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# HEALTH EQUITY ADVISORY AND LEADERSHIP (HEAL) COUNCIL

2024 LEGISLATIVE REPORT

01/15/2024

## **Health Equity Advisory and Leadership (HEAL) Council**

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## Executive Summary

The HEAL Council was established to support the Minnesota Department of Health's (MDH) ongoing efforts to advance health and racial equity by incorporating community voices and perspectives into strategic and policy initiatives. Formally codified in 2023 under Minnesota Statute §145.987, the council's mission is centered on advising, monitoring, and supporting MDH's equity efforts.

The inaugural year of the current council, appointed in 2023, coincided with significant internal growth at MDH. This growth required extensive learning and foundational work to prepare the council for long-term success. Despite these challenges, the HEAL Council accomplished several notable milestones during its first year. Members focused on establishing internal governance, refining the council's role, and building its capacity to effectively support MDH's racial and health equity goals. They also provided critical community feedback on key initiatives, identified gaps and barriers in their operations, and strengthened the groundwork for future progress.

## Key Accomplishments

The following achievements highlight the HEAL Council's contributions over the past year:

- **Establishing infrastructure:** The council laid a strong foundation by selecting co-chairs, finalizing its charter, and fostering collaborative relationships among members.
- **Providing strategic feedback:** Members contributed valuable input to several MDH initiatives, including the 2024–2027 MDH Strategic Plan.
- **Building visibility and integration:** The council continued to increase awareness of its role within MDH, integrated its function into the agency's equity performance measures, and partnered with MDH leadership to shape a long-term vision and strategy for equity.

## Addressing Persistent Challenges

The HEAL Council has made commendable progress in its inaugural year, laying a strong foundation for its work and contributing valuable insights to MDH's equity initiatives. By establishing its own governance structures, providing strategic feedback, and integrating its role within the agency's equity framework, the council has demonstrated its commitment to advancing health and racial equity. However, significant work remains to address the persistent and grave health disparities that continue to affect communities across Minnesota. These disparities underscore the urgency of the council's mission and the need for sustained collaboration between MDH leadership, staff, and the council. By building on the progress made and mobilizing resources to refine strategies and strengthen partnerships, the HEAL Council is well-positioned to drive meaningful and lasting change in the years to come.

## Background

The HEAL Council was established in 2018 by the Commissioner of Health to support the Minnesota Department of Health's (MDH) mission to eliminate health disparities and advance racial justice. Comprising 18 members, the council reflects the diversity of Minnesota's historically underserved communities, including representatives from racial and ethnic minority groups, rural populations, individuals with disabilities, American Indian communities, LGBTQ+ individuals, refugees, and immigrants.

In 2023, the council's role was officially recognized and strengthened under Minnesota Statute §145.987, which formally codified its parameters and responsibilities as an advisory body to MDH. This statutory recognition (refer to Appendix A) solidifies the council's critical function in ensuring that community voices remain central to MDH's efforts to promote equity and justice in health outcomes.

As established in the statute, the HEAL Council is tasked with:

1. advise the commissioner on health equity issues and the health equity priorities and concerns of the populations.
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.

The central purpose of the HEAL Council is serving as a direct avenue for community members to shape health equity efforts at MDH. The HEAL Council is also an important accountability measure, ensuring that the agency is taking actionable steps towards advancing health equity. According to §145.987, "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."

Council members are selected through a formal application process, demonstrating their commitment to advancing health equity and racial justice. Applicants are evaluated by a selection committee comprised of MDH staff, which ensures a fair and inclusive process. Final appointments are made by the Commissioner of Health, emphasizing the importance of the council's work within the broader framework of MDH's mission. Each council member serves a term of up to two years, with the possibility of reappointment for up to two additional terms, as outlined in the statute. This structure ensures both continuity and the opportunity to bring new perspectives to the council, fostering sustained progress and fresh ideas in addressing health disparities and advancing equity. Council members are selected in alignment with Subdivision 1 of the statute, which specifies the composition and representation of the council. Members are drawn from diverse groups, including African American and African heritage communities, Asian American and Pacific Islander communities, Hispanic/Latino/Latina communities, American Indian communities and Tribal governments and nations, disability communities, LGBTQ (lesbian, gay, bisexual, transgender, and queer) communities, and individuals residing outside the seven-county metropolitan area. This inclusive representation ensures that the council reflects the voices and experiences of historically underserved communities across Minnesota.

