meeting notes

Healthy Minnesota Partnership co-chairs, Sarah Grosshuesch (Local Public Health Association) and Assistant Commissioner Halkeno Tura (Minnesota Department of Health) opened the meeting.

Activity: reviewing recent work and learnings

Deanna White, MDH

Staff led an interactive activity using Mentimeter (an online tool) to review current work of the Partnership and recent meeting topics. A few highlights

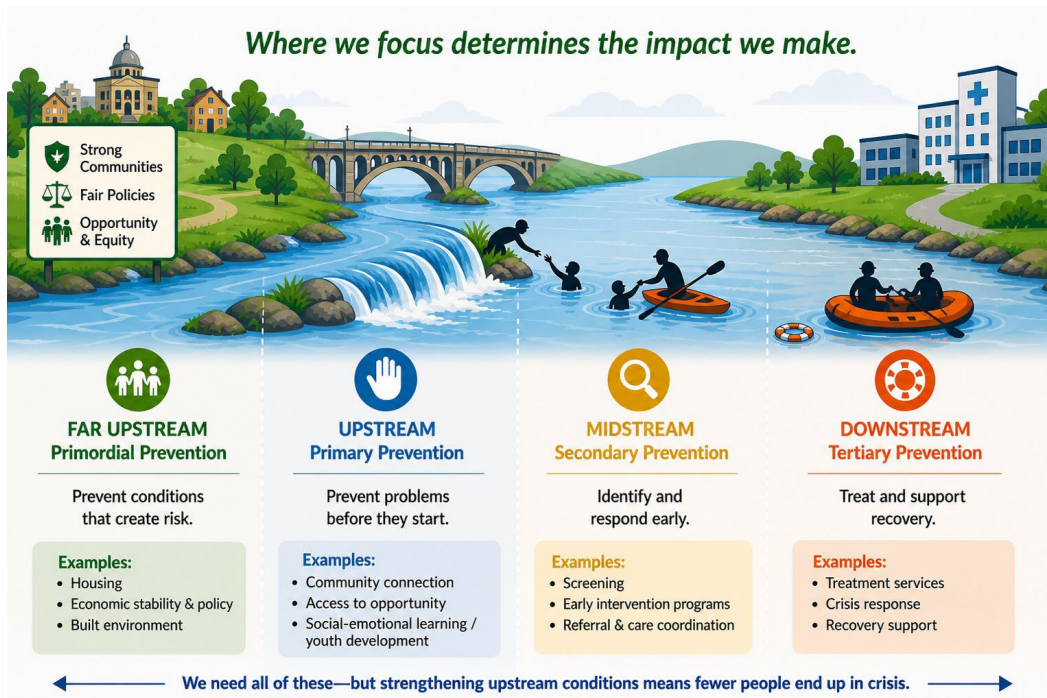
- 8 (24%) of the 34 people who responded were attending for the first time.
- Almost 30 people shared examples of how their work overlaps with one (or more) of the health priorities.
- The Water for Systems Change model was highlighted from the December 2025 meeting
- Many respondents shared a word that reminded them of population health, which is an approach that focuses on the health of communities or populations (May 2026 meeting topic). Equity was repeatedly shared.

Primary Prevention 101

Assistant Commissioner Halkeno Tura (MDH) introduced the speakers.

Kelly Felton (Suicide Prevention Coordinator) and Kari Gloppen (Substance misuse prevention manager), Injury Prevention and Mental Health Division, MDH

What is Primary Prevention? It prevents problems before they start and strengthens protective factors and reduces risk. It is focusing on policy, systems, and environments and impacts whole populations.



Where we focus determines the impact we make.

- Far Upstream, Primordial Prevention: prevent conditions that create risk
 - Examples: housing, economic stability & policy, Built environment
- Upstream, Primary prevention: Prevent problems before they start
 - Examples: community connection, access to opportunity, social-emotional learning/youth development
- Midstream, Secondary Prevention: identify and respond early
 - Examples: screening, early intervention programs, referral & care coordination
- Downstream, Tertiary prevention: treat and recover
 - Examples: treatment services, crisis response, recovery support

We need all of these – but strengthening upstream conditions means fewer people end up in crisis.

Examples of Primary prevention included: smoking in public places (restaurants, workplaces, and airplanes) and seatbelt use.

Population-level changes happens at multiple-levels: individual, relationships with others, community, and societal. (Social Ecological model)

There are multiple reasons for taking a system and upstream approach.

- Policies, systems, & Environment approaches:
 - Acknowledge that addressing substance use and mental health has become increasingly complex
 - Recognizes that public health issues are interconnected and interdependent
 - Recognizes that sometimes challenges are outside of an individuals' control
- Upstream approaches
 - Seeks to understand the root causes
 - Broader opportunity for collaboration across community sectors
 - Reaches more people (community vs. individual)
 - Improves multiple outcomes
 - More sustainable over time

Prevention should focus on understanding and addressing the shared factors that increase people's risk for or protect them from experiencing these issues.

Within Injury Prevention and Mental Health, two different approaches support community coalitions: Shared Risk and Protective Factor Coalition grantees and Communities that Care grantees. This work is community led, cross sector, data driven

Healthy Minnesota Partnership updates

Tara Carmean, MDH

Process measures

Part of the plan to monitor and track implementation of the Statewide Health Improvement Framework includes identifying 3 to 5 process measures for Partnership engagement and each of the health priorities (Health and housing; Equitable access and care; and Belonging, wellbeing and substance use prevention). Partnership staff and the Advisory Committee worked together to brainstorm options and prioritize process measures for Partnership engagement, using elements from Results Based Accountability Framework. Staff presented the process measures that will be used to report progress on Partnership Engagement:

- % of representatives by affiliation (sector)
- % of representatives by geographic area (metro, greater MN)
- % of representatives by race/ethnicity
- % of representatives who attend at least 50% of meetings
- #/% of members who report they have learned information through the Healthy Minnesota Partnership that they can use with their organization

IN addition to process measures, qualitative data (stories and testimonials) will be collected to share impact or progress being made with engagement.

