

Health Promotion & Chronic Disease

A DIVISION OF THE MINNESOTA DEPARTMENT OF HEALTH

HPCD Mission

The Health Promotion and Chronic Disease Division (HPCD) advances health equity by collaboratively preventing and reducing the impacts of chronic disease, violence, injury, and disability.

What We Do

1. We work to advance health equity and reduce health disparities in Minnesota.
2. We develop, implement, and support culturally respectful programs designed to reduce and prevent chronic diseases and conditions, injuries, substance misuse, and violence.
3. We collect, share, and use data and best practices to inform actions at the community, state, and national levels.
4. We address social determinants of health in our work and collaborate with diverse partners to strengthen impact.

Partners

Our partners include local health departments, Tribal communities, non-profit organizations, coalitions, health care providers, other state agencies, local government, and professional alliances.

In Minnesota, as of 2022:

- 6 in 10 adults have a chronic condition (BRFSS).
- Unintentional injuries are the 3rd leading cause of death for adults.

Chronic conditions are ongoing and may require medical attention. They can also interfere with daily activities. Promoting well-being and preventing chronic disease, violence, and injury not only helps save lives but improves quality of life for many Minnesotans. It also has the potential to save Minnesota millions in health care costs and lost productivity.

The Centers for Disease Control and Prevention estimates that 90% of the nation's \$4.1 trillion in annual health care expenditures are for people with chronic and mental health conditions (CDC, 2022).

In Minnesota, about four out of ten people will be diagnosed with some type of cancer at some point in their lifetime. Although the cancer mortality rate has decreased in Minnesota over the past 20 years, one out of four Minnesotans die of cancer.

More Information

[MDH Health Promotion & Chronic Disease Division \(www.health.state.mn.us/about/org/hpcd/index.html\)](http://www.health.state.mn.us/about/org/hpcd/index.html).

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Emerging Issues

Mental Health and Well-Being

The connection between mental health and chronic disease, injuries, violence, substance misuse, and disabilities is increasingly clear. HPCD is working with other divisions within MDH and external partners to collaborate on program, policy, communication, and data-to-action activities focused on improving mental health. HPCD supports the 988 Suicide & Crisis Lifeline, is building strategies to track and prevent Adverse Childhood Experiences (ACEs) and helps to improve patient care by connecting primary care and behavioral health clinics.

Community Health Worker Support and Training

HPCD Community Health Worker (CHW) Initiatives aim to strengthen and expand the CHW workforce to increase access to care and prevention services, strengthen the public health workforce, and achieve health equity in underserved populations. HPCD is working with the Minnesota Community Health Worker Alliance and other key stakeholders to establish the Community Health Worker Training Program. The Training Program provides scholarships for students pursuing a CHW certificate at an accredited institution and stipends for CHWs participating in registered apprenticeship programs. The Training Program also works with employers to provide field experience and apprenticeship opportunities for CHWs and is developing free online e-learning modules on health promotion and chronic disease topics.

Youth Cannabis Prevention and Education Campaign

During the 2023 legislative session, cannabis was legalized for people 21 and older. HPCD is working with several other community and state partners and MDH teams to create a statewide education and prevention messaging campaign focusing on the adverse health effects that may be associated with youth cannabis use. Funding will begin in July 2024 and campaign planning will build off other substance use prevention efforts (including tobacco, alcohol etc.), as well as ongoing work to promote mental health and reduce adverse childhood experiences. In addition, we provide funding through a grant to sustain the MN Poison Control Center.

Long COVID and Disabilities: Multiple Intersections

Some people have long-term symptoms and complications after COVID-19, often called long COVID. Severe long COVID can result in new disability. Additionally, many people with disabilities have less access to COVID-19 prevention, vaccination, and treatments, while underlying conditions can increase their risk of severe illness and complications from the virus. These inequities may result in higher rates of long COVID among disability communities. MDH is seeking to better understand disability status in our data through surveys and assessments. We are also building partnerships across sectors to understand and address the intersections of long COVID, disability, and inequities at the systems level. By collaborating with people with disabilities, health care providers, employers, community organizations like the regional Centers for Independent Living, and government entities such as DHS, ADA Minnesota, and the federal Job Accommodation Network, we are enhancing our understanding of disability and long COVID to improve access to care, services, and support.

