

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 reinvigorate 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**

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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