The current council members are:

- Rox Anderson
- Matthew Arries
- Dr. Tracine Asberry
- Atum Azzahir (co-chair)
- Jerome Evans
- Jose Rodolfo Gutierrez-Montes (co-chair)
- Monica Ibarra
- Ivette Izea-Martinez
- Luqman Lawal
- Katherine Manlapas
- Becky Timm
- Dr. Grace Totoe
- Deqa Sayid
- Hadijah Steen Mills
- Dr. Antony Stately
- Diane Tran
- Nina Vongpheth
- Kathy Zeman

Appendix B provides more information on the current HEAL Council members.

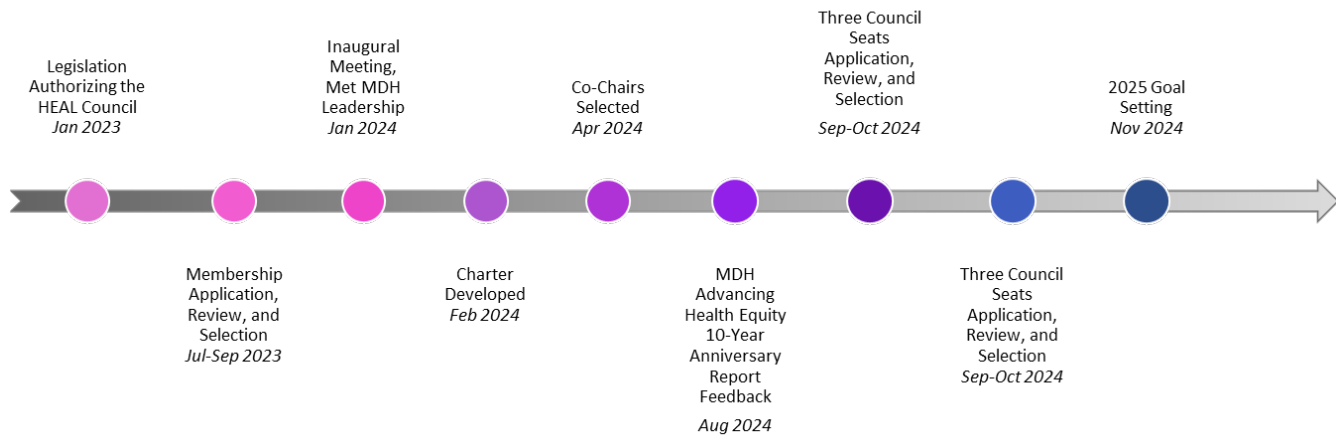
The HEAL Council’s first year of the current term was marked by a period of onboarding, relationship-building, and foundation-setting as members became acquainted with each other, MDH, and their roles and responsibilities. This formation phase was uniquely challenging, as nearly all members are serving their first term and are new to agency-related council work, with only one member continuing from the 2018 cohort.

Additionally, the council was selected, appointed, and onboarded during significant internal growth within the Minnesota Department of Health. The MDH Center for Health Equity, which previously staffed the HEAL Council, was elevated to a division and renamed the Health Equity Strategy and Innovation Division, reflecting its expanded role in supporting equity efforts across the agency. This reorganization, coupled with changes in division leadership and staffing, further shaped the initial year of this council. These factors provided valuable lessons for both the council and MDH staff, highlighting opportunities for continued collaboration and growth.

## HEAL Council Accomplishments

HEAL Council members noted numerous accomplishments that took place between December 2023 and December 2024. Many of these accomplishments focused on developing the infrastructure for the council’s work through activities like relationship building, co-chair and new member selection, charter development, and regular meetings. Other accomplishments included providing input on agency initiatives and programs such as MDH’s strategic plan, and the Advancing Health Equity 10-year Report.

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### Building Council Infrastructure

**Relationship building.** The HEAL Council held its initial meeting on January 25, 2024. The first two meetings focused on member introductions and reviewing the duties outlined in the statute. Members appreciated the opportunity to build relationships with each other and with MDH staff, which laid a strong foundation for their work. Getting to know other council members helped establish rapport, and meeting with the commissioner helped garner support for their work and become acquainted with current health equity efforts in the agency.

