



Agenda: Equitable Health Care Task Force

Date: 06/17/2025

Opening, welcome, 10:00 – 10:15 a.m.

Overview of meeting agenda and objectives, and review of May meeting summary.

Recommendation development, 10:15 a.m. – 12:35 p.m.

Refine draft recommendations and assess level of support.

Break

Ten-minute break during “recommendation development” agenda item.

Report development, 12:35 – 12:55 p.m.

Report drafting update from Katie Burns 10,000 Lakes Consulting.

Closing and action items, 12:55 – 1:00 p.m.

Review of accomplishments and next steps.

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06/06/25

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Equitable Health Care Task Force Meeting #15

June 17, 2025

- Assess level of support for leading recommendations
- Preview draft report outline and key messages

Agenda

10:00 – 10:15 a.m.	Welcome
10:15 a.m. – 12:35 p.m.	Recommendation development
12:35 – 12:55 p.m.	Report development
12:55 – 1:00 p.m.	Closing and action items

Summary of May meeting

- What clarification questions do you have about this summary, if any?
- What concerns do you have about this summary, if any?



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 Queegly, 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

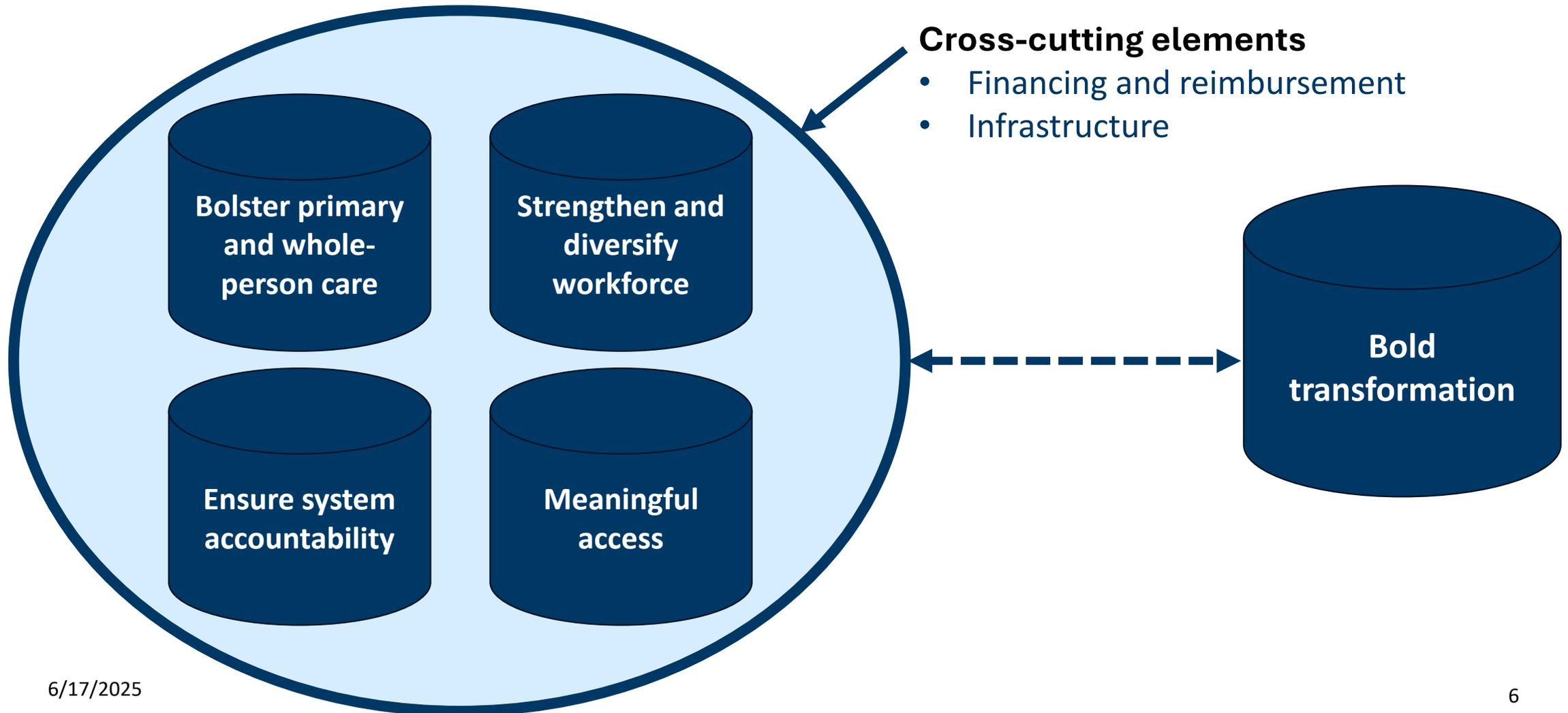
Welcome

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



Recommendation Development

Recommendation framework



- 1 – Support or can live with it
- 2 – Would support with changes
- 3 – Do not support

Considerations

- How big of an **impact** will this recommendation have?
- How **aligned** is this recommendation with the problems we're trying to solve, and with our vision?
- How **feasible** is its implementation?
- Is it **interconnected** with other 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.

