Health Promotion and 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 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.
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:

- 6 in 10 adults have a chronic condition (BRFSS, 2023).
- 4 out of 10 adults will be diagnosed with cancer.

Promoting wellbeing and preventing chronic disease 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.

HPCD has:

- Screened more than 170,000 low-income women for breast and/or cervical cancer since 1991.
- Registered over 360,000 new cancer cases with the statewide cancer reporting system since 2013.
- Enrolled 31,705 Minnesotans in a diabetes prevention program (proven 58% effective) since 2013.
- Collaborated with 2,744 community partners on 1,924 SHIP projects from 2022 to 2023.

More Information

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

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Emerging Issues

Mental Health and Wellbeing

The connection between mental health and chronic disease 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 to improve mental health. The Office of Statewide Health Improvement Initiatives (OSHII) offers ongoing, continuous improvement training and resources to Local Public Health and worksites across the state using a trust and resilience-based approach since 2022. HPCD continues to work with partners both at MDH and throughout the state to deepening opportunities to include health and wellbeing in chronic disease prevention and management.

Community Engagement

HPCD prioritizes working with community partners to develop tailored, culturally responsive, and community-led solutions. Several programs in HPCD are partnering with community-based organizations and Tribal nations in Minnesota to address heart health and diabetes, increase access and opportunities for healthy eating and active living, and reduce the use of commercial tobacco and exposure to secondhand smoke. HPCD also identified the need for provide better support for programs interested in community engagement at the division level through an extensive, division-wide strategic planning initiative. HPCD leadership created a new unit in the division and are planning to hire a staff member to equip programs with the tools, resources, and skills to do meaningful community engagement early and often.

Connecting Communities with Clinics and Social Services

HPCD connects health care systems, clinics, and community-based organizations to improve community health. By working with both clinical partners, including Federally Qualified Health Centers, and organizations that support underserved communities, HPCD programs can help build connections between to ensure people have access to the resources they need to prevent and manage chronic disease. An HPCD Community-Clinical Linkages Initiative has been established to increase collaboration and connection with clinics and communities, with a shared goal to address social determinants of health while promoting health and preventing chronic disease.

Statewide Planning

Many programs in HPCD create state plans as a framework to address and improve care across the state. Developed with extensive community engagement, these plans encourage ongoing collaboration and ensure MDH and partners are working towards common goals. Currently, HPCD is implementing the Asthma Strategic Framework 2021-2030; Minnesota's Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035; the Minnesota Dementia Strategic Plan in collaboration with the Healthy Brain Partnership; and the 2030 State Oral Health Plan. Development of the Minnesota Cancer Plan, in collaboration with the Minnesota Cancer Alliance, is underway with a goal to publish in 2025. SHIP is beginning a new five-year grant cycle of projects that support community-driven solutions to expand opportunities for active living, healthy eating, and commercial tobacco-free living. Community Health Worker Initiatives will also be partnering with the MN CHW Alliance and community stakeholders to develop a statewide sustainable plan for CHW infrastructure and workforce development.

Center for Health Promotion

The Center for Health Promotion provides expertise in bridging clinical care and community health, leveraging data to drive public health interventions, fostering authentic community partnerships, and leading nationally on chronic disease prevention and management.

Aging and Healthy Communities: The overall goal of our work is to improve quality of life for individuals with Alzheimer's disease and related dementia and their caregivers, and to prevent dementia and dementia-related conditions. HPCD engages and collaborates with diverse partners to integrate, align, and leverage our approaches to address chronic conditions and promote healthy aging. Key initiatives include the Healthy Brain Community Grants and a statewide messaging campaign.

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

Asthma and Respiratory Health: We work with partners across the state to improve health and quality of life for people who have asthma in Minnesota. We seek to educate about asthma symptoms and daily management and how to reduce or avoid triggers; increase delivery of guidelines-based care; promote policies that reduce air pollution and protect health; and help people with asthma and their caregivers connect to community resources that can help improve asthma management and overall health.

Cardiovascular Health: We promote heart health for all Minnesotans. We implement approaches to prevent cardiovascular disease through health system interventions and connecting clinics with community services to help Minnesotans manage high blood pressure and 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.

Stroke Program: We support a comprehensive approach to stroke care through a robust data collection platform, technical assistance, training and learning opportunities, and statewide quality improvement initiatives. We implement a voluntary designation system to ensure care is being provided in line with current evidence-based guidelines. Our support increases hospitals' capacity to not only assess, diagnose and treat stroke effectively, but also keep their patients close to home.

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:

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 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.

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: Increasing long COVID awareness and support in marginalized communities

Long COVID continues to affect many individuals, with an estimated 8.4% of adult Americans experiencing lingering symptoms that can significantly disrupt daily life. In Minnesota alone, an estimated 365,000 adults may have or continue to experience symptoms of long COVID. Studies show that communities disproportionately impacted by the COVID-19 pandemic are also experiencing long COVID at a higher rate. Recognizing this, the Long COVID program established partnerships with 18 organizations dedicated to supporting those most affected, including individuals with disabilities, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), and low income, rural, American Indian, Latine, African American, African immigrant, Asian American, Asian immigrant, and LGBTQ+ communities. These partners are conducting community assessments, identifying areas of action, and implementing training and services to address the unique needs of these impacted populations. The Long COVID Program is building trusted relationships with these community partners to increase public understanding of the impacts of long COVID and related conditions, and ultimately ensure that all Minnesotans affected by long COVID receive the resources and care that they need.

