



HEALTH EQUITY ADVISORY AND LEADERSHIP (HEAL) COUNCIL

2025 LEGISLATIVE REPORT

01/15/2026

Health Equity Advisory and Leadership (HEAL) Council

Minnesota Department of Health
Health Equity Strategy and Innovation Division
PO Box 64975
St. Paul, MN 55164-0975
651-201-5813
health.equity@state.mn.us
www.health.state.mn.us/communities/equity

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Executive Summary

The HEAL Council was created as part of a broader effort by Minnesota Department of Health (MDH) to address Minnesota's inequities in health status. In 2023, the HEAL Council was codified in state statute under Minnesota Statute 145.987; please refer to Appendix A for the full statute. The duties of the council are to:

- Advise the commissioner on health equity issues and health equity priorities and concerns of the following populations:
 - African American and African heritage communities
 - Asian American and Pacific Islander communities
 - Latina/o/x communities
 - American Indian communities and Tribal governments and nations
 - Disability communities
 - Lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities
 - People who reside outside the seven-county metropolitan area
- Assist MDH in efforts to advance health equity, including consulting on specific agency policies and programs, providing ideas and input about potential budget and policy proposals, and recommending review of agency policies, standards, or procedures that may create or perpetuate health inequities.
- Assist MDH in developing and monitoring meaningful performance measures related to advancing health equity.

Over the past year, the HEAL Council navigated unexpected challenges while maintaining momentum in advancing health equity. Three vacant seats were filled mid-term, providing a full council of 18 members. This council, self-described as actionable, has been pragmatic the past calendar year, setting the stage for even greater progress in the years ahead. The council increased its visibility and impact within MDH by engaging staff, leadership, and program areas on major initiatives, elevating community perspectives, and reinforcing its advisory role. Collaborating with other state advisory councils further aligned health equity efforts within the agency, highlighted by a successful inaugural joint council event.

Finally, the HEAL Council's engagement with MDH leadership and a focus on policy and systems change, including legislative engagement and penning a formal letter to the Minnesota Commissioner of Health, demonstrated the council's commitment to long-term structural changes that advance health equity across the state.

Key Accomplishments

The following are key accomplishments of the HEAL Council over the past year:

- 2025 letter to the commissioner
- Inaugural Health Equity Bureau Joint Council Event
- Advancing Health Equity 10-Year Anniversary Report guidance
- MDH-wide partnerships including with the Equitable Healthcare Taskforce, Environmental Health, Office of Legislative Relations, and the Toxic Free Kids Program

- Improved council infrastructure through creation of subcommittees

Navigating Headwinds

Over the past year, the HEAL Council has made significant progress despite persistent and unexpected challenges that affected capacity, momentum, and partnerships.

In spring 2025, more than \$200 million in federal funding was unexpectedly rescinded from MDH, halting several programs and initiatives addressing the persistent health impacts of COVID-19 and serving communities most impacted by health disparities. The funding loss strained relationships with community-based organizations, reintroduced barriers to access, information, and care, and diverted time from other council priorities. The cuts also resulted in workforce layoffs at MDH, including key staff who supported the HEAL Council, slowing progress toward council goals and limiting the scope of work that could be advanced.

Overall, a national shift away from equity priorities, which has been marked by reduced funding and heightened scrutiny, created additional barriers to health equity partnerships and made it more difficult to sustain health equity as a visible and supported priority.

Background

The HEAL Council was created in 2023 to support the MDH mission to eliminate disparities in health status across the state, particularly those persistent disparities across various ethnic, racial, regional, and disability communities. The council meets monthly to guide the agency in its efforts to advance health equity for all Minnesotans. This includes advising MDH on health equity priorities, consulting on specific policies and programs, providing budget and policy recommendations, and reviewing agency policies, procedures, and standards.

As prescribed by Minnesota statute, the HEAL Council is comprised of 18 members appointed by the commissioner. Members may identify with, but are not limited to, the following communities:

- African American and African heritage communities
- Asian American and Pacific Islander communities
- Latina/o/x communities
- American Indian communities and Tribal governments and nations
- Disability communities
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities
- People who reside outside the seven-county metropolitan area

Councilmembers are selected through a formal application process open to all individuals with relevant skills and experience that reflect a strong commitment to advancing health equity. Applicants are evaluated by a selection committee comprised of MDH staff and final appointments are made by the commissioner.