**Charter development.** The HEAL Council developed a governing charter to guide their work. The process took place over one meeting, and all council members actively participated. Developing the charter gave the council the opportunity to collectively craft the council’s vision, mission, and purpose, structure, and to set future direction. The HEAL Council Charter is shown in Appendix C.

**Co-chair and new member selection.** The council nominated and elected co-chairs as specified in the charter. In April 2024, the council found itself with 3 open positions due to one unfilled seat and two member resignations. Six council members volunteered to review applications and participate in the selection of three new members. Members felt this process went well overall and liked that it resulted in a tangible outcome.

**Setting up regular communication.** The council decided on a monthly meeting schedule in December 2023. They appreciated the regularity of the schedule, the thoughtful preparation, and the clear agendas created by the council co-chairs. Members also valued the month-long interval between meetings, finding it well-suited to their needs.

### Providing Input on Agency Priorities

The HEAL Council had opportunities to contribute to discussions about MDH programs and initiatives. Overall, council members shared that they appreciated having the opportunity to provide input but often felt unclear on what kind of feedback would be most helpful and actionable and contribute toward the initiative’s goal. Going forward, the council also requests follow-up to understand how their input is used by programs. Below are a few of the programs and initiatives the council discussed in its first year.

## **Advancing Health Equity 10-Year Anniversary Report**

The HEAL Council played a significant role in shaping the 10-Year Anniversary Report, a follow-up to the 2014 Advancing Health Equity Report to the Legislature. The council provided recommendations to strengthen community engagement, including strategies for external messaging, outreach to community partners, and presenting actionable takeaways from data. Members emphasized the importance of incorporating robust community feedback into the report's development, which MDH implemented to ensure a more inclusive process. This collaboration aligned with the agency's strategic focus on community engagement and equity-driven outcomes.

## **MDH 2024–2027 Strategic Plan**

The council provided valuable input on the MDH Strategic Plan, focusing on two key areas: enhancing equity in procurement and grantmaking, and fostering interagency collaboration. Members recommended building organizational capacity for small community-based organizations and businesses, enabling them to compete more effectively for state grants and contracts. They also suggested recruiting more community members to serve on grant review committees. Additionally, the council highlighted the importance of integrating social determinants of health into MDH's analysis and emphasized collaboration with other state agencies, such as the Departments of Education and Children, Youth, and Families. These insights will guide MDH in implementing the strategic plan and advancing its equity goals.

## **Diversity, Equity, Inclusion and Belonging (DEIB) Office 2024 Strategic Plan**

The council contributed feedback on the DEIB Office's strategic plan, which aims to integrate diversity, equity, inclusion, and belonging principles into MDH's workplace culture. Members emphasized the importance of diverse hiring practices, supporting leadership development with adequate resources, and expanding DEIB principles beyond MDH to benefit the broader Minnesota community. Their recommendations reinforced the agency's commitment to creating an inclusive environment that supports equity at all levels.

These accomplishments highlight the HEAL Council's integral role in advancing MDH's mission to eliminate health disparities and promote racial and health equity across Minnesota.

## **Conclusion**

Currently in its seventh year of operation, the HEAL Council continues to be a vital resource that strengthens the Minnesota Department of Health's strategic priorities related to health equity and racial justice. By embedding a trusted and informed community presence into its key initiatives and processes, the impact of the agency's work is positioned to be lasting and transformative in the communities it serves.

In 2024, the current HEAL Council built on the momentum of previous councils by purposefully refining its scope and role in supporting the agency as outlined in Minnesota Statute §145.987. The council also delivered guidance on current gaps and barriers within emerging MDH initiatives including the Advancing Health Equity 10-Year Anniversary Report, the MDH 2024-2027 Strategic Plan, and the DEIB Office Strategic Plan.



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In its second year, the HEAL Council looks ahead with goals intentionally centered around expanding agency-wide awareness of its presence as a resource, guiding the implementation of the MDH 2024-2027 Strategic Plan, and meeting with leadership to identify ongoing priorities and challenges that should be integrated into the agency's future strategies. Through the pursuit of these goals, the council seeks to deepen its collaboration with MDH to address systemic inequities and foster lasting structural changes to advance health equity across Minnesota.

