DRAFT Agenda: Equitable Health Care Task Force

Date: 03/28/2024

Opening and welcome, 1:00 – 1:10 p.m.

Overview of meeting agenda and objectives.

Other relevant work, 1:10 – 1:45 p.m.

Minnesota Department of Health, Minnesota Department of Human Services, Agency for Healthcare Research and Quality.

Foundational groundwork, 1:45 – 2:15 p.m.

We will develop a vision statement and discuss our definition of "health care equity" to guide our work.

Break, 2:15 – 2:25 p.m.

Overview of roadmap and topics, 2:25 – 2:45 p.m.

Overview of proposed roadmap and health care equity topics and subtopics identified by task force.

Workgroup discussions, 2:45 – 3:40 p.m.

We will prioritize key areas of exploration and identify other interested parties to engage with.

Public comment, 3:40 – 3:50 p.m.

We will review public comments received in-between meetings.

Closing, action items, and preview of April meeting, 3:50 – 4:00 p.m.

We will recap the meeting and share upcoming next steps.

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A G E N D A

03/27/24

To obtain this information in a different format, call: 651-201-4520

Equitable Health Care Task Force Meeting #3

March 28, 2024

Hush Naidoo Jade Photography

Opening and Welcome

3/28/24

Acknowledgement of thanks

Thank you for diving in!

- Defining health care equity
- Discussing priority areas in health care
- Pre- and post-meeting surveys
- Reading materials and preparing for meetings
- Your commitment to advance equitable health care

Today's objectives

1. Learn about some aspects of MDH's health care equity work and gaps
2. Share what you would like to learn about DHS's health care equity work in preparation for the April meeting
3. Discuss grounding statements: vision and definition
4. Launch workgroups based on primary key health care equity content

Today's agenda

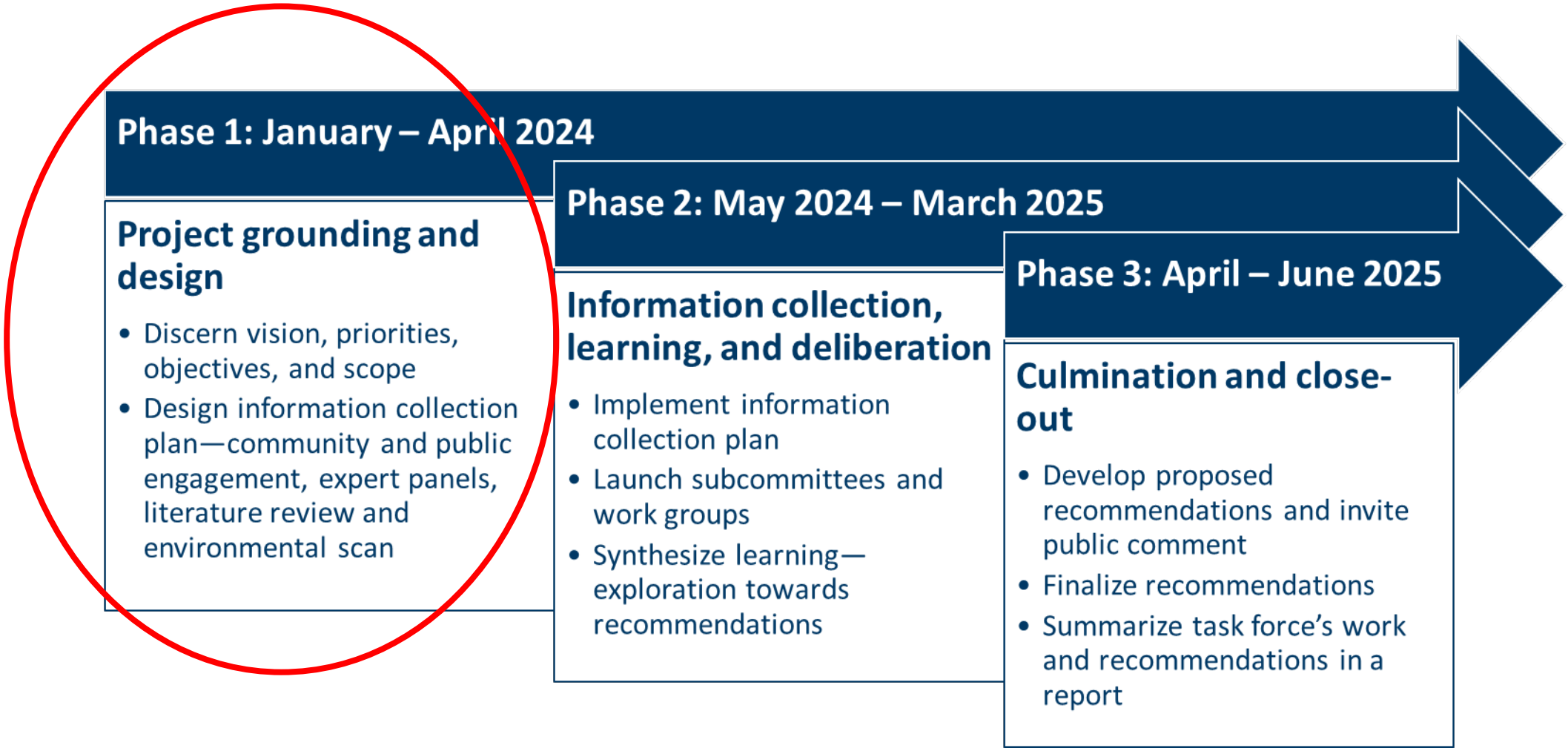
1:00 – 1:10 p.m.	Opening and welcome
1:10 – 1:45 p.m.	Highlights of MDH's health care equity work; preparation for DHS
1:45 – 2:15 p.m.	Task Force's foundational groundwork
2:15 – 2:25 p.m.	Break
2:25 – 2:45 p.m.	Overview of roadmap and topics
2:45 – 3:40 p.m.	Workgroup discussions
3:40 – 3:50 p.m.	Public comment
3:50 – 4:00 p.m.	Closing and action items