HEAL Council members serve two-year terms and may serve up to two additional terms. The council is comprised of professionals from a range of diverse communities. Individual members are listed on the MDH website.

Minnesota statute states that the HEAL Council will exist until health inequities in the state are eliminated. Health inequities will be considered eliminated when race, ethnicity, income, gender, gender identity, geographic location, or other identity or social marker will no longer be predictors of health outcomes in the state.

HEAL Council Goals and Accomplishments

Each year, the HEAL Council identifies strategic goals and objectives to accomplish within the year. Goals for 2025 included:

- **Improve HEAL Council infrastructure** – Solidify the HEAL Council’s strategic processes, structure, and direction, including the establishment of Policy & Legislative and Strategic Planning subcommittees.
- **Increase awareness of the HEAL Council within MDH** – Promote HEAL Council’s presence as a guiding body within the agency that advances health equity and community perspectives.
- **Collaborate with other state advisory councils** – Identify synergies in advancing health equity by partnering with other councils.
- **Partner with MDH leadership to shape long-term strategy** – Seek engagement and partnership opportunities with agency leadership to collectively advance goals and strategy.
- **Continue incorporating equity into MDH policies, systems, and initiatives** – Provide MDH insight and community perspectives on how to innovatively incorporate equity and systems change into initiatives.

Improving HEAL Council infrastructure

The first goal identified for 2025 was to improve the HEAL Council infrastructure by solidifying the HEAL Council’s strategic processes, structure, and direction. Objectives for this goal included reviewing the HEAL Council Charter and individual councilmember roles and responsibilities and identifying an annual agenda in the first quarter. The council used several strategies to make progress toward these objectives, including forming a strategic planning subcommittee and engaging with councilmembers and MDH staff to create and document a structured member onboarding process.

To fulfill the 18-member requirement, three new council members were appointed and onboarded at the beginning of 2025. The new members attended a presentation from MDH staff outlining member roles, council duties, annual reporting and expiration information, co-chair voting processes, and MDH staff roles.

At the beginning of 2025, the HEAL Council began the process of updating the council charter. The purpose of the charter is to outline the vision, mission, purpose, values, roles and duties, membership, co-chair roles and responsibilities, decision making process, meeting schedule, meeting reimbursement policy, conflict of interest statement, and the data practices and open meeting law. The council identified that the current HEAL Council Charter needed adjustments and updates to appropriately reflect the current council. Beginning steps were

taken to formally update the HEAL Council Charter in 2025. The 2026-2028 HEAL Council aims to complete this project.

Increasing awareness of the HEAL Council within MDH

The HEAL Council identified a need to raise awareness of the council and its role in advising and supporting programs across MDH, including opportunities for collaboration and mechanisms to provide constructive feedback and guidance. To support this goal, the council made headway on developing a formal communication strategy. This objective is still underway, with the expectation that the next council will complete and implement the communication strategy in 2026.

Another part of this goal included increasing engagement with MDH staff and leaders at council meetings. This objective was well accomplished with a variety of MDH staff and leaders presenting on upcoming or existing projects and requesting their feedback and guidance. This included supporting the development of the Advancing Health Equity at MDH: 2014-2024 report. The council provided guidance on various sections of the report including the conclusion, which outlines next steps for MDH in continuing to advance health equity in the years to come.

The council also consulted on the work of the Equitable Healthcare Taskforce by providing feedback at multiple stages of development, including input on the framing, content, and guidance of the Equitable Healthcare Recommendations. The council engaged with the MDH Environmental Health Division on issues related to climate change and health equity, including discussions on the 2025 Climate Action Framework that examined how climate change impacts diverse communities and how actions can be strengthened to maximize benefits and minimize harms. In addition, the council informed implementation of the MDH Strategic Plan by engaging with MDH leadership to better understand policy and legislative processes, discuss strategies to advance health equity at the agency level, and prioritize the HEAL Council's input on critical health equity decisions.

To further support and institutionalize this type of engagement, MDH staff and councilmembers developed a comprehensive engagement form to improve the process for MDH programs to request engagement with or support from the council. The new form is expected to be launched in 2026.

Collaborating with other state advisory councils

The HEAL Council's strategic planning subcommittee made strides in facilitating collaboration with other health equity-focused councils at MDH to align strategic goals and initiatives to promote systemic change. Within the MDH Health Equity Bureau, additional community councils have formed in recent years to advise the agency on health equity-related programs and initiatives. These include the Community Solutions Advisory Council and the African American Health State Advisory Council.

