DRAFT: Equitable Health Care Task Force Meeting Summary

Meeting information

- May 20, 2025, 10:00 a.m. – 1:00 p.m.
- MDH LiveStreamChannel
- Meeting Format: WebEx

Members in attendance

Sara Bolnick, Mary Engels, Marc Gorelick, Joy Marsh, Maria Medina, Miamon Queeglay, Sonny Wasilowski, Tyler Winkelman, Yeng M. Yang

Key meeting outcomes

- Task force members further developed recommendations related to Workforce and Accountability.
- The Task Force discussed an update about how Alliant and MDH plan to engage with patient and community groups, health care organizations, providers, and the public.
- The Task Force discussed an update on the process of developing the report that will accompany final recommendations.

Key actions moving forward

- MDH staff will organize and share back draft recommendations based on the task force's insight, in preparation for community engagement.
- All task force members are encouraged to prepare for the community engagement phase by reviewing draft recommendations and contacting MDH with feedback at health.equitablehealthcare@state.mn.us.

Summary of Meeting Content and Discussion Highlights

Welcome

The task force was welcomed. The agenda was reviewed and the summary of the April meeting was shared.

Recommendation Development

As a large group, the task force walked through two buckets of draft recommendations: Workforce and Accountability. They were asked to give feedback and ask clarifying questions to build upon the draft recommendations. Below is a summary of their insight, feedback, and conversation with MDH staff.

Workforce draft recommendations

- Task force members agreed to recommend a leadership role for other state agencies in addition to MDH, clarifying that they see MDH as a convener.
- Task force members agreed that while workforce safety grants are important, its placement within the recommendations is confusing. The essence of the recommendation is about psychological safety, not physical safety.
- Task force members clarified that recommendations are targeted at the direct service level, and they stressed the importance of making recommendations that can be actionable in systems or clinics of all sizes. Strategies to drive leadership accountability will be important, and it is important to name best practices without diving into minutia.
- A concern was raised about the mix of recommendations, incentives, and requirements, possibly opening up legal battles.
- Task force members agreed to combine recommendations that have overlap.
- The task force discussed the effectiveness and costs of requiring trainings. There was general consensus that there should be a statewide infrastructure – such as a database or other method of collaboration - so that clinics with fewer resources aren't required to develop their own training, and to support evaluation of implemented trainings. There was agreement around recommending the development of high-quality training, and emphasizing outcomes.
- Task force members discussed a specific call-out of immigrant communities. They felt the language should be inclusive, not specific to one community, although examples help inform the purpose and rationale overall. They also want to recommend strengthening workforce tracks for people with training obtained in other countries.

Accountability draft recommendations

- Task force members suggested clarifying the recommendation language about a grievance process, emphasizing the need for coordination among the existing processes instead of creating a new process, and clarifying the role of an oversight group in ensuring consistency and transparency

- Similarly, they suggested clarifying the language in the recommendations about community assessments, recognizing what already exists, best practices, and clarifying the entities responsible for taking action and follow-through.
- It was suggested that members of the task force who have knowledge of existing accountability processes offer their support in fleshing out these recommendations, recognizing that the current systems are not equitable and may lack the trust of the communities most impacted.
- It was suggested that the recommendation about dental health be integrated within the Whole-Person Health bucket of recommendations to maintain coherence and avoid fragmentation of related health priorities.

Task force members were encouraged to review the full text of the draft recommendations on their own and provide feedback, especially on the language added by MDH that the task force did not have time to discuss. Some task force members volunteered to collaboratively review the workforce recommendations.

MDH shared that there will not be another in-person retreat scheduled, due to task force members' preferences. Collaboration to further review the draft recommendations will take place via email and, if there is interest, special virtual sessions.

Community Engagement

The task force was reminded of an overview of the community engagement and public comment phase, including the objectives and modes of engagement. The task force was shown a list of community, patient, and advocacy groups, as well as a list of provider, care coordinator, navigator, and payer organizations that MDH and Alliant Consulting recommend engaging. The task force had the following suggestions and comments:

- Engage Unidos MN
- Engage directly with health systems/payers beyond the councils. Task force members who work at large systems can bring draft recommendations for their input.
- Request resources for any engagements that task force members hold individually with outside groups.

