

# Center for Health Equity

## who we are

Minnesota ranks, on average, among the healthiest states in the nation. But the averages alone tell an incomplete story. A closer look at the data reveals that communities of color, American Indians, lesbian, gay, bisexual, transgender and queer (LGBTQ) communities, the disability community, rural communities and low-income communities experience the highest inequities in the state.

The Center for Health Equity (CHE) was created in 2013 to advance health equity within the Minnesota Department of Health and across the state. CHE's mission, approaches and values guide how we do this work.

OUR MISSION IS TO  
**CONNECT, STRENGTHEN  
AND AMPLIFY** HEALTH  
EQUITY EFFORTS WITHIN  
MDH AND ACROSS THE  
STATE OF MINNESOTA

## what we do

We are a **network hub** – leading, connecting and strengthening networks of health equity leaders and partners across MDH and Minnesota communities.



**CONNECT**

**STRENGTHEN**

**AMPLIFY**



We provide **leadership in advancing health equity** and cultivate health equity leaders within MDH and across Minnesota communities.



We **amplify the work of communities** most impacted by health inequities and support them to drive their own solutions.

## our approach

### RACIAL EQUITY

We recognize that health equity cannot be achieved without naming the impacts of structural racism and working toward racial equity. Leading with race allows us to more clearly see the state of the health of all communities in Minnesota.

### RESILIENCE

We acknowledge that the roots of inequities are tied to a legacy of historical trauma in communities. We recognize that solutions to health inequities can often be found within the strength and resilience of communities.

### INTERSECTIONALITY

We value the many identities and lived experiences of each person. Because individual, community and systems-level factors interact to create the world we live in, our approaches to equity are both intersectional and multipronged.

### NETWORK LEADERSHIP

We believe that leadership comes from within and across communities and that we are stronger when we bridge differences and unite around commonalities. We believe that effective leadership is adaptive, collaborative and inclusive.

### COMMUNITY-DRIVEN DATA AND DECISIONS

We believe those most impacted by health inequities should have a say in how their data are collected and interpreted, and that communities should play a leading role identifying their own health challenges and developing solutions.

### SYSTEMS THAT HEAL, NOT HARM

We strive to bring a health equity perspective to decision-making across sectors and policy areas, and to reshape our policies and systems in Minnesota so that they strengthen communities, not marginalize or divide.

# our values

## HONORING CULTURAL KNOWLEDGE & WISDOM

We value indigenous, cultural ways of healing and recognize health as a complete state of physical, mental, emotional and social wellbeing.

## FOSTERING TRUST AND BELONGING

We recognize that fostering trust between government and community requires transparency, communication and creating welcoming, inclusive environments where people can be their full selves.

## LISTENING DEEPLY

We will listen first and honor everyone's story in an effort to understand the root causes of health inequities.

## RECOGNIZING HEALTH EQUITY AS A HUMAN RIGHT

We believe all people should have the access and opportunity to lead healthy lives, as defined by them.

