

Agenda: Equitable Health Care Task Force

Date: 01/17/2024

Opening and Welcome, 1:00 – 1:15 p.m.

Commissioner Cunningham will share opening remarks including a vision for the task force.

Overview of today's meeting, 1:15 – 1:25 p.m.

We will review housekeeping items and ground rules for our discussions.

Introductions, 1:25 – 2:05 p.m.

Task force members will introduce themselves by sharing why this work is meaningful to them, and what unique perspective they bring to this group.

Overview of arc of work, 2:05 – 2:15 p.m.

We will share a high-level overview of the work plan and take any clarifying questions.

Break, 2:15 – 2:30 p.m.

Definitions of terms, 2:30 – 2:40 p.m.

We will invite the task force to share their thoughts regarding a definition of “health care equity” for the purposes of our work.

Discussion of priority issues, 2:40 – 3:15 p.m.

We will break into small groups to explore and compile a collective list of topics of interest related to health care equity. We will use the insight gathered to draft a content calendar that will shape future discussions.

Break, 3:15 – 3:20 p.m.

Task force structure, 3:20 – 3:45 p.m.

We will break into small groups to discuss a framework for making recommendations and principles of decision-making that the task force wishes to apply to this work together.

A G E N D A

Public comment, 3:45 – 3:50 p.m.

We will present public comments received prior to the meeting.

Closing and action items, 3:50 – 4:00 p.m.

We will collect final notes and resources and share upcoming next steps.

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01/08/24

To obtain this information in a different format, call: 651-201-3783.



Equitable Health Care Task Force Kick-Off Meeting

January 17, 2024



Hush Naidoo Jade Photography

Opening and Welcome

Brooke Cunningham, MD, PhD, Commissioner

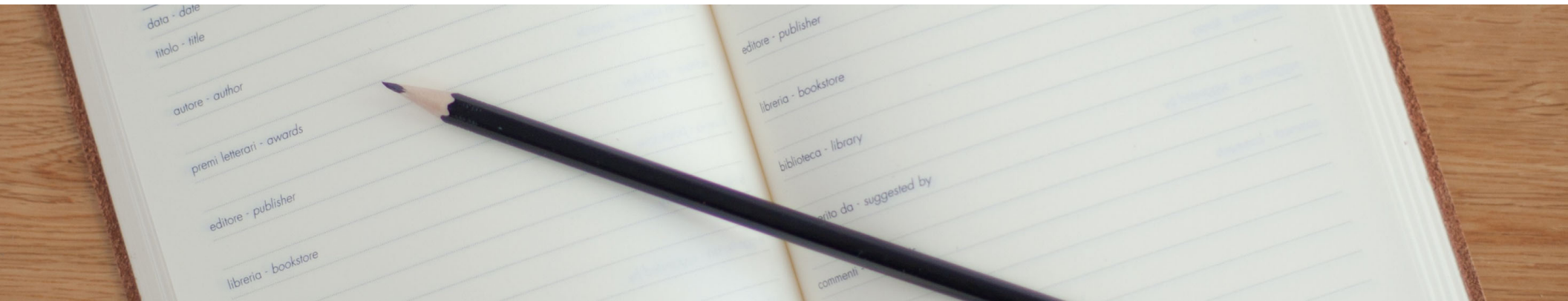
Purpose

The Equitable Health Care Task Force (task force) will examine inequities in how people experience health care based on race, religion, culture, sexual orientation, gender identity, age, and disability, and identify strategies for ensuring that all Minnesotans can receive care and coverage that is respectful and ensures optimal health outcomes.

The task force performs the work as established by Minnesota Laws of 2023, chapter 70, section 105. The task force may establish subcommittees or work groups as necessary.

The task force will:

- Identify inequities experienced by Minnesotans in interacting with the health care system that originate from or can be attributed to their race, religion, culture, sexual orientation, gender identity, age and/or disability status.
- Conduct community engagement across multiple systems, sectors, and communities to identify barriers for these population groups that result in diminished standards of care and foregone care.
- Identify promising practices to improve experience of care and health outcomes for individuals in these population groups.
- Make recommendations for changes in health care system practices or health insurance regulations that would address identified issues.