Programs and Activities

Cancer Control and Prevention/Sage

Comprehensive Cancer Control Program (CCC): CCC is a CDC-funded initiative to strengthen efforts across Minnesota to decrease the negative impact of cancer. The CCC team works with other organizations and individuals to plan and implement a coordinated approach, including prevention and detection, treatment, survivorship, and end of life care. CCC works closely with the Minnesota Cancer Alliance, an independent coalition, to implement Cancer Plan MN 2025.

Sage Breast and Cervical Cancer Program: Sage works to reduce racial health disparities by connecting un- and underinsured persons to cancer screening and treatment. Over 80% of Sage clients are populations of color or American Indians. In 2022, Sage screened over 6,000 participants for breast and cervical cancer and detected 85 new cases of these cancers. Sage partners with over 400 clinics to provide statewide access to screening services. Sage also houses a patient navigation center that responds to community and client needs by answering questions, addressing barriers, scheduling appointments, and connecting clients to other resources such as smoking cessation programs. Annually, Sage patient navigators field approximately 14,000 calls and schedule about 40% of all Sage appointments at multiple partner clinics statewide.

SagePlus: SagePlus helps women understand and reduce their risk for heart disease and stroke. SagePlus works with clinics to provide blood pressure, cholesterol, and diabetes screenings for Sage-eligible patients, and provides counseling and other resources to support lasting lifestyle changes for heart health. Since inception in 2018, SagePlus has provided nearly 3,000 free screening services. Minnesota African American and American Indian women experience the worst disparities in heart disease, and SagePlus has a special focus on these two populations.

Cancer Screening Quality Improvement: The Cancer Screening Quality Improvement (CSQI) program works with select clinics to improve cancer screening rates through the implementation of evidence-based Interventions. Interventions include strategies demonstrated to be effective at increasing breast, cervical, and colorectal cancer screening rates in clinic settings. Among these are provider- and patient-focused interventions (provider reminders, provider assessment and feedback, patient reminders, and reducing structural barriers). CSQI currently works with 14 clinic partners serving priority populations and partners with other organizations to best support these clinics with training, technical assistance, educational materials, and community-clinical linkages.

Community Impact Spotlight: Improving breast cancer screening rates

The Sage Program has seen a decrease in breast cancer screening rates across Minnesota over the past few years. Additionally, mobile mammography services have also ceased operation in some parts of the state. Sage brought mammography service providers and community organizations together to strengthen collaboration and find ways to improve screening rates among American Indians, African Americans, Asian Americans, and rural Minnesotans. This resulted in the formation of two workgroups, one for health care and the other for community partners. The community partner workgroup focuses on education, advocacy and building trust between medical providers and community members. The healthcare workgroup focuses on new ideas for providers to work together and develop workforce for the mammography field. Additionally, Sage continues to work alongside mobile mammography providers to plan screening events and enroll Sage-eligible patients, with a focus on American Indian and African American communities.

*“To adequately address the unequal burden of breast cancer, we **must** collaborate to identify new resources/options and share wisdom and lessons learned.”*

– Mobile Mammography Roundtable Participant

Center for Health Promotion

The Center for Health Promotion analyzes and reports data, supports policies and systems of care that promote health, and helps Minnesotans prevent and manage chronic diseases and conditions.

Aging: The overall goal of our work is to improve quality of life for individuals with Alzheimer’s disease and related dementia (ADRD) and their caregivers, and to prevent dementia and dementia-related conditions. HPCD engages and collaborates with diverse stakeholders to integrate, align, and leverage our approaches to address chronic conditions and promote healthy aging. Key initiatives include the MDH Healthy Brain Community Grants and a statewide communications campaign that promotes culturally responsive messages about dementia risk factors, early signs and symptoms, and caregiver wellbeing.

Arthritis: We work with community and clinical partners to promote physical activity for pain management of arthritis and overall health. This includes increasing access to and participation in movement classes, health education, and counseling from health care providers about appropriate physical activity options.

Asthma: We work with partners across the state to improve outcomes and quality of life for people who have asthma in Minnesota. We work to educate people living with asthma, their caregivers, and the public about asthma symptoms and management; increase delivery of guidelines-based asthma care; to increase knowledge of asthma triggers and how to eliminate or reduce them; promote policies and behaviors that support better air quality; and facilitate patient referrals to community resources that can help improve health.

Cardiovascular Health and Stroke: We focus on promoting heart health for all Minnesotans. We improve stroke treatment by increasing public awareness, improving emergency medical services, and improving transitions of care. We implement cross-cutting approaches to prevent cardiovascular disease through health system interventions and community-clinical linkages that address high blood pressure and high cholesterol.

