

*Protecting, Maintaining and Improving the Health of All  
Minnesotans*

April 23, 2019

Dear Dr. Jokho Farah, Va Yang, and HEAL Council Members,

Thank you for your thoughtful and thorough HEAL Council Memo. Your feedback and partnership are important to me and to the agency in continuing to advance health equity in MN. I would also like to thank all of the organizations and institutions which submitted letters of support for the HEAL Council Memo. The vast number and diversity of groups that signed on demonstrates the importance of the points you raised and the need to address them. The three areas that HEAL has prioritized are also critical areas of focus for the agency. I would like to share with you some of the ways we are currently working to address the three priority areas:

Data Practices:

- MDH recognizes the importance of creating standards for data collection across the agency. Daniel Fernandez-Baca, Director of the Center for Health Statistics, is leading efforts and conversations on creating data standards regarding sexual orientation and gender identity questions (SOGI) and race, ethnicity, and language (REL) within MDH.
- In 2018 we started a new data interoperability office and recently hired a director, Aasa Schmit. The office is working on the structures and process related to how we collect and share data across the agency and with partners, with the ultimate goal of improving our infrastructure. Data management priorities have been developed and a governance structure will soon be in place. The work of the data interoperability office is foundational to addressing your recommendation for data sharing protocols and standards.
- MDH is committed to responding to health disparities and inequities as they emerge in data. Our staff do this by incorporating health promotion programming and activities that are responsive to these disparities in their program planning and grant applications. We also see this in their requests for health equity technical assistance with grant writing and program development. MDH will continue to work with communities most impacted to inform how to respond and adjust our programs as we are able.
- In partnership with Governor Walz, the Diversity, Inclusion and Equity Council, and the new administration, we look forward to working across state agencies to build One Minnesota. This will require a health in all policies approach, including data standards for collection, disaggregation, and dissemination that better meet community needs.

### Community Engagement:

Community engagement is incredibly important to MDH as we interface with communities across the state. We worked closely with Governor Dayton on his Diversity and Inclusion plan, which had a specific focus on civic engagement. We plan to continue to strengthen our community engagement processes and capacity under Governor Walz's vision and leadership. Our work in this area includes the following:

- Updating and continuing to monitor MDH's Community Engagement plan. This will include garnering input from I-HEALTH (our internal health equity council) and HEAL, and communicating across MDH what the plan is and how divisions and teams can receive technical assistance to support authentic community engagement efforts. Much of this is led by the Community Engagement Unit in the Center for Public Health Practice.
- MDH's Community Engagement plan encourages staff to use community engagement principles throughout the program development process starting with identifying the issue all the way through evaluation and dissemination of outcomes and results. The agency is also currently writing a Standard for the Development Health Promotion Activity where community engagement and health equity implications are woven throughout the standard, putting into practice a process for MDH staff to be intentional about how they are engaging communities most impacted by health inequities.
- MDH intends to work closely with Governor Walz's One Minnesota Council on Diversity, Inclusion and Equity to align and improve our community engagement efforts. Additionally, we recently began a dialogue with Migdalia Loyola Meléndez, who was formerly a HEAL member and is now leading Governor Walz's public engagement team. These partnerships will help us address some of the concerns you raised around ensuring easier access and authentic participation for all Minnesota communities.

### Systems-Level Change:

We appreciate the points outlined within this priority area. Workforce development, training and grantmaking have been areas we have been working on for several years. Since I came into this role in 2018 these have also been priorities for me, including:

- MDH is committed to improving our workforce and training so that we are an employer that is welcoming and inclusive to all job seekers. MDH recently hired a new Director of Diversity and Inclusion and a Director of Human Resources. These vacancies have slowed our work in these areas; with both positions now filled, they will work closely with agency leadership and the Center for Health Equity on workforce development and staff and manager/supervisor training and support. I am committed to creating greater transparency regarding MDH's hiring, recruitment and retention data and efforts, within the constraints of MDH and MMB policies,

and ensuring we are setting benchmarks to continue moving us forward and identifying where we need to improve.

- In 2018 MDH created an internal workgroup on leadership and culture and hosted conversations with managers and supervisors to share what support and resources they need. In response to their recommendations, we are now hosting regular convenings for managers and supervisors to better support them and their staff.
- Regarding the request for more equitable and transparent funding and grantmaking practices, in 2017 MDH started an Equity in Grants workgroup to address several of the issues you raised. They have done tremendous work and created tools and documents to assist MDH in its grantmaking processes. Further, we have also convened a Grants Development and Grants Steering Committee to identify challenges and opportunities in our grantmaking across the agency. The recommendations and work of these groups aligns with many of the priorities you raise and will be instrumental in helping to address this area.

The HEAL Council has my full support in this important work and can continue to look to the Center for Health Equity as your main liaison and point of contact moving forward. I am encouraged that now that our internal health equity council (I-HEALTH) is in place there will be a natural partnership between I-HEALTH and HEAL to address your recommendations moving forward.

Once again, I'd like to thank the HEAL Council for the time and dedication put into the memo and for your leadership. As we begin our strategic planning to guide the next several years of MDH, we will ensure your recommendations are taken into account and recognize what a valuable partnership this is. I look forward to sitting down with you to continue this conversation and further discuss the memo.

Sincerely,



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