Learnings from this first year as a new council and as a new MDH division supporting the council have informed both the council's and MDH goals for the coming year. These include prioritizing a discussion with upper leadership on the agency's strategic direction and where council member voices can have the greatest impact, as well as the creation of an agency framework that integrates timely council feedback into its initiatives and strategies. These steps will not only help address immediate gaps in the work but also create a sustainable framework for embedding the council's ongoing vision and contributions into MDH's long-term health equity efforts – an impact that will outlast the current council and enable future councils to spring into meaningful action to advance health and racial equity.

## Appendix A. HEAL Council Statute 2023

### [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 appointed by the commissioner of health 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, subdivisions 2 to 4, except 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. The commissioner shall recommend appointments to replace members vacating their positions in a timely manner, no more than three months after the advisory council reviews panel recommendations.

(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.

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**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. 2024-2026 HEAL Council Members Information

- **Rox Anderson** brings perspectives from lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities and African American and African heritage communities and is a community leader who hosts a radio show and founded the OUR Space community center.
- **Mathew Arries** brings perspectives from African American and African heritage communities and lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities, and is Manager of Hospitalist Programs at United Hospital, Allina Health System.
- **Dr. Tracine Asberry** brings perspectives from African American and African heritage youth and is the executive director at St. Paul Youth Services. Dr. Asberry is a previous member of the HEAL Council.
- **Atum Azzahir (co-chair)** brings perspectives from African American and African heritage communities and is the founder and executive director of the Cultural Wellness Center.
- **Jerome Evans** brings perspectives from lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities and African American and African heritage communities and is the owner and executive producer of Bottomless Coffee, a media production company.
- **Jose Rodolfo Gutierrez-Montes (co-chair)** brings perspectives from Latino communities and is the executive director for Hispanic Advocacy and Community Empowerment Through Research (HACER).
- **Monica Ibarra** brings perspectives from Latino communities and is an equity, inclusion, and diversity advisor at Mayo Clinic.
- **Ivette Izea-Martinez** brings perspectives from Latino communities and is an experienced program director with over 12 years of experience in management, staff development, and retention.
- **Dr. Luqman Lawal** brings perspectives from African American and African heritage communities and currently serves as the head of the Mayo Clinic Platform global expansion.
- **Kathy Manlapas** brings perspectives from Deaf, DeafBlind, and Hard of Hearing communities and is a certified community health worker and member of MN Deaf Queer and Minneapolis/St. Paul Black Deaf Advocates.
- **Becky Timm** brings perspectives from disability communities and is the executive director of Advocates for Better Health.
- **Dr. Grace Totoe** brings perspectives from African American and African heritage communities and is a physician and medical director of Minneapolis Health Clinic.
- **Deqa Sayid** brings perspectives from African American and African heritage communities and is a diversity and equity leader with over 15 years of experience serving diverse communities.
- **Hadijah Steen Mills** brings perspectives from lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities and African American and African heritage communities and is the director of the Healthcare Reparations Cooperative.
- **Dr. Antony Stately** brings perspectives from American Indian communities and is the president of the Native American Community Clinic.
- **Diane Tran** brings perspectives from the Asian American and Pacific Islander communities and is the system executive director for community health equity and engagement at M Health Fairview.
- **Nina Vongpheth** brings perspectives from Asian American and Pacific Islander communities and American Indian communities and is the Native American liaison at the Hennepin County Community Supports department.

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- **Kathy Zeman** brings perspectives from residents outside the seven-county metro area and is an organic grass-based livestock farmer in rural Minnesota who leads agricultural workers in many roles.

## Appendix C. HEAL Council Charter

### **Vision**

The MDH HEAL Council envisions a Minnesota where health equity is experienced by all, and communities most impacted by historical trauma, structural oppression and health inequities can control and contribute to their own futures.

### **Mission**

The MDH HEAL Council's mission is to be a guiding body that works collaboratively with MDH to create sustainable action for systems and policy changes that advance health equity for all communities.

### **Purpose**

The purpose of the HEAL Council is to eliminate health disparities, name and address institutionalized structural racism and other social, economic, and environmental injustices that create health inequities.