Diabetes and Chronic Kidney Disease: We promote healthy behaviors for people with all types of diabetes or chronic kidney disease, partner with communities to increase and sustain local diabetes prevention and management programs and utilize data to raise awareness and monitor progress to reduce the burden of diabetes, chronic kidney disease, and prediabetes.

Oral Health: We work with partners to promote and protect oral health by collecting and reporting oral health data; conducting early dental disease prevention initiatives; promoting school-based sealant programs; and developing and implementing a state oral health plan.

Community Impact Spotlight: *Minnesota Stroke System ensures access to stroke-ready hospitals*

The Minnesota Stroke System was created in 2013 to designate stroke-ready hospitals. Designation is voluntary, free, and intended to be accessible for small, rural hospitals. The Stroke System collects, analyzes, and reports on stroke data to help hospitals implement changes that reflect best practices and national guidelines, and positively impact health outcomes for acute stroke patients. Between 2013 and 2023, the Stroke System grew from 19 stroke designated hospitals to 119. Hospitals located in rural communities now comprise the majority of stroke designated hospitals in Minnesota. Newly designated rural hospitals serve over 840,000 Minnesotans. This means 94% of Minnesotans have access to acute stroke care within a 30-minute drive. Ongoing efforts are focused on expanding the Stroke System to underserved areas, preventing strokes, raising stroke awareness, reducing treatment time, and preventing stroke recurrence and complications.

Chronic Disease and Environmental Epidemiology

The Chronic Disease and Environmental Epidemiology (CDEE) Section includes:

Minnesota Cancer Reporting System: Cancer is the leading cause of death among Minnesotans. The MCRS is the statewide system for collecting and reporting all newly diagnosed cancer cases in the State. These data are widely used to inform policy, report to the public on trends in cancer incidence and mortality and enable researchers to conduct studies about the causes of cancer and its treatments. MCRS works closely with the HPCD Cancer Prevention Programs, and with Environmental Health.

Long COVID Program: The long COVID program supports studies, programs, and policies at the intersections of COVID-19, chronic disease, and disability. Through collaborative partnerships, the program assesses impacts of long COVID on communities disproportionately impacted by the COVID-19 pandemic. The program convenes stakeholders to develop and implement guidance for prevention, management, and coordinated care for long COVID patients. Additionally, this group funds a grantee network of organizations across Minnesota to better understand the impacts of long COVID in their communities, raise awareness, and build capacity to improve care and services.

Minnesota Sickle Cell Data Collection Program: MDH participates in the CDC *Sickle Cell Data Collection* program to better understand the prevalence, incidence, mortality, care management, care utilization, and health outcomes of Minnesotans living with sickle cell disease. This is a cross-division effort in collaboration with Sickle Cell Foundation of Minnesota, health care systems, and the Minnesota Department of Human Services. The goal is to integrate data across multiple data sources to guide outreach, clinical care, public health practice, and policies to improve the quality of life for people living with SCD and their families.

Community Impact Spotlight: *Partnering to maximize impact of sickle cell disease efforts*

The Sickle Cell Data Collection Program, in collaboration with the CDC and partners, published two papers. The first, “Birth Prevalence of Sickle Cell Disease and County-Level Vulnerability,” revealed that about two-thirds of mothers of newborns with sickle cell disease live in counties with high or very high social vulnerability. These findings underscore the need to address social and environmental factors such as transportation and housing to improve health outcomes for children with sickle cell disease.

Additionally, in conjunction with the Sickle Cell Foundation of Minnesota, the data collection team co- led the study, “Improving the Lives of People with Sickle Cell Disease: Community Organizations and Epidemiologists Working Together.” The study explored the relationships and dynamics between community-based organizations and data collection teams. It concluded that prioritizing trust, fostering effective communication, and promoting collaboration can help facilitate meaningful advancements in sickle cell disease diagnosis, treatment, and care. These findings offer valuable guidance for fostering effective partnerships to maximize the impact of sickle cell disease program efforts and other collaborations between state and community partners.

Injury and Violence Prevention

The Injury and Violence Prevention Section (IVPS) implements and evaluates programs that help reduce the risk of injury, substance misuse, and violence. IVPS collects, analyzes, and reports data about injuries (e.g., traumatic brain injury, drug misuse and overdose, falls, motor vehicle crashes, poisoning, sexual violence, human trafficking, spinal cord injury, adverse childhood experiences, and suicide), and is responsible for the following:

Suicide Prevention: The Suicide Prevention Unit uses a public health approach to prevent suicide by supporting and coordinating suicide prevention activities. The suicide prevention unit provides training and technical assistance at the state and local level to build capacity to prevent suicide for all ages. We support the 988 Minnesota Lifeline and call centers. We also coordinate the Minnesota State Suicide Prevention Taskforce to implement and oversee the 2023-2027 Minnesota Suicide Prevention Plan.