Question: Have you put targets to your measures yet? *Response:* We do not have targets for measures at this time but will continue to discuss when reviewing baseline data and our goals.

Process measures for the health priorities are still in development. Staff are asking workgroups for feedback before selecting final measures with the advisory committee.

Membership updates

Staff announced plans to roll out minor changes to the membership process this summer. The Partnership has evolved since it was first convened in 2010, with increased participating in the past few years. Updates to the membership process include

- Adding a simple application to confirm commitment and for documentation. Previously the Partnership has not had an application.
- Adding a meeting attendance requirement for members. Members are strongly encouraged to attend all meetings, but at a minimum, members will be expected to attend at least one-half of meetings each year. (i.e., attend at least 2 of 4 quarterly meetings.)
- Related to membership, staff announced that future voting items will be voted on by members. The Partnership doesn't vote on items very often and are not expected to vote on any decisions in 2026. More information will be shared about the voting process prior to future voting items.

Discussion

Are there examples or case studies about how "membership" has helped impact the organizations that joined? *Response:* Co-chair Grosshuesch shared examples of how member organizations support the previous improvement framework through their individual organizations. We plan to collect qualitative data to help tell the story about the impact of participation.

What can members do between meetings to help move the goals of Healthy MN forward? *Response:* we encourage members to bring back any learnings from the meetings to their organizations. There are times when we've asked members to share announcements, information about engagement opportunities or other activities. Members are also encouraged to join and participate in a workgroup or the Advisory Committee, as able.

Comment: The "value proposition" in membership is a challenge for all coalitions. This is a GREAT group but the clearer we are about what members get for what they give, the easier it will be to recruit and retain members. Qualitative stories can be key to making our impact credible. I appreciate the conversation

More information about the updates will be rolling out over the summer.

New! Attendees invited to share updates from their respective organizations

A Senior Program Planner at Anoka County shared plans to roll out this spring/summer conversations around food access to collect in-depth qualitative data on food insecurity and access in the county.

The Rural Public Health Conference is happening this fall. They are currently open to presentation proposal and sponsorships. More information can be found here:

<https://mnchwalliance.org/mn-chw-conferences/>

City of Bloomington: offering WIC and immunization opportunities throughout the community this summer. Please check out the website for more details about events in the community.

Attendance

A total of 62 people attended the May 12, 2026 meeting

Healthy Minnesota Partnership Co-chairs

Assistant Commissioner Halkeno Tura, Sarah Grosshuesch

Attendees (alphabetized by last name)

Katie Albert, Erica Alley, Patti Anderson (Pennington and Red Lake County Public Health and Home Care), Farah Baig (Age-Friendly Minnesota), Emma Basness (Dodge County Public Health), Tim Beebe (UMN School of Public Health), Kenneth Bence (ARRM), Emilie Cagnazzo (Open Arms of Minnesota), Jill Collins Mattson (City of Bloomington Public Health Department), Tonayo Crow, Grace Keziah, Dadala Mahube-Otwa (Community Action Partnership), Lisa Dean (Sanford), Jeanne Demuth-Suby (Sanford), Armelle Edoh (South Country Health Alliance), Megan Ellingson (CHW Solutions), Kelly Felton (MDH), Claire Fleming (American Heart Association), Matt Flory (Minnesota Public Health Association), Emily Frustol (OTC Public Health), Jamie Galbreath, Michelle Gin (MDH), Jonathon Glennie, Kari Gloppen (MDH), Isabella Green, Minister Dr. Ni Ora Hokes, Diane Holmgren (Saint Paul - Ramsey County Public Health), Chelsie Huntley (MDH), Shelagh Kalland (Blue Cross Blue Shield of MN), Kathleen Kelly (Dakota County), Sheila Kiscaden, Stephanie Kovarik (HealthPartners), Allison Larson (MDH), JP Leider (UMN School of Public Health), Madeleine Hammerlund, Madeleine Hammerlund (Clare Housing), Marie Malinowski (Blue Cross Blue Shield of MN), Kimberly Martinez (Olmstead County) Darcey McCampbell (Fairview), Carrie Mclachlan (North Memorial Health), Kim Milbrath (MDH), Lauren Pipkin (Fairview Range), Ali Randall (Aspirus), Samantha Roth, Lily Rubenstein (MDH). Wynfred Russell (Anoka County), Brittany Schmalz (Kandiyohi County Public Health), Justin Smith, Kali Starin (Second Harvest Heartland), Rachel Stoll (Minnesota Community Health Worker Alliance), Laura Stumvoll (Veteran's Administration), Nancy Taff, Patty Takawira (MDH), Mike Thiel (MPCA), Elena Tran, Whitney Terrill (Department of Public Safety, Office of Justice Programs, Office for Missing and Murdered Black Women and Girls), Kap Wilkes, Cassandra Worner (University of Minnesota), Emily Zylstra

Meeting support staff

HMP MEETING SUMMARY MARCH 3

Tara Carmean, Deanna White, and Melissa Michels (notetaker)

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