Hope House Press - Leather Diary Studio

Overview of Today's Meeting

MDH leadership



Brooke Cunningham, MD, PhD
Commissioner



Carol Backstrom, Assistant
Commissioner, Health
Systems Bureau

MDH project team



Diane Rydrych, Director of Health Policy



Susan Castellano, Assistant Director of Health Policy



Xp Lee, Health Equity Strategist, Health Policy Division



Rosemarie Rodriguez-Hager, Community Integration and Practice Transformation Supervisor, Health Care Homes



Angelica Koch, Contractor, Equitable Health Care Task Force



Denise McCabe, Senior Health Program Manager, Health Policy Division

DeYoung Consulting Services



Anna Peters, Senior
Consultant



Chris Jones, Project
Manager



Vanessa Steele,
Consultant

Meeting objectives

- Begin to establish relationships that will serve as a foundation for the task force's work.
- Gain an understanding of the Commissioner's vision and priorities for this task force.
- Build a shared understanding of the task force's purpose, goals, and phases of the work.
- Begin to explore and identify priorities.

Agenda

| | |
|------------------|-------------------------------|
| 1:00 - 1:15 p.m. | Welcome from the Commissioner |
| 9:15 - 1:25 p.m. | Overview of today's meeting |
| 1:25 - 2:05 p.m. | Introductions and warm-up |
| 2:05 - 2:15 p.m. | Overview and arc of work |
| 2:15 - 2:30 p.m. | Break |

Agenda, continued

| | |
|------------------|-------------------------------------|
| 2:30 - 2:40 p.m. | Definition of terms |
| 2:40 - 3:15 p.m. | Discussion of priority issues, time |
| 3:15 - 3:20 p.m. | Break |
| 3:20 - 3:45 p.m. | Task force structure |
| 3:45 - 3:50 p.m. | Public comment |
| 3:50 - 4:00 p.m. | Closing |

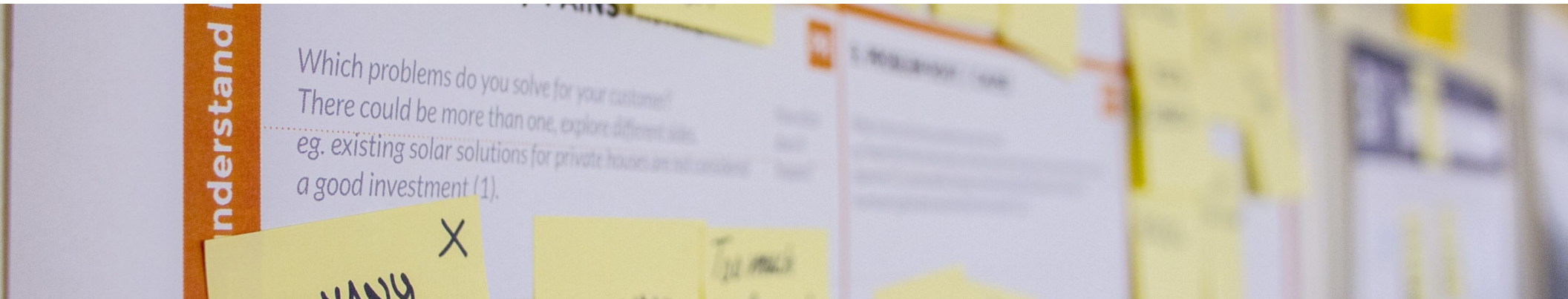
Housekeeping

- UROC space: restrooms, refreshments, common spaces to step out
- Please use microphone for accessibility
- ASL interpretation and CART services being provided
- Hybrid environment

Ground rules

- Limit distractions such as the use of cell phones and side conversations where possible.
- Listen actively – respect others when they are talking.
- Speak from your own experience or perspective instead of generalizing (“I” instead of “they,” “we,” and “you”).
- Speak the truth with kindness and respect the truth in everyone else’s perspective and stories.
- This is an opportunity to listen and to be heard. Try not to be defensive or try to validate your position.
- Participate to the fullest of your ability – community growth depends on the inclusion of every individual voice. In this context, we are all equals. All perspectives are welcomed and valued.
- Assume positive intent, while also striving for positive impact.
- Practice self-care (e.g., step away if needed).
- Avoid ascribing motives to behavior – we can’t know why people act the way they do.
- Avoid absolutes and exaggerations, such as always, never, etc.