Alcohol and Drug Overdose Prevention: IVPS collects, analyzes, and reports data on substance misuse, including alcohol, cannabis, opioids, and other drugs to inform state and local prevention and response initiatives. The Drug Overdose Prevention Unit works with a wide variety of partners such as Tribal Nations, state agencies, health care systems, EMS, law enforcement, and community organizations on programs like naloxone distribution and training, reducing inappropriate opioid prescriptions, and doing innovative communications work including a podcast aimed at empowering individuals to make safe choices around opioid use.

Sexual Violence Prevention: The Sexual Violence Prevention Program works to prevent all forms of sexual violence by changing social norms and environments to protect against violence. We work towards this goal by funding promising strategies to prevent sexual violence, connecting individuals and organizations through statewide networks, and evaluating prevention strategies for impact.

Human Trafficking and Exploitation: Minnesota's statewide multidisciplinary response to human trafficking and exploitation, both labor and sex, oversees protocol development, conducts evaluation, and provides grants for victim-centered supportive services for both sex and labor trafficking survivors. The Safe Harbor program, which focuses on preventing the sexual exploitation of youth through age 24, includes support for Regional Navigators who serve as points of contact to help youth survivors access the resources they need. Partners include community-based grantees; Tribal Nations; the Departments of Public Safety, Human Services, and Labor and Industry; as well as the Minnesota Attorney General's Office and local government.

Occupational Health and Safety: We work to reduce occupational injury and disease by collecting and reporting data on over 20 health indicators and developing new indicators for emerging occupational health and safety issues. We collaborate with state and local partners to inform injury and illness prevention initiatives.

Traumatic Brain Injury/Spinal Cord Injury: The Traumatic Brain and Spinal Cord Injury Program maintains a database of all hospitalized cases of traumatic brain and spinal cord injuries in order to connect people with injuries to helpful information, resources, and services. We also analyze the data in the registry to determine appropriate community-specific interventions and to find additional service needs.

Data Systems and Epidemiologic Analyses: The Injury and Violence Epidemiology Unit manages the Violent Death Reporting System for Minnesota (suicide, homicide, and unknown causes of death), sexual violence and human trafficking data analysis, traumatic brain and spinal injuries registry, and Sudden Unidentified Infant Death/Sudden Death in the Young registry. The unit develops and maintains a range of interactive online data dashboards on injury and violence topics. They also maintain up-to-date data

and conduct epidemiologic studies on topics, such as excessive alcohol use, traffic crash injury/mortality, falls, and more.

Adverse Childhood Experiences (ACEs): IVPS aims to prevent ACEs through programmatic, structural, and policy initiatives led by MDH and community partners. We support partners' focus on preventing ACEs with an ACEs dashboard, allowing exploration of local data on risk and protective factors for ACEs and focus population fact sheets. Whenever possible we use asset-based strategies to promote protective factors.

Motor Vehicle Injury: IVPS co-leads the newly established Traffic Safety Advisory Council and Toward Zero Death (TZD) statewide traffic safety initiative with the Minnesota Departments of Transportation and Public Safety. Minnesota TZD is the state's cornerstone traffic safety program, employing an interdisciplinary approach to reducing traffic crashes, injuries, and deaths on Minnesota roads. TZD aims to create a culture for which traffic fatalities and serious injuries are no longer acceptable through the integrated application of education, engineering, enforcement, and emergency medical and trauma services. These efforts are driven by data, best practices, and research.

Community Impact Spotlight: *Expanding the 988 Minnesota Suicide and Crisis Lifeline*

The 988 Minnesota Suicide and Crisis Lifeline (988 Minnesota Lifeline) provides support and resources for people in emotional distress. Minnesotans who call, text, or chat with 988 are connected with the 988 Minnesota Lifeline. Four centers answer calls to the 988 Minnesota Lifeline: Carver County Health and Human Services, First Call for Help, Greater Twin Cities United Way, and FirstLink. Two centers answer texts and chats to the 988 Minnesota Lifeline: First Call for Help and Mental Health Minnesota. Each center is staffed by 988 Minnesota Lifeline Counselors that are highly trained to provide emotional support and crisis intervention. Additionally, 988 Minnesota Lifeline Counselors connect help-seekers to local resources including emergency medical care, mental health organizations, and social services.

