



# Advancing Health Equity at the Minnesota Department of Health

2014-2024

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**MINNESOTA DEPARTMENT OF HEALTH**


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# EXECUTIVE SUMMARY



Minnesota is often ranked among the healthiest states in the nation. Yet opportunities for good health are distributed unevenly among cultural communities, geographic areas, and other segments of the state. Building on years of work already underway to address these disparities, the Minnesota Department of Health (MDH) released a pivotal report in 2014 that charted a new course for advancing health equity in Minnesota. The “Advancing Health Equity in Minnesota: Report to the Legislature” was a first-of-its-kind report that named structural racism as a key driver of health inequities and offered guidance to address them, laying a foundation for and setting in motion efforts that continue to shape Minnesota’s health equity work today.

The report focused on the root causes of health inequities, calling for changes in systems and policies to improve health outcomes for populations historically burdened by inequity. The 2014 recommendations directed MDH, lawmakers, and community partners to advance health equity and improve health outcomes by identifying and addressing the underlying causes of health inequities and thereby allowing every Minnesotan the opportunity to reach their fullest health potential.

A decade later, Minnesota Commissioner of Health Dr. Brooke Cunningham requested an update on efforts to implement seven recommendations put forth in the 2014 report. This 10-year retrospective report examines a decade of MDH work, highlighting achievements, offering insights, and identifying areas that still need attention.

**Recommendation 1: Advance health equity through a health in all policies approach across all sectors.**

MDH has advanced the practice of health in all policies through multiple strategies, including developing and sharing public narratives that broaden understanding of what shapes health. The agency also provided research and advocated for policies that support health across all communities, while fostering cross-sector collaboration in housing, transportation, education, and economic development. To strengthen and sustain this approach, MDH will need to invest in coordinated internal efforts and comprehensive training, cultivate deeper legislative support, and build stronger partnerships with other state agencies and community partners. MDH must also leverage its role as a convener and mobilizer of diverse stakeholders to scale this approach statewide.

**Recommendation 2: Continue investments in efforts that currently are working to advance health equity.**

MDH has continued to invest in what works by supporting communities in their efforts to identify and advance solutions to health inequities. This includes expanding or replicating successful pilot projects and scaling community-driven strategies. Programs like the Eliminating Health Disparities Initiative and the COVID-19 Community Coordinators have supported promising practices tailored to specific cultural communities. With additional funding, MDH has expanded programs and services proven to advance health equity, including family home visiting, access to doulas, and partnerships with diverse media outlets to reach populations experiencing the most severe health inequities. To build on this momentum, additional investments are needed in community-led solutions along with more effective approaches to evaluate promising practices to improve the health of communities across the state.

**Recommendation 3: Provide statewide leadership for advancing health equity.**

MDH has strengthened the capacity of local and Tribal public health, healthcare systems, and other key partners through a coordinated set of efforts to advance health equity. These include launching an online resource library and a learning and action tool, providing funding and consultation, and creating new data processes to help local health departments identify and address health inequities. Leveraging relationships with clinics, MDH implemented a new healthcare homes certification system with health equity at its core and made critical investments in rural public health infrastructure. The agency also prioritized growing and supporting the public health and healthcare workforce, including efforts to advance and integrate the community health worker profession. As cross-sector partnerships grew in the years following the 2014 report, health equity gained traction in state legislative sessions, with new laws – such as paid family leave – reflecting the health in all policies approach. While these initiatives laid a strong foundation, more intentional efforts are needed for MDH to drive policy change across sectors. This includes deepening the health equity focus of MDH advisory councils and increasing public understanding of the conditions necessary for health and health equity statewide.

#### **Recommendation 4: Strengthen community relationships.**

MDH has long recognized the importance of partnerships in accomplishing its mission – protecting, maintaining, and improving the health of all Minnesotans. The agency remains committed to building trusting relationships, convening community partners, and creating avenues for those most impacted by health inequities to influence solutions. MDH invested in its internal capacity for authentic community engagement, deepened relationships with Tribal partners and disability communities, and expanded partnerships with diverse community organizations across the state. New advisory committees and task forces, including the Health Equity Advisory and Leadership Council, have helped ensure more strategic input from communities most impacted by health disparities. To truly advance health equity, MDH must go further – integrating community voices in all aspects of its work, from policy development to program design to implementation and evaluation.

#### **Recommendation 5: Redesign MDH grantmaking to advance health equity.**

MDH continues to strengthen the focus and impact that grants have on health equity. Dedicated working groups help improve internal coordination and share best practices to embed health equity in both grantmaking and contracting. The agency has also developed new tools and resources on topics such as reducing bias in the review process and promoting funding opportunities to communities across the state. To ensure grant programs align with community needs and produce meaningful outcomes, MDH has made progress in engaging stakeholders in the grantmaking process – including the Eliminating Health Disparities Initiative and the Tobacco Prevention and Control Program grants. Meanwhile, investments in grantee training and capacity include a new initiative focused on supporting those serving communities most impacted by health inequities. Continued progress in this area will require ongoing staff training and continued efforts to strengthen internal controls and modernize processes to ensure grant funds reach those who need them.

#### **Recommendation 6: Make health equity an emphasis throughout MDH.**

MDH made significant structural changes to advance health equity. MDH has embedded health equity and its core concepts to its vision, strategic plans, hiring and recruitment practices, program design and evaluation, and staff trainings. The success of the Minnesota Center for Health Equity led to the creation of the Health Equity Bureau and the Division of Health Equity Strategy and Innovation. The department also created offices that focus on the health African Americans and American Indians and work directly with these communities. Continued investment in embedding equity across the agency will be crucial to sustain organizational progress.

#### **Recommendation 7: Strengthen the collection and analysis of data to advance health equity.**

MDH made strides toward strengthening the use and analysis of health equity data across the department through efforts such as a new data vision and roadmap and an office specifically dedicated to data strategy and interoperability. Efforts continue to implement data disaggregation standards, engage with communities in data processes, and develop approaches to overcome barriers to data sharing. Moving forward, MDH must prioritize community collaboration in refining data collection and analysis, ensuring that data practices are transparent, equitable, and actionable in advancing health equity.



**In the 10 years since the 2014 report, MDH has made significant strides, achieving progress on all seven primary recommendations and most sub-recommendations.**

This sustained momentum reflects the department's deep commitment to health equity and the collective effort of its staff and partners. It is essential for MDH and its partners to remain both steadfast and strategic in their pursuit of health equity.

The path forward requires unwavering dedication to intentional action, strong partnerships, and innovative thinking. By centering authentic engagement, codeveloping responsive strategies, and rigorously measuring outcomes, MDH can sustain its progress and continue to lead the way in advancing health equity for all Minnesotans. Working together with community, local public health, Tribal, healthcare, federal, and other cross-sector partners, **a healthier Minnesota where all communities are thriving is possible.**