### **Values**

We value sustainable solutions and action.

We value transparency and accountability.

We value diversity, equity, intersectionality and justice.

We value experience, practice, and knowledge.

We value community engagement and participation.

We embrace that this work is complex, which includes ambiguity and tension.

### **Roles and Duties**

The MDH HEAL Council is not a governing board but serves to advise MDH on advancing health equity. Members are representatives of community and professional stakeholder organizations that can have an influence on the health of various populations. MDH will rely on the advisory council to provide forthright and constructive feedback on the strategic direction of CHE and the department.

Goals include examining short- and long-term MDH strategies and priorities and ensuring that MDH interfaces successfully with communities most impacted by health inequities.

### **Membership**

The HEAL Council includes community and professional stakeholders representing communities most impacted by health inequities such as racial and ethnic minority groups including populations of color (Black/African American, Asian American, Native Hawaiian/Pacific Islander, Hispanic/Latino, Arab American); refugees and immigrants; American Indians representing tribes, rural and/or urban areas; LGBTQ community members; rural Minnesotans; Minnesotans with disabilities; and any other group the commissioner deems appropriate to facilitate the goals and duties of the council, including designated MDH staff.

In making appointments, the commissioner will work to ensure that the advisory body has representation from each of the communities represented by Minnesota's legislative councils of color, Indian Affairs, and Minnesotans with disabilities.

Members may serve up to two consecutive, two-year terms. In most cases, terms for vacant seats shall be January 1 through December 31.

### **Co-Chair Roles and Responsibilities**

Two co-chairs will be voted in by the HEAL Council will fill leadership role of the council. As co-chairs, the two individuals will share the functions of assisting MDH staff in facilitating HEAL Council activities and being liaisons from the HEAL Council to MDH. Division of duties and tasks are up to the discretion of co-chairs. If one co-chair is not able to participate in a meeting, the other co-chair can participate in their place.

The co-chairs will share the following responsibilities in services of the council:

- Co-create HEAL Council Meeting agendas with Center for Health Equity (CHE) staff on monthly planning meetings.
- Co-facilitate HEAL Council meetings with Center for Health Equity staff.
- Provide feedback to CHE staff about HEAL Council meetings, outcomes from meetings, and process improvement on planning phone calls.
- Serve as a liaison from the HEAL Council to MDH's internal health equity council (I-HEALTH) and attend at least 1 I-HEALTH meeting per year.
- Serve as liaison between HEAL Council workgroups and MDH (workgroups may have their own chairs and will also include MDH staff)

### **Decision Making**

In order for the HEAL Council to vote on a matter there must be a quorum of appointed members. For the HEAL Council quorum is 50% + 1 appointed member (for an 18 person council that is 10 appointed members). If there are not 10 appointed members, the council cannot vote.

HEAL Council Co-chairs will employ consensus based decision-making techniques with nominal voting for final votes on issues that require a vote. Voting can take place orally, by raising hands, or on paper.

### **Meeting Schedule**

The HEAL Council will meet every month (12 times annually) at Wilder Foundation. Meetings will typically take place on the second Friday of the month from 12:00pm-2:00pm other than January 2020 and June 2020 when the meetings will be the third Friday.

### **Meeting Reimbursement**

HEAL Council members can be reimbursed for mileage traveled to and from meetings, parking expenses, and childcare expenses incurred as a result of attending HEAL Council meetings. Some additional travel expense reimbursement (lodging, etc.) may be reimbursed on a case-by-case basis.

### **Conflict of Interest Statement**

If a member has a conflict of interest related to a matter before the Advisory Council, the member shall declare the conflict, refrain from discussion on the matter, and abstain from voting on the matter. All members must sign a Conflict-of-Interest statement at the beginning of their term and annually thereafter.

### **Data Practices and Open Meeting Law**

The Minnesota Government Data Practices Act, Minnesota Statutes, and Chapter 13 govern the collection, creation, receipt, maintenance, and dissemination of data maintained by the advisory body and MDH. All meetings of the advisory council and its workgroups or subcommittees are subject to the Minnesota Open Meeting Law, Minnesota Statutes, Chapter 13D, and shall be open to the public, unless closed is required or authorized by law. Observers at all meetings will be given an opportunity to provide input for Advisory Council consideration.