- Your name
- Why is this work meaningful to you?
- What unique perspective do you bring to the task force?



Daria Nepriakhina UA

Overview of Arc of Work

Milestone overview

Phase 1: January – March 2024

Project grounding and design

- Discern vision, priorities, objectives, and scope
- Design information collection plan—community and public engagement, expert panels, literature group

Phase 2: April 2024 – March 2025

Information collection, learning, and deliberation

- Implement information collection plan
- Launch subcommittees and work groups
- Synthesize learning—exploration towards recommendations

Phase 3: April – June 2025

Culmination and close-out

- Develop proposed recommendations and invite public comment
- Finalize recommendations
- Summarize task force’s work and recommendations in a report

Task force expectations

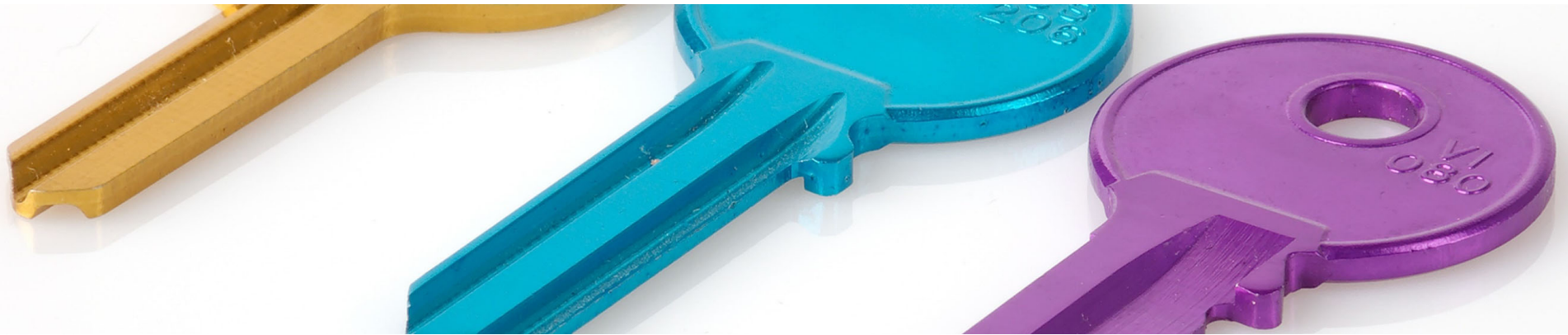
- Attend and engage in regular meetings from January 2024 through June 2025.
- Review meeting materials in advance and be prepared to contribute insights and expertise.
- Bring the perspective of the represented community group or sector to discussions and decisions. Confer with represented communities, sectors, and interested parties and groups in-between meetings.
- Serve on subcommittees and work groups established by the task force as needed.
- Adhere to the established ground rules that provide the framework for learning, collaboration, and decision-making.

Break

“health care equity”

Definition of terms, continued

What other key terms should this group define together in future meetings, if any?



Florian Berger

Priority Issues

Discussion of priority issues

Results of Pre-Meeting Poll

Question 1: Given the charge of the task force, what are key issues to be addressed in health care systems that will leverage more equitable health outcomes for patients and communities?