- The Community Solutions Advisory Council advises MDH on the Community Solutions for Healthy Child Development Grant program, providing support on developing the request for proposals, reviewing grant applications, advising on grant program oversight, and supporting additional health equity and early childhood grant efforts as appropriate.

- The African American Health State Advisory Council identifies health disparities found in African American communities and their contributing factors, recommends policies and strategies to the commissioner to address disparities affecting African American health, and additional work as appropriate.

To support connection and alignment between the agency's health equity-focused councils, the HEAL Council helped facilitate a joint council event in August 2025. This first-of-its-kind event brought together all three councils to foster collaboration, identify shared priorities for advancing health equity across Minnesota, and create space for MDH staff to engage with councilmembers. The inaugural joint council event was a success for councilmembers, community partners, and MDH staff. With approximately 100 participants, the event provided space for a councilmember panel where personal experience and wisdom was shared, as well as networking activities to foster stronger connections between MDH staff and leaders and councilmembers. Attendees have called for continued future joint council events along with additional ways to facilitate communication and collaboration between the councils.

Partnering with MDH leadership on shaping long-term strategy

The HEAL Council celebrated success in partnering with MDH leadership on shaping long-term strategy over the past year. Various leaders, including the commissioner, the Health Equity Bureau assistant commissioner, and the Health Equity Strategy and Innovation Division director and assistant director, joined meetings with the council throughout the year. These interactions created space for ongoing dialogue between MDH leaders and councilmembers as the agency works toward the shared goal that all communities are thriving and have what they need to be healthy.

As part of this partnership with agency leaders, the HEAL Council prepared and sent a letter to the commissioner – the first since the council's letter in 2020. The 2025 letter identifies urgent health equity issues facing Minnesota, highlights populations to prioritize, explains the role of systems and systems thinking to address persistent health inequities, and provides for specific recommendations for MDH moving forward. The main takeaway from this letter is that the council actively calls on MDH and the State of Minnesota to lead with love and inclusive leadership during a time of national division, exclusion, and violence. Refer to Appendix B for the full letter to the commissioner.

Incorporating equity into MDH policies, procedures, and systems

The HEAL Council expressed interest in learning more about legislative priorities put forth by MDH and how the council could elevate health equity in new and existing proposals brought forth by the agency. The MDH Office of Legislative Relations and the commissioner both attended HEAL Council meetings throughout the year and provided critical insight into the legislative process, including how councilmembers and community members can advocate for proposals affecting health equity and how MDH can best incorporate the council's advice into its policy initiatives. To support this work, the council established a policy and legislative subcommittee to monitor proposed legislation which may impact health equity in Minnesota.

This subcommittee expressed interest in co-creating legislative proposals with the MDH Health Equity Bureau – a goal that will be continued in 2026. Next year, the council also plans to explore how it can support the agency’s process of reviewing its internal policies, procedures, and systems.

Goals for Upcoming Year

This report marks the transition into the next HEAL Council term. In the year ahead, initial goals for the incoming council include:

- **Continuing to strengthen HEAL Council infrastructure** – this goal includes developing and operating under clear charter provisions that define roles, onboarding processes, responsibilities, and expectations, thereby improving governance and accountability.
- **Completing and implementing a formal communication strategy for the council** – this goal aims to deepen the council’s visibility with MDH partners to ensure council integration across agency programs and initiatives.
- **Continuing collaboration with other state advisory councils** – this goal builds off progress made this year to deep cross-council engagement and partnership around key MDH priorities and initiatives that advance health equity.
- **Increasing involvement in policies, procedures, and systems** – the council will continue to explore ways to leverage the council’s expertise to support the agency’s internal processes for improving policies, procedures, and systems, as well as contributing to legislative priorities that advance health equity across the state.

Once new members are appointed and onboarded in early 2026, the council will review, refine, and build off of this initial set of priorities as it works to advance its core goals.

Conclusion

In its second year since codification in state statute, the HEAL council continued to support MDH in addressing systemic inequities and fostering lasting structural changes to advance health equity across Minnesota. Despite persistent and unexpected challenges, the council made meaningful strides in increasing its visibility and influence within MDH by deepening engagement with staff, leadership, and program areas. Through consultation on major initiatives such as the Equitable Healthcare Taskforce, climate action planning, and the MDH Strategic Plan, the HEAL Council elevated community perspectives and reinforced its role as a trusted advisory body. Collaborative efforts with other MDH advisory councils strengthened alignment across health equity initiatives, culminating in a successful inaugural joint council event that underscored the power of collective action and shared priorities.