Grounding: Task force charge

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.

Milestone overview



Summary of February meeting

High level summary of notes

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

DEPARTMENT OF HEALTH

Equitable Health Care Task Force Meeting Summary

Meeting information

February 26, 2024, 1:00-4:00 p.m.
Place: Wilder Foundation, 451 Lexington Pkwy N, St Paul, MN 55104
MDH LiveStreamChannel
Meeting Format: Hybrid in-person and via WebEx

Members in attendance

Sara Bolnick, Elizete Diaz, ElijahJuan (Eli) Dotts, Mary Engles, Bukata Hayes, Joy Marsh, Maria Medina, Vaysng Moua, Mumtaz (Taj) Mustapha, Laurelle Myhra, Nneka Sederstrom, Megan Chao Smith, Sonny Wasilowski, Erin Westfall, Tyler Winkelman, Yeng M. Yang

Key meeting outcomes

- The task force's discussion of the term "health care equity" will inform the development of a shared definition for their work.
- The task force's deep dive into health care equity issues explored a vision of success as well as current inequities. Their insight will inform the finalization of objectives, scope, and methodology for the task force's efforts.
- The task force's preferences for incorporating public comment into this work will inform the design of future meetings.

Key actions moving forward

- Based on the insight provided by task force members, DeYoung Consulting Services and MDH will collaboratively draft a definition of "health care equity." The task force will be asked to review and give feedback.
- Given the task force members' insight that was captured during the discussions of health care equity issues, MDH and DeYoung Consulting Services teams will collaboratively draft project objectives, scope, milestones, timeline, methodology, and a framework for recommendations. The task force will have the opportunity to review these elements, which will be integrated into the final project charter.

Summary of Meeting Content and Discussion Highlights

Meeting objectives

The following objectives were shared:

MDH Health Care Equity Highlights

3/28/24

Insight from Commissioner Cunningham

Brooke Cunningham, MD, PhD

Minnesota Commissioner of Health

DHS and AHRQ report

1. What is most important to learn about in a first conversation with the **Minnesota Department of Human Services (DHS)** about their health care equity efforts?

2. Would you like a presentation on, "**Strategies to Address Racial and Ethnic Disparities in Health and HealthCare: An Evidence Map**"?
    - What questions do you have?