Break

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 healthcare workers. Accrediting bodies can adapt it to their field but need to provide the same content. Include content for members of healthcare organization boards of directors.

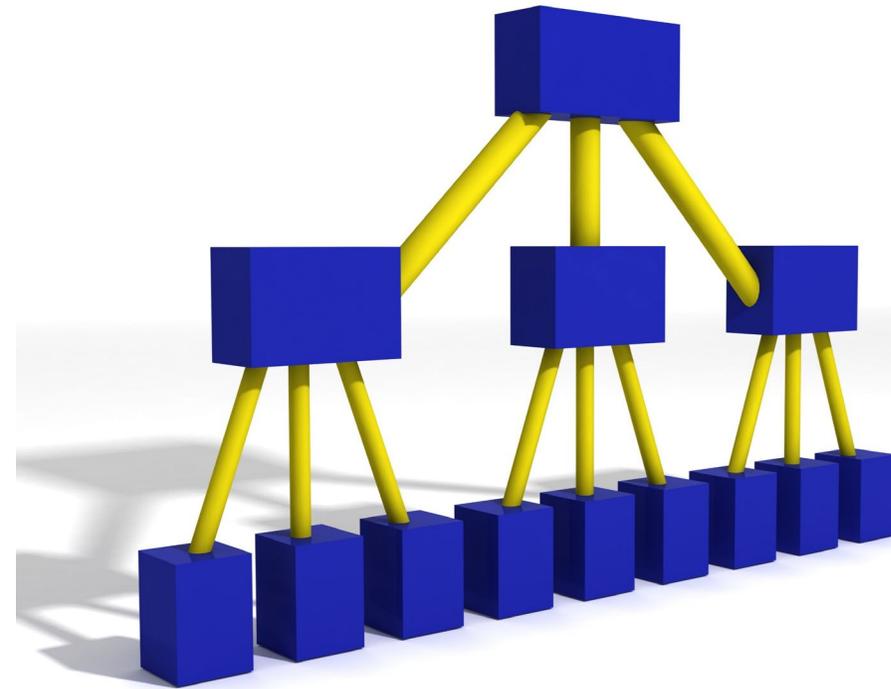
4.3 Address workforce inequities.

Minnesota to outline a framework and model to help healthcare organizations collaborate with stakeholders to examine and address systemic barriers that contribute to healthcare 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.

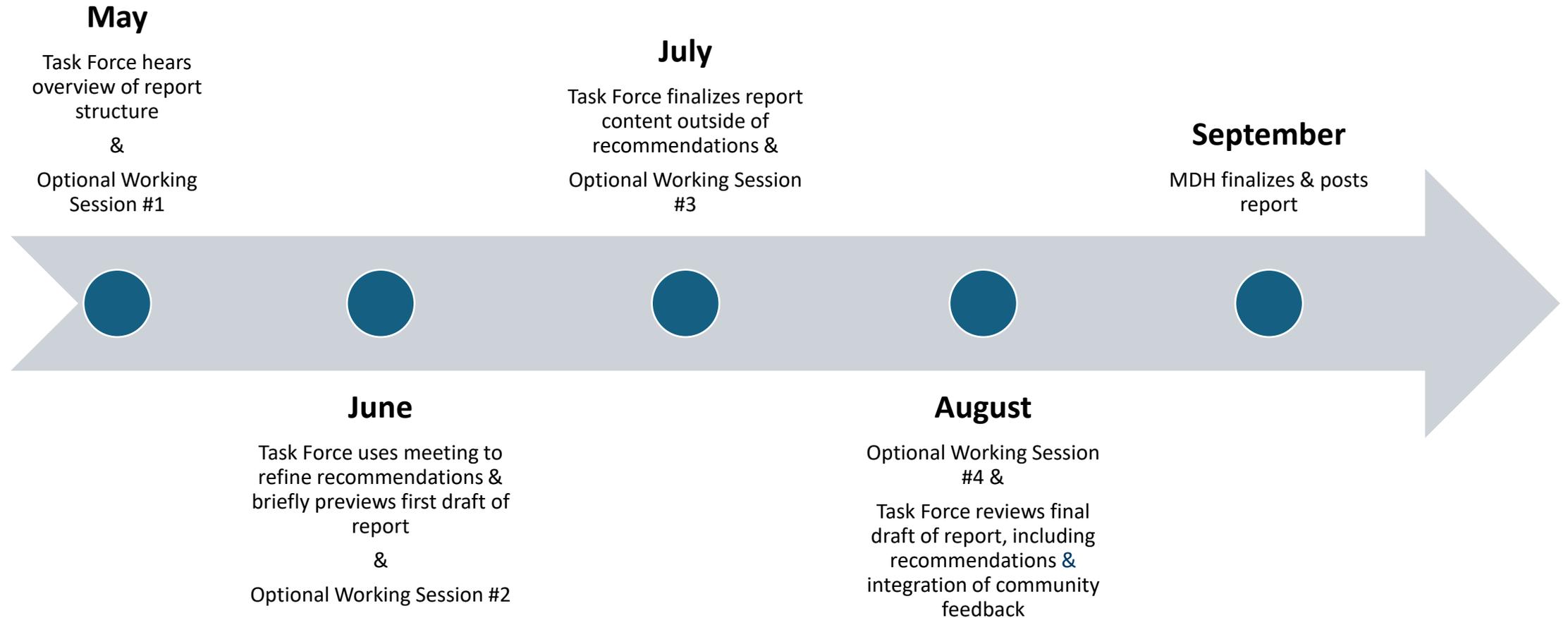
➤ Which leading recommendations are rising to the top as high priority?