Finally, the HEAL Council’s continued partnership with MDH leadership and focus on policy and systems change highlighted its commitment to long-term, structural impact. By engaging in legislative discussions, establishing a policy and legislative subcommittee, and issuing a values-driven letter to the commissioner, the council affirmed

its role in shaping equitable policy and inclusive leadership. With this strong foundation, the next iteration of the council in 2026 is primed for success in continuing to deepen collaboration, promote equitable systemic change, and advance progress toward health equity across the state.

Appendix A. HEAL Council Statute 2025

[145.987] HEALTH EQUITY ADVISORY AND LEADERSHIP (HEAL) COUNCIL

Subdivision 1. Establishment; composition of advisory council. The health equity advisory and leadership (HEAL) council consists of 18 members appointment by the commissioner of health, including but not limited to members who will provide representation from the following groups:

- (1) African American and African heritage communities;
- (2) Asian American and Pacific Islander communities;
- (3) Latina/o/x communities;
- (4) American Indian communities and Tribal governments and nations;
- (5) Disability communities;
- (6) Lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities; and
- (7) Representatives who reside outside the seven-county metropolitan area.

Subd. 2. Organization and meetings. (a) Terms, compensation, and removal of members of the advisory council shall be as provided in section 15.059, subdivision 2 to 4, expect that terms for advisory council members shall be for two years. Members may be reappointed to serve up to two additional terms. Notwithstanding section 15.059, subdivision 6, the advisory council shall not expire.

(b) The commissioner must convene meetings at least quarterly and must provide meeting space and administrative support to the advisory council. Subcommittees may be convened as necessary. Advisory council meetings are subject to the Open Meeting Law under chapter 13D.

Subd. 3. Duties. The advisory council shall:

- (1) advise the commissioner on health equity issues and the health equity priorities and concerns of the populations specified in subdivision 1;
- (2) assist the agency in efforts to advance health equity, including consulting in specific agency policies and programs, providing ideas and input about potential budget and policy proposals, and recommending review of agency policies, standards, or procedures that may create or perpetuate health inequities; and
- (3) assist the agency in developing and monitoring meaningful performance measures related to advancing health equity.

Subd. 4. Expiration. The advisory council shall remain in existence until health inequities in the state are eliminated. Health inequities will be considered eliminated when race, ethnicity, income, gender, gender identity, geographic location, or other identity or social marker will no longer be predictors of health outcomes in the state. Section 145.928 describes nine health disparities that must be considered when determining whether health inequities have been eliminated in the state.

Subd. 5. Annual Report. By January 15 each year, the commissioner or a designee, in collaboration with the advisory council, must submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health policy and finance summarizing the work of the advisory council over the previous year and setting goals for the upcoming year.

Appendix B. 2025 HEAL Council Letter to the Commissioner

DATE: December 2025

TO: Commissioner Brooke Cunningham, MD

FROM: MDH Health Equity Advisory and Leadership (HEAL) Council

SUBJECT: A Guide to Leading with Love Amidst a Budget Deficit

Commissioner Cunningham and MDH Leadership,

The Minnesota Health Equity Advisory and Leadership (HEAL) Council is a guiding body that works collaboratively with MDH to create sustainable action for systems and policy changes that advance health equity for all communities. Established in 2018 and codified into state law in 2023, the Council's purpose is to eliminate health disparities, name and address institutionalized structural racism and other social, economic, and environmental injustices that create health inequities. It is in this spirit of partnership that we, the members of HEAL Council, write to you now.