Office of Statewide Health Improvement Initiatives

The Office of Statewide Health Improvement Initiatives (OSHII, pronounced “oh-shee”) works in partnership with local public health and Tribal Nations, community leadership teams, and other partners to create community and state-level policy, systems, and environmental changes that promote and support individual choices that lead to increased healthy eating and active living, reduced commercial tobacco use, and community wellbeing. This includes:

- Providing community partners and Tribal and local public health professionals with iterative and tailored technical assistance, resources, and evaluation to build capacity in PSE change efforts. Staff provide peer-to-peer and content-specific calls, webinars, and communities of practice.
- Increasing Minnesotans’ access to programs and services that promote health and wellbeing in schools, workplaces, early childhood settings, health care systems, and community settings
- Serving as MDH and statewide stewards for innovative programs including the Statewide Health Improvement Partnership (SHIP), Farm to School, phone-based Quitline tobacco cessation program, and Safe Routes to School.
- Partnering with local public health and community stakeholders to address commercial tobacco's harm by reducing youth access to commercial tobacco, reducing secondhand smoke exposure, addressing commercial tobacco-related disparities, and increasing access to cessation resources.

Statewide Health Improvement Partnership: SHIP is a state funded program which contracts with Local Public Health and 10 Tribal Nations to promote policy, systems and environmental change strategies that increase access to healthy foods, opportunities to be physically active, and prevent the use of commercial tobacco to increase community wellbeing. This program is funded at $17.5 million annually, is widely supported by local governments, and is the primary source of funding for local public health departments to do this work.

Tribal SHIP: OSHII Tribal Grants Program is in its 10th year of the current iteration of the program. This program is managed by the American Indian Community Initiatives Unit. The Tribal Grants Program houses the Tribal Statewide Health Improvement Partnership and the Commercial Tobacco Use, Prevention, and Cessation grants. These programs are focused on chronic disease prevention through healthy eating and active living, as well as commercial tobacco prevention and cessation.

Cannabis and Substance Use Prevention: OSHII is responsible for the administration and program development related to the Cannabis and Substance Use Prevention (CSUP) non-competitive grants for all Minnesota Community Health Boards. The purpose of the grants is to create prevention, education, and recovery programs focusing on substance misuse prevention and treatment options, including cannabis-related initiatives. The program is new and evolving with the input of local public health and other MDH and state partners.

Community Impact Spotlight: Food access creates community in Dakota County

With SHIP support, people throughout Dakota County have increased access to healthy food, improved community, mental health and wellbeing, and increased opportunities to be physically active. Built into the outcomes of all nine community-led projects was health equity and reach to specific communities or populations facing greater barriers to achieving their full health potential. SHIP Dakota County expanded community partnerships to new food shelves, non-profits, culturally focused organizations, sustainable agriculture, and faith communities.

"*Gardening and getting out here, spending time using your hands, doing something organic, giving something back. You’re able to let some worries go and be in the soil and see the fruits of your labor.*"
- Army Veteran

Sage Programs and Comprehensive Cancer Control

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 Program works through the Minnesota Cancer Alliance, the statewide cancer coalition, to develop and implement the state's cancer plan. The Minnesota Cancer Alliance then works with other organizations and individuals to plan and implement a coordinated approach, including prevention, detection, treatment, survivorship, and health equity.

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 2023, Sage screened approximately 7,000 participants for breast and cervical cancer and detected 77 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.

Sage*Plus*: Sage*Plus* helps women understand and reduce their risk for heart disease and stroke. Sage*Plus* 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, Sage*Plus* has provided nearly 3,000 free screening services. Minnesota African American and American Indian women experience the worst disparities in heart disease, and Sage*Plus* 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: Partnering in Southwest Minnesota to increase screening rates

Southwest Minnesota has a significantly higher breast cancer mortality rate than any other region in the state. The Sage Program implemented a breast cancer screening campaign in Southwest Minnesota that ran in fall of 2024. Several partners, including American Cancer Society staff and volunteers, local public health departments, Sage clinics, and health insurance providers, encouraged community members to get their mammogram. The campaign also included paid advertising with two local media outlets, paid social media ads in seven languages, breast cancer survivor stories, an MDH press release, and more. Data is still being collected to assess if breast cancer screening numbers increased due to the campaign, but positive outcomes include new and strengthened partnerships, increased mobile mammography events in the region, and extensive digital reach.

Community Health Worker Initiatives

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. Key strategies include training and workforce development, infrastructure and sustainability planning, and evaluation and measurement. HPCD collaborates with the Minnesota Community Health Worker Alliance, educational institutions, and other partners to implement the CHW 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 and has developed free online e-learning modules on health promotion and chronic disease topics for CHWs.

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** show data on cardiovascular disease and diabetes.
- **Cancer Data Dashboards** from the Minnesota Cancer Reporting System show information on cancer risk factors, health determinants, and patterns and trends of cancer diagnoses in Minnesota.
- **The Minnesota Oral Health Statistics System** is a nationally recognized model that provides state and county oral health data.
- The **Minnesota Public Health Data Access Portal** provides public access to population health and environmental data on more than 25 topics.

In the News

- MDH highlights family caregivers for Alzheimer's month this November
- Southwest Minnesota partners collaborate to increase breast cancer screenings
- Health leaders join together to address chronic kidney disease at Minnesota summit
- Three out of four Minnesotans with prediabetes unaware they have it

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 and disabilities throughout the State.
- HPCD employs approximately **150 Minnesotans** with expertise in data collection, analysis, and reporting; communication; training and technical assistance; and program planning and implementation.