Foundational Groundwork

(DRAFT) Health care equity definition

Health care equity is achieved

when people who have historically been marginalized and socioeconomically disadvantaged **receive** the necessary resources and opportunities to access culturally congruent systems of care,

resulting not necessarily in equal care delivery but to achieve and sustain optimal health outcomes throughout their lives.

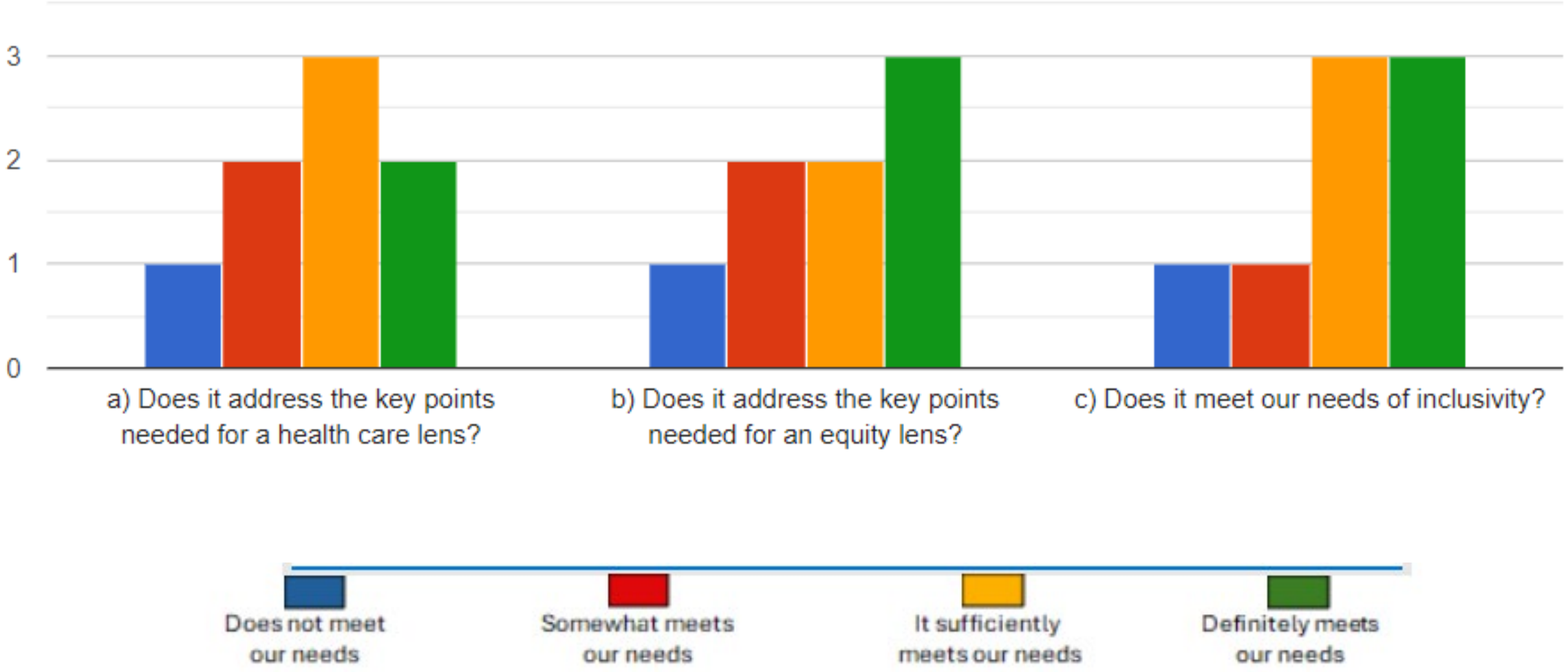
(continued on next page)

(DRAFT) Definition continued

This requires the health care system to **actively acknowledge and address racism** as a threat to public health, and **the history and vestiges of unethical practices** in health care that **perpetuate inequitable** access, care, and health outcomes.

Through **partnering with communities**, both internally and externally, to imagine and achieve their **fullest health potential**, providers, insurers, leaders, and other personnel in the health care system **take responsibility** to actively work **to eliminate barriers** due to racism, social isolation or any other consequence of social position or socially influenced circumstances experienced by people regardless of race, ethnicity, age, disability, gender identity, sexual orientation, nationality, socioeconomic status, or geographical background.