Report Writing

The task force was updated on the report writing process, including the role of a contractor to lead the writing process, and the role of the task force to inform the writing through small group discussions and providing feedback on draft versions of the report. The task force was shown the proposed components and timeline for writing the report. Task force members asked about how the community engagement timeline aligned with the report writing. It was clarified

that findings from the engagement phase will be shared in July, and that insight will be folded into the report through early August. The task force will have a final review of the report in August, including the integration of community feedback.

Close

A meeting summary is to follow. The task force was reminded about the next steps:

- Working session on May 30, from 10:00 – 11:00 a.m. to go through the report outline and discuss the task force's transmittal letter.
- Task Force meeting on June 17, from 10:00 – 1:00 p.m. In this meeting, task force members will further refine their recommendations and briefly preview the first draft of the report.
- Alliant will begin communications to invite participation in engagement sessions and public comment. MDH will announce when the engagement and public comment resource website is live, for the Task Force to share with any of the recommended groups they are connected to.
- Task Force members will receive communication from MDH to help prepare for the June meeting.

Contact to follow-up

With questions or comments about the Equitable Healthcare Task Force, please reach out to the Health Policy Division at health.equitablehealthcare@state.mn.us.

Meeting summary note

All task force members' comments are represented, identities are intersectional, and discussions reflect barriers and solutions that affect many communities at once

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DRAFT: Equitable Health Care Task Force Leading Recommendations

Ensure System Accountability

1.1 Ensure full and equitable health care coverage for American Indian communities and Tribal citizens in Minnesota.

1.2 Minnesota should strengthen and harmonize its approach to health care patient protection.

1.3 Health care in Minnesota should have community co-leadership and equity-focused oversight.

1.4 Minnesota should strengthen data infrastructure to advance health care equity.

Meaningful Access

2.1 Minnesota should implement universal health care or health care for all to provide baseline comprehensive care for all persons living in Minnesota.

2.2 Minnesota should support a health care delivery system that patients can access where and when they need it.

2.3 Minnesota should establish statewide standards to ensure timely, consistent, and culturally appropriate interpretation and translation services in health care.

2.4 Minnesota should expand inclusive and accessible telehealth by investing in broadband infrastructure, mobile care, and phone-based services to ensure equitable access in rural and underserved communities.

2.5 Minnesota should strengthen community transportation infrastructure to ensure all patients can access health care services.

2.6 Minnesota should strengthen patient health literacy.

2.7 Minnesota should implement funding strategies that improve health care access, support equitable care, and sustain health care services.

Bolster Primary and Whole-Person Care

3.1 A re-envisioned primary care system should include the integration and coordination of care for physical health, mental health, substance use, complementary care, and culturally concordant care.

3.2 Minnesota should invest in team-based primary care models that coordinate activities with public health.

3.3 Minnesota should adopt reimbursement and payment models that will support investments in primary care.

3.4 Minnesota should modernize data sharing among payers, health care providers, researchers, social service providers, and public health.

Strengthen and Diversify the Workforce

4.1 Foster workplace inclusion, belonging, safety, and well-being to encourage retention of current diverse workforce members.

Minnesota to create a model for inclusion, belonging, safety, and well-being including implementation guidance and resources for health care organizations.

4.2 Enhance workforce skills and cultural responsiveness.

Minnesota to create a mandated or incentivized training for all health care workers. Accrediting bodies can adapt it to their field but need to provide the same content. Include content for members of health care organization boards of directors.

4.3 Address workforce inequities.

Minnesota to outline a framework and model to help health care organizations collaborate with stakeholders to examine and address systemic barriers that contribute to health care workforce inequities. Include guides and implementation resources.

4.4 Optimize the workforce.

Health care organizations to diversify who and how care is delivered to make it more effective, accessible, comprehensive, holistic, and culturally congruent for patients and members.

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