In April 2023, 988 Minnesota Lifeline services expanded to include 24/7 text and chat support. This has increased the accessibility of the line and allows 988 Minnesota Lifeline Counselors to provide support to more people. In 2023, 988 Minnesota Lifeline Centers answered 53,325 contacts (calls, texts, and chats), a 74% increase from 2022. Learn more: [988 Lifeline System Services \(www.health.state.mn.us/communities/suicide/988/systems.html\)](https://www.health.state.mn.us/communities/suicide/988/systems.html).

Interactive Data Resources

Access the interactive data resources below to evaluate trends and geographic patterns over time, and to identify at-risk populations with disparities. Additional data are available by request.

- **Chronic disease dashboards** (www.health.state.mn.us/diseases/chronic/data/index.html) shows data on cardiovascular disease and diabetes.
- The **Minnesota Violent Death Reporting System Dashboard** (www.health.state.mn.us/communities/injury/midas/mnvdrs.html) examines violent deaths among Minnesota residents.
- The **Minnesota Injury Data Access System** (www.health.state.mn.us/communities/injury/midas/index.html) is an interactive database for use by the public. Local level data are provided on an array of injury, violence, and health issues to inform public health research and action.
- The **Minnesota Public Health Data Access Portal** (data.web.health.state.mn.us/web/mndata) provides public access to population health and environmental data on more than 25 topics.

- **Syndromic Surveillance** (www.health.state.mn.us/communities/injury/data/sys.html) is an emerging, timely and valuable data source to identify and respond to drug and other outbreaks, and emerging issues in the State.
- The **Minnesota Poison Control System** (mnpoison.org) collects and shares data on poisonings in Minnesota, through a grant provided by the HPCD Division

In the News

- **Three out of four Minnesotans with prediabetes unaware they have it**
(www.health.state.mn.us/news/pressrel/2024/prediabetes032524.html): 3/26/2024
- **MDH seeks partners for Emmett Till health and recovery project**
(www.health.state.mn.us/news/pressrel/2024/emmettill030724.html): 3/7/2024
- **Minnesota wins competitive CDC funding to expand work on sickle cell disease**
(www.health.state.mn.us/news/pressrel/2023/sicklecell121423.html): 12/14/2023
- **Minnesotans missing out on life-saving cardiac rehabilitation opportunities**
(www.health.state.mn.us/news/pressrel/2023/cardio120623.html): 2/6/2024
- **Overdose deaths held steady in 2022**
(www.health.state.mn.us/news/pressrel/2023/overdose101923.html): 10/19/2023
- **Minnesota communities collaborate to improve health, reduce impacts of heart disease, stroke and diabetes** (www.health.state.mn.us/news/pressrel/2023/plan092823.html): 9/28/2023
- **State agencies team up to offer suicide prevention trainings for Minnesota teachers and staff**
(www.health.state.mn.us/news/pressrel/2023/suicide091823.html): 9/18/2023
- **Taiwan health care delegation visits Minnesota to learn about diabetes care**
(www.health.state.mn.us/news/pressrel/2023/diabetes062023.html): 6/20/2023

By the Numbers

- In 2024 HPCD provided almost **\$62 million** in outgoing grants to support non-profit organizations, local health departments, screening clinics, Tribal communities, and community-based organizations in Minnesota. This funding is critical to build and sustain partnerships that help prevent diseases, injuries, violence, substance use, and disabilities throughout the State.
- Over **51% (\$38.4 million)** of HPCD's funding is from federal sources to which we must apply for competitive renewal on a regular cycle. Without this federal funding, MDH would not have any dollars to sustain work on many common chronic diseases or conditions, including asthma, diabetes, aging and Alzheimer's, and across many injury and violence prevention areas.
- About **49% (\$37 million)** of HPCD's funding is from the State's general fund.
- About two-thirds of HPCD's funding is dedicated to injury and violence prevention activities, including substance misuse prevention, suicide prevention, human trafficking, and violence prevention. The remaining one-third is for chronic disease prevention activities, including cancer, asthma, diabetes, cardiovascular health, oral health, arthritis, and Alzheimer's and related dementias.
- HPCD employs approximately **190 Minnesotans** with expertise in data collection, analysis, and reporting; communication; training and technical assistance; and program planning and implementation.