Draft health care equity definition survey results, N=8



Reaction

Type one number into the chat:

- "1" = I have major concerns
- "2" = I can live with it
- "3" = I like it

Please put your name in the chat if you have additional feedback and would like to work with DeYoung!

(DRAFT) Vision statement

The Equitable Health Care Task Force envisions a bold and long overdue future in which the health care system guarantees care that is high-quality, accessible and respectful of everyone's racial and cultural backgrounds, languages, locations, abilities, genders, sexual preferences, ages, and other intersecting identities. They envision health care organizations actively working against racism and other systems of oppression, and health care leaders who accept accountability for equitable outcomes.

In the pursuit of this vision, the Equitable Health Care Task Force intends to engage with entities that will be called upon to act on the set of measurable and actionable recommendations the task force creates.

Break

Overview of roadmap and topics

3/28/24

Roadmap

Project grounding and design: Exploration and ideation

January 2024

Meet on the 17th

Task force: Launched

February

Meet on the 26th

Topics and priorities: Explored

March

- Meet on the 28th
- Workgroups: Launched

April

- Meet on the 25th
- Workgroups: Confirmed
- Workplans: Drafted
- Environmental scan: Defined
- Engagement plan: Drafted

Information collection, learning, and deliberation

June

- Meet on the 26th
- Workplans: Finalized
- Engagement plan: Finalized

August

- Meet on the 21st
- Environmental scan: Results

October

- Meet on the 24th
- Identify prospective solutions

December

- Meet on the 9th
- Solutions: Digging deeper

February 2025

- Meet on the 12th
- Solutions and potential recommendations synthesized

Culmination and close-out: Recommendations

April

- Meet on the 10th
- Recommendations and call to action: Initial draft

May

- Meet on the 20th
- Recommendations and call to action: Public input

June

- Meet on the 17th
- Recommendations and call to action: Finalized

*Workgroups meet in-between task force meetings

Meeting format

Task force meetings will:

- Incorporate a large group and small group format
- Have report-outs from workgroups
- Aim to have guest speakers relevant to topics of interest

Workgroup meetings:

- Workgroups should meet in-between task force meetings and then discuss findings with large group

Workgroup scope and responsibilities

Workgroups are responsible for exploring and identifying key gaps, barriers, opportunities, and recommendations within the purview of their workgroup topic

Additionally, members are responsible for:

- ✓ Discerning objectives, information needed, and key partners, experts, and interested parties (e.g., health care providers, patients, community groups, health care systems, etc.) who can provide additional insights and perspectives
- ✓ Developing a workplan, inclusive of milestones and tasks
- ✓ Providing updates to the task force, and inviting and incorporating feedback
- ✓ Creating short- and long-term recommendations to be shared with MDH and other parties responsible for taking action

Co-leads will steward workgroups and liaise with DeYoung and MDH

Task force members may participate in more than one workgroup

Workgroup supports

DeYoung Consulting Services and MDH will:

- Schedule and facilitate meetings, prepare materials, write summaries
- Provide technical assistance, e.g., obtain needed information, assist with engagement efforts

Workgroup Activation

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Today's workgroup objectives

- Review and dig deeper into the synthesized list of key topic areas from past three months of data gathering.
- Identify two co-leads for the workgroup.
  - They will be responsible for:
    - keeping the workgroup on track and moving forward,
    - serving as a point of contact for DeYoung Consulting Services amd MDH, and
    - preparing workgroup updates for future task force meetings.

Moving into workgroups

Steps to take

1. Task force: Self-select which work group you would like to join

   Indicate via chat

2. MDH: Build breakout sessions in real-time

3. Sessions will last 40 minutes

POST breakout session

Task force: Report out via chat co-leads and any next steps identified prior to April meeting

Quality and access
- Angie

Delivery
- Xp

Financing
- Anna

Workforce
- Vanessa

Questions to explore

General review

- What is missing from this list that needs to be discussed?
- What do we already know?
- Which of these areas are of greatest need?

Digging Deeper

- Who do you need to engage with?
- What do you need to know to ultimately identify short- and long- term solutions?

Resources available today!