Report Development Update

Overview of report development timeline



Topics for small group discussions

First Session (May 30)

- Solicit feedback on draft structure, outline & key messages
- Review examples of transmittal letters

Second Session (Jun. 25)

- **Focus on key messages for transmittal letter**

Third Session (Jul. 23)

- Begin to discuss integrating recommendations

Fourth Session (Aug. 4)

- Discuss integrating recommendations & feedback from community engagement

Update from Working Session #1

- We reviewed draft outline and high-level key messages, which we are also sharing here today
- Discussion points included:
 - Who is the audience for the report?
 - Will the report speak to those who are not "insiders" of the health care and health policy ecosystem? Will the report have meaning to "outsiders" and in what way?
 - Ideas about important concepts to include, which are highlighted on following slides

Letter from the Commissioner: Key messages

- Letter from the Commissioner
 - Commissioner's charge to the Task Force to be bold and think about transformative change as well as to offer more specific, practical recommendations
 - MDH is accepting the Task Force's recommendations with appreciation. Gratitude to Task Force members for their work and thoughtful deliberation
 - A priority for MDH to advance health equity

- Typically explains
 - A brief statement of why the recommendations are needed
 - Very high-level description of recommendations (for example, "The Task Force made recommendations in four areas...")
 - A description of who was involved in the work
 - Important context and framing about the recommendations
 - Often in the form of a letter, but can be structured in other ways
- Key messages to be determined by Task Force members

- Intended to function as a brief overview/framing of the report
- Content here will also likely depend on how the Task Force chooses to structure its Transmittal Letter
- Key Messages suggested by Task Force members
 - The social and political landscape has shifted significantly since the Task Force began its work
 - This evolution has informed both the Task Force's work and, likely, the interpretation of its recommendations

Executive summary: Key messages

- Many ideas in the recommendations have been proposed before...AND
 - Task Force is leaning into guidance from community about community priorities and perspectives about what would be most impactful
 - Task Force expects that MDH will
 - Help with implementing the recommendations and be transparent about how it is doing so
 - Take responsibility for *how* to carry out the recommendations
 - Hold accountability for MDH's role in doing the work and being transparent about other organizations' roles and progress in implementation

Introduction: Key messages

- Briefly describe range of inequities in the health care system
- Task Force's vision and definition of health care equity
 - Our **vision** is that structural and institutional wrongs will be addressed, cultural practices will be newly honored, and new modes of health care delivery will be created. The Equitable Health Care Task Force will engage with entities to act on a set of actionable recommendations.
 - **Health care equity** means the health care system is accountable for every person achieving and sustaining self-defined optimal health outcomes throughout their lives.
- Why and how did discussion come to be organized into four broad areas (Accountability, Meaningful Access, Primary and Whole Person Care, and Workforce)
- Brief description of Community Engagement and public comment process
- A description of the structure of the report

Background: Key messages

- How health care inequities are manifest throughout the health care system
 - Citations from research
 - Task Force problem statements summarized
- Social Determinants of Health, Health-Related Social Needs
- The goal here is to help explain the “why” Task Force recommendations are needed

Recommendations

- The Recommendations will be the focus of the report
- Each area of recommendations will be presented in a similar format
 - Some examples are suggested to be included
 - Feedback from Community Engagement process will also be included
 - Depending on the type of feedback received and how the Task Force uses that feedback to shape its recommendations, we may include a description of community engagement feedback in each area of recommendations or may incorporate elsewhere in the report (or both)

Conclusion: Key messages

- What have we learned from this Task Force process
- Reiteration of urgency of these issues
- Suggested next steps
 - Implementing the recommendations
 - Identifying remaining work

- Authorizing legislation
- List of members
- Description of Task Force process
- Summary of recommendations
- Summary of community engagement & feedback
- University of Minnesota resource guide
- Other key documents TBD



Meeting Close

Closing and action items

➤ Task force members will:

- Respond to recommendation assessment poll
- Prepare for July meeting

➤ Project team will:

- Summarize today's meeting
- Provide meeting slides

➤ Virtual working session: June 25

- Transmittal letter key messages

➤ Public listening session: July 15

➤ Next task force meeting: July 28

- Review engagement and public comment summary
- Further develop recommendations

Thank You

See you July 28, 2025!