Three months short of the COVID-19 lockdown in 2019, the HEAL Council wrote a memo to the then-serving Commissioner, Jan Malcolm, titled *"The Future of Health Equity Work at MDH."* Then, in 2020, they wrote another letter, *"HEAL Council Letter to the Commissioner of Health on COVID-19."* The latter had twelve targeted recommendations for MDH Leadership and twenty targeted recommendations for the then Health Commissioner, Jan Malcolm. These letters explicitly urged MDH to strengthen data practices, funding, partnerships, systems change, and strategic planning. The 2020 letter also pressed the state to declare racism a public health crisis, which Minnesota passed into resolution in July of that year. Progress has been made, yet inequities remain. The pandemic response has shifted, and MDH has done much to implement and respond to the requests made in 2019 and 2020; boldly addressing systemic and institutional racism remains a high priority. As this Council establishes its priorities and expands its robust networks of health equity leaders across the state, we turn to the wisdom of our predecessors and build on these earlier calls to action. This letter serves as a call to reinvigorated action and a testament to the current moment. The HEAL Council seeks to use its position as community representatives to uplift the intersectional manifestations of racism and call on our state leaders to proactively address them before more individuals and communities are harmed.

In the following letter, the HEAL Council discusses an urgent health equity issue facing Minnesota, highlights the people who must be prioritized in the solution, explains the role of systems and systems thinking in addressing the issue, and provides specific recommendations for moving forward. **The HEAL Council actively calls on the State of Minnesota to lead with love and inclusive leadership during the time of national division, exclusion, and violence.**

The Problem

Years after the 2019 and 2020 HEAL letters, Minnesota faces another critical health equity concern: a budget deficit that, without an equity alignment, could harm the most vulnerable Minnesotans. Inclusive leadership in

crisis requires a clear articulation of the problem to be addressed. It is well known that investments and divestments have the power to include and exclude social issues. In the present structures of society, capital is a powerful agent, and budgets are one way to live out organizational values. We also know responding in crisis can manifest exclusion and harm.

The problem may be a budget shortfall, but the impact stems from how that scarcity is managed. As the HEAL Council, we urge MDH to proactively address upcoming budget shifts from an equity-focused perspective. If approached from a mindset of scarcity, Minnesota will no longer lead the nation in health outcomes but will harm the most vulnerable Minnesotans, perpetuate patterns of racism, and undo years of equity work. The HEAL Council calls Minnesota to recommit to this ongoing work and lead boldly, inclusively, and with love. This undertaking will not be easy, but it is imperative for the future of an equitable Minnesota.

The People

As we call for Minnesota to lead with love in the face of a budget deficit, we must recognize that lasting solutions can only emerge when the individuals and communities most impacted by health inequities are centered in decision-making and solutions. Community is not a side voice – it is the foundation of progress.

The HEAL Council exists to ensure that these communities remain at the heart of advancing and implementing equitable health solutions across our state. Our purpose is to eliminate health disparities by confronting institutional and structural racism and by addressing the social, economic, and environmental injustices that perpetuate inequity. As the appointed body representing communities historically marginalized by health systems, the HEAL Council holds the Minnesota Department of Health accountable to that purpose and a more just and equitable future.

We do this work collectively and draw strength from our lived experiences, professional expertise, and the communities we represent. Together, we embody a coalition of community and professional stakeholders whose influence and insight are essential to shaping Minnesota's health landscape. We affirm that those most impacted by healthcare harms – communities at the intersections of Blackness, Indigeneity, Queerness, Transness, and Disability – must not only be present but lead the path forward. Their voices are vital in ensuring that the solutions we build truly reflect Minnesota and the people the state government is meant to serve.

The Systems

Improving health outcomes for all Minnesotans requires looking beyond individual programs and focusing on the systems that shape health every day. From its inception, the HEAL Council has affirmed that lasting progress comes from addressing root causes within the structures, decision-making processes, and practices that determine how power, resources, and opportunity are distributed across our state.

As Minnesota enters a challenging budget environment, this systems lens becomes even more essential. Budget pressure can either shrink a vision for health equity or strengthen the foundational approach, inclusive resolve, and solidarity. We urge Minnesota to choose the latter, to lead with intention, innovation, and an unwavering commitment to equity.

Systems change requires intentional collaboration across sectors – collaboration between state agencies, local public health, community organizations, healthcare systems, education partners, philanthropy, and elected leaders. Systems change also demands that communities most impacted by inequities help shape decisions. Community voice is not advisory; it is shared leadership. Systems change in setbacks requires additional creativity and an embracing of nimble creativity to achieve a shared goal.

We must prioritize the core drivers of how systems operate to advance meaningful change. This includes the policies, practices, funding decisions, relationships, power-sharing, and beliefs that guide our choices.

As Minnesota moves through this period of financial uncertainty, a systems-oriented strategy must include:

- Aligning policies and practices with strategic state-wide and agency equity goals, especially in budget and program planning.
- Strengthening partnerships and communication between MDH, community partners, and stakeholders across the state.
- Encouraging new ideas and reframing challenges as opportunities for innovation, rather than retreating to scarcity-driven approaches.