- Handout: Key Health Care Equity Issues
- DYCS or MDH moderator for facilitation support

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.

Ground rules, continued

- **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.
- **Mistakes are good** and we will work them out

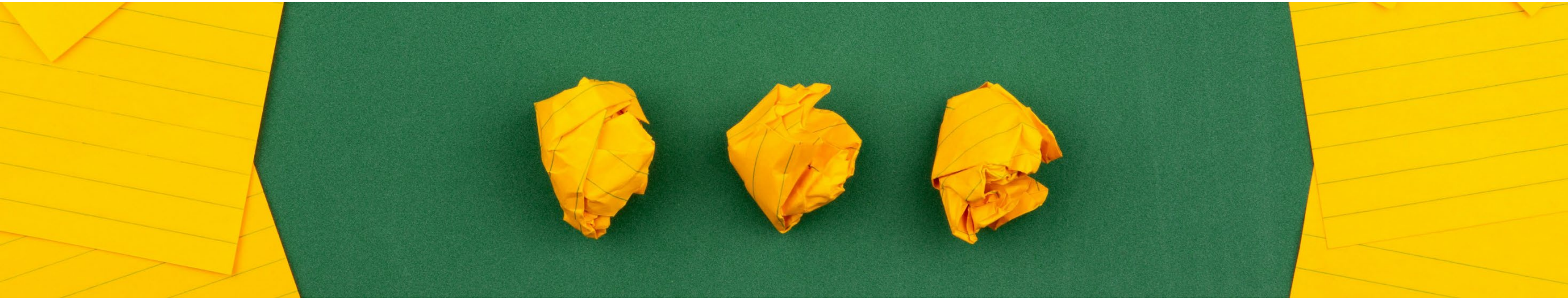
Wrap-up

THANK YOU for your time and energy during the workgroup sessions!

Next steps

Via CHAT box, please

- ❑ Indicate the two co-leads for your respective group
- ❑ What, if any, interim steps your group will take between now and April 25th meeting
- ❑ What, if any, resources/support is needed from DYCS/MDH teams



Volodymyr Hryshchenko

Public Comment

Comment #1

I have been watching the event online from the YouTube channel. I learned of the event from the MDH mailing list (by email) and did not receive a Webex invitation, so I cannot comment through Webex.

The following is my comment for the Group 1 question asked:

- When I think of health care equity, I think of similar costs for various populations.

- What concepts come to mind – for individuals with disabilities healthcare costs are based on higher need and therefore higher consumption (such as increased copays every time the doctor is visited).

The **current healthcare system**, unless if someone qualifies for Medicaid, **charges more for the medically fragile or disabled populations** than the healthy populations. In other words, the disabled or medically fragile are more likely to achieve their out-of-pocket maximum rather than healthy populations.

- ✓ **Innovations, such as capping co-pays, or other innovations that are possible in computer claims processing systems to make healthcare more equitable** for individuals with disabilities not yet on Medicare are my thoughts.

- ✓ I was thinking of **applying co-pay caps more as an example for individuals who receive coverage** through private plans, rather than through public plans.

- ✓ Considering **reducing MA-EPD premiums** would also benefit the population of individuals with disabilities. MA-EPD is MA for Employed Persons with Disabilities.

Comment #2

Recommendation that people take a look at this, “The Patient Revolution”.

- It’s inclusive in that everyone is welcome Including Patients. It’s free and there a learning group (A cohort). And once finished, can be a “Fellow”.
- There’s a Minnesota connection too in that Dr Montori (Mayo Clinic) is a co-founder.

- Please consider collaborating with this group and please let people know about this resource.
- And Please remember for your efforts to work well Patients and family members Need to be fully included.
- Will you have subcommittees that include people from the public?
  - Including Older people and People with disabilities (the biggest equity group and often left out of equity efforts).

Public comment discussion

- What stands out to you in these comments?
- What do you see in these comments, if anything, that should be considered for discussion in a future task force meeting?

Daniel Tanase

Meeting Close

Closing and action items

- Next meeting is April 25, 1:00 – 4:00 p.m.
- After the meeting, watch for:
  - Post-meeting evaluation and other follow up items
  - Meeting summary
- Announcement
  - Angie Koch’s departure

Thank You!

See you April 25, 2024!