- Enhance data reporting systems, data sharing, coupled with follow-up accountability measures
- Eliminate language, cultural and accessibility barriers to serving patients and communities
- Improve care provider quality through standardization, training and support that will result in increased health outcomes in BIPOC and LGBTQ+ communities
- A comprehensive approach to addressing systems change that addresses Social Determinants of Health in health care access and affordability
- Encourage independent healthcare practices to prevent monopolies

Discussion of priority issues (2)

Results of Pre-Meeting Poll

Question 2: What are some high-level ideas for effective solutions to achieving more equitable health outcomes that you'd like to bring into future task force discussions?

- Increase accessibility to health care by addressing Social Determinants of Health in ways that are strategic and provide holistic approaches to solutions
- Advocacy for stalled legislation, organizational policy and practices that impact quality of care issues
- Data: reporting and sharing
- Increasing widespread access to ancillary preventative services that impact health outcomes outside of health treatment

Discussion of priority issues (3)

Small Group Discussion: As we meet this and next year, what are the highest priority topics from this list that must be part of our discussions?

- What issues must leaders understand before they can enact change in this area? Why?
- What topics are missing from this list that must be part of our discussions? Why?

MDH LiveStreamChannel viewers: Please note our audio is muted during small group discussions. Audio will resume for the large group report-out.

Break

“Brainstorming, multi-voting, and nominal group technique are structured methods for helping teams discuss issues, develop ideas and solutions, and reach a decision that everyone can live with. Not all decisions must or should be made through consensus, but it can enhance both the quality of a decision and its acceptance by all involved.”

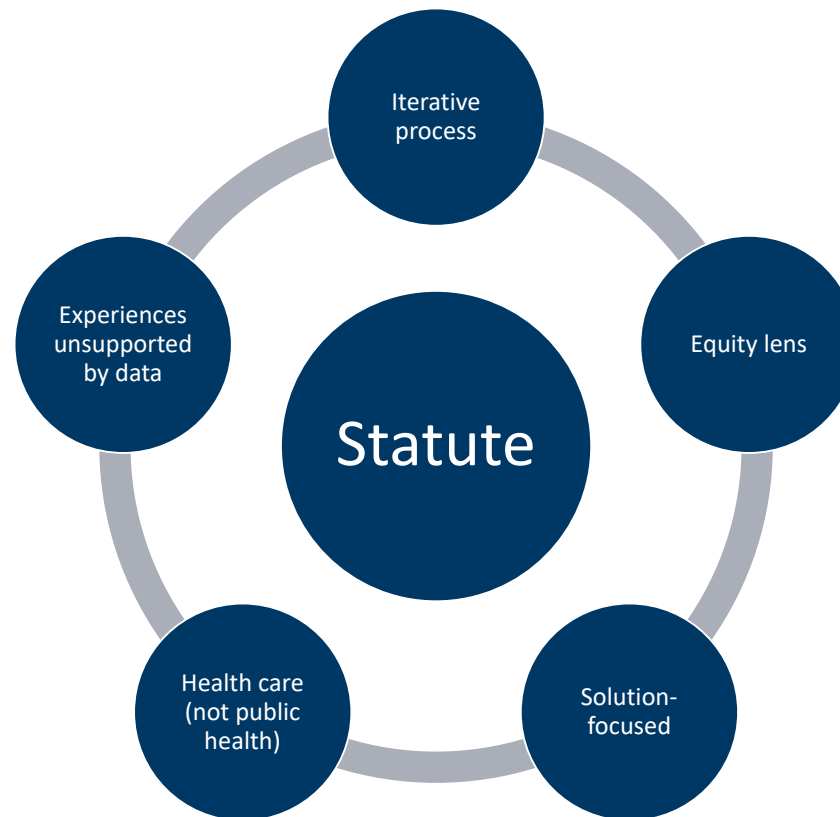
Source: U.S. Office of Personnel Management



