



## Mapping Systems

### Minnesota

In recent years, there has been an evolving understanding of the factors that create health, including an acknowledgement that [incarceration is a social determinant of health](#). However, many people believe that incarceration's impact on health occurs almost entirely at the individual level and that it is addressed by providing incarcerated individuals with healthcare in prisons and jails.

The Minnesota Department of Health (MDH) knew the story was much bigger and more complicated. While the state prison population is nearly 10,000, MDH realized the health impact extends far beyond that to their families and communities. So the department teamed up with ReThink Health to explore the relationship between health and incarceration by using a “systems thinking” approach that analyzed the structures and forces at work within the health and criminal justice systems.

More than 30 individuals attended two workshops in the Winter of 2016. They represented diverse perspectives on the criminal justice system, including public safety, economic development, education, health, human services, and the community. Members of ReThink Health's strategy team created a model—in real time—that illustrated the multiple intersections between incarceration and health by answering such questions as: What are the issues, opportunities, and obstacles that impact incarcerated individuals and their families as they attempt to lead truly healthy lives? The goal was for participants to work together to develop a shared, high-level understanding of the systemic impacts of incarceration on health. Through group discussion and diagramming exercises, they created “maps” that showed how incarceration affects health by identifying a number of key influences. When set in motion, these influences can create domino effects that increasingly ensnare individuals, families, and communities, and lead to poor individual and community health.

Together, the workshops resulted in a system map that explored the complexity of how health is created. But perhaps even more importantly, the workshops brought together a broad set of stakeholders and asked them to step outside their own frames of reference. They gained a deeper understanding of the connections between policy, resource allocation, and health. The process of developing the map gave rise to a deep and rich discussion about the elements missing from the current framing of

incarceration and health. Participants wondered: If the map represents the system as designed, isn't it a construct of prevailing social values, like the choice of incarceration over treatment for illness or substance abuse?

Throughout the course of this work, it became clear to participants that incarceration has a profound and far-reaching impact on the health of those incarcerated and their families and communities, and is a critical driver of health inequities. The resulting system map and accompanying report helped MDH interpret data and discuss critical implications with the Minnesota Legislature. Any future work expanding the conversation and the boundaries of the map can serve to further explore what it would take to redirect that system to improve health.

Interested in learning more? Read ReThink Health's full [report](#) on this important work.

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