We know that systems change is long-term work, but this moment offers an opportunity to recommit to building a healthier, more equitable Minnesota. Together, through collaboration, thoughtful planning, and shared responsibility, we can design emergent systems that support every community and ensure our state continues to lead with care, innovation, and connectedness in the current moment and beyond.

MDH Recommendations

Given the health equity problem of an impending statewide budget constraint, the need to center the most impacted, and the role of systems change in moving equity forward, we, the HEAL Council, recommend the following actions to lead with love and inclusive leadership in this present moment.

1. Bailey et al. define structural racism as the “totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.” In 2020, the Minnesota House approved a resolution declaring racism a public health crisis. Half a decade later, racism is *still* a public health crisis, and we implore that MDH move with this understanding. Given this,

The HEAL Council recommends MDH recommit to understanding and transforming the public health crisis that is racism before the end of 2025. This recommitment would act as an accountability measure during the budget deficit. This recommitment would include a public statement on how to challenge the ways structural racism and monetary restrictions limit life-changes, opening pathways to navigate this critical moment.

2. Urgency is a tool of white supremacy, and decision-making in crisis is rarely equitable in nature. Additionally, the sense of urgency will only further drain the workforce supporting the State’s ongoing operations. Given this,

The HEAL Council recommends a proactive approach to anticipated public health funding cuts by convening an emergency budget equity advisory group before March 2026. This equity-centered budgetary advisory group would be state-wide representatives made up of the communities dynamically situated at the intersections of Blackness, Indigeneity, Queerness, Transness, Disability, and rurality; specifically, those who would be most impacted by the loss of vital healthcare and public health resources. Representatives would have a demonstrated understanding of the relationship between racial capitalism and health inequities, enabling them to assess and advise from a critical structural perspective.

3. Scarcity and survival limit imagination, fostering a crisis of dreaming. Limiting the imagination during a time of constraint hinders innovation when a simple reframing could enable scarcity to give birth to bold innovation instead. Given this,

The HEAL Council recommends MDH prioritize a health innovation approach to counter the fallacy that funding cuts solely mean paring down the existing systems, and instead can mean opportunities for reimagining care across the state. Starting in 2026, MDH would rely on existing advisory councils to incorporate innovative dialogue into ongoing meetings as a measure to prioritize a framing of crisis as opportunity, not solely a wound to be cauterized.

HEAL Council Recommendations

The council is also in a moment of transition. Given the health equity problem of an impending statewide budget constraint, the need to center the most impacted, and the role of systems change in moving equity forward, the members of the current HEAL Council offer recommendations for how to steward this Council into the next chapter.

1. It takes time to understand the Council's roles and responsibilities within a large institution like MDH. Additionally, it takes time to build relationships with other councilmembers. We recommend the incoming Council prioritize onboarding and relationship building in the **first three months** of Council service.
2. The current Council underutilized subcommittees and lacked a robust subcommittee structure until later in the term. We recommend that subcommittees be identified within the **first four months** of the service term.
3. A strong relationship with the Health Commissioner and MDH Leadership only deepens the work of health equity. We recommend continuing to build and strengthen those relationships by convening at a **minimum twice a year** with the Health Commissioner and MDH Leadership.
4. MDH has over 40 Advisory Councils, many of which support interrelated health equity work to make Minnesota a more equitable and just state. We recommend that the HEAL Council not operate in isolation but instead build and strengthen relationships across Councils through regular cross-collaboration and an **annual Joint Council Event**.

We close with acknowledgement, commitment, and gratitude. To the communities we are appointed to represent, we write this letter for us and our collective futures. We are honored to serve on the Health Equity

and Advisory Leadership Council and be but one mechanism to hold institutions accountable as we move forward toward a more just and healthful tomorrow.

Commissioner Cunningham, we recognize that your work is often fraught with competing priorities and underappreciation. Additionally, MDH Leadership, we know you have experienced numerous transitions, difficult decisions, and crises since 2020, if not before. Thank you for your work and continued commitment to health equity.

We look forward to a continued partnership and to furthering collaboration in the pursuit of a more equitable and healthful future, one led with love, no matter the challenges.

In partnership,

The Health Equity Advisory Leadership (HEAL) Council

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