Avel Chuklanov

Task Force Structure

Making recommendations



Decision-making approaches

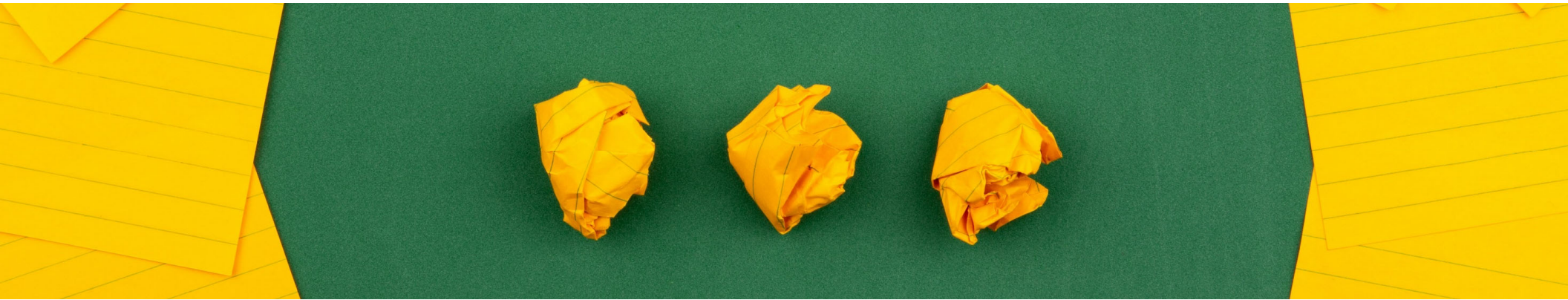
| Decision-making approach | Description |
|--------------------------|--|
| Unstructured brainstorm | Discussion is facilitated in a way that group members can offer any and all ideas. Consensus is facilitated organically. |
| Nominal group technique | Brainstorm is structured in a way to solicit group members' ideas, then discuss and prioritize. |
| Multivoting | Prioritization of ideas is facilitated with a structured ranking process. |
| Gradients of agreement | Group consensus is facilitated by assessing the degree to which each person agrees with one idea, followed by discussion where needed. |
| Majority voting | One idea is chose from a number of alternatives by reaching a certain percentage. The percentage may be determined by the group. |

Developing recommendations

Small Group Discussion Questions:

- What do you like about the frameworks for developing recommendations? What would you prefer to avoid?
- What matters to you in a decision-making approach? That is, what values or principles should this group adhere to as you work toward making decisions?

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Volodymyr Hryshchenko

Public Comment

Public comment (1)

- As a recently retired provider of care in the pregnancy and childbearing world, I take issue with the representation of members appointed to this Task Force. Not in a personal way (as I am not acquainted with any of the individuals) but rather that the makeup up the task force skews the likely perspective of the findings. It is widely understood that health care disparities, by race in particular, are widest in the childbearing communities. Please seek more representatives from the childbearing communities and avoid those who represent the institutions who have thus far failed to make the necessary reductions in disparities.
- I am just curious as to why there aren't any commission members to advocate for Seniors on this board.

Public comment (2)

- I have worked in health care / social work for many years. I wanted to put in a plug to the task force to be aware of related to this topic- people in poverty, with addiction and homelessness often receive disparate treatment as well in health care (in addition to the other areas the task force is looking into). I see it all of the time, unfortunately. Socio economic status seems to compound the other factors the task for is looking into.
- As a practicing surgeon, if I have concerns with the current equitability of care, particularly among African-American children in Twin cities, who would I take that concern to? Is there a confidential platform to raise these concerns without risk of backlash from the medical community? Is there a whistleblower hotline to report medical policies at large medical centers that discriminate against African Americans?

A phased approach to public comments

| Task Force Meetings | Public Comment |
|---------------------|--|
| January | Public comment via email, which is presented to task force members and published on website. |
| February | Discuss and potentially decide on an approach to public comment |
| March | Continue discussing OR implement the approved public comment model* |

**Task force will determine the group's approach to public comment*



Daniel Tanase

Meeting Close

Closing and action items

- Next meeting is February 26, 1:00 – 4:00 pm
- Remaining meetings to be scheduled
- Individual interviews: please sign up for a time!
- After each task force meeting, watch for:
 - Post-meeting evaluation and other follow up items
 - Meeting summary

Thank You!

See you February 26!