



Agenda: Equitable Health Care Task Force

Date: 01/22/2025

Opening, 1:00 – 1:10 p.m.

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

Pulse check, 1:10 – 1:25 p.m.

Summary and discussion of learnings from check-ins with task force members.

Recommendation development, 1:25 – 3:25 p.m.

The Task Force will test and refine an approach on a draft recommendation. We will take a break as time allows.

Tribal health care systems 101, 3:25 – 3:55 p.m.

Introduction to Tribal health care systems from the MDH Tribal Liaison.

Closing and action items, 3:55 – 4:00 p.m.

We will review our accomplishments and share upcoming next steps.

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01/22/25

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Equitable Health Care Task Force Meeting #10

January 22, 2025



Opening

Thank you for
your
continued
efforts!

- Workgroup meetings and pulse checks
- Reading materials and preparing for meetings
- Your commitment to advance equitable health care

Today's objectives

- Test and reflect on a collaborative recommendation development process
- Plan next steps for engaging external perspectives such as community members into recommendations
- Learn about Tribal health care systems

Today's agenda

1:00 – 1:10 p.m. Opening

1:10 – 1:25 p.m. Summary of pulse check conversations

1:25 – 3:25 p.m. Recommendation development (5-minute break at 2:15)

3:25 – 3:55 p.m. Tribal Health Care Systems

3:55 – 4:00 p.m. Closing and action items

Summary of December 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

- December 9, 2024, 12:00-3:00 p.m.
- MDH LiveStreamChannel
- Meeting Format: WebEx

Members in attendance

Sara Bolnick, Elizete Diaz, ElijahJuan (Eli) Dotts, Mary Engels, Marc Gorelick, Joy Marsh, Maria Medina, Laurelle Myhra, Miamon Queeglay, Nneka Sederstrom, Megan Chao Smith, Sonny Wasilowski, Erin Westfall, Tyler Winkelman, Yeng M. Yang.

Key meeting outcomes

- Task force members gave important feedback about the recommendation development process and their experience on the task force in general.
- Preliminary findings from the University of Minnesota (UMN) Research Team's rapid evidence scan were shared, and the task force provided important feedback regarding new lenses and new areas for inquiry.

Key actions moving forward

- MDH will consider the feedback received about the task force's experience so far and respond to the task force with their thoughts about moving forward.
- Task force members are encouraged to follow up on the discussion with the UMN Research Team by either contacting health.equitablehealthcare@state.mn.us or posting in Teams.
- Task force members are encouraged to continue to add opportunities to the [Opportunity Matrix](#), to inform the ongoing development of recommendations.

Summary of Meeting Content and Discussion Highlights

Meeting objectives

The following objectives were shared:

- Further develop and refine the recommendation development process
- Learn about what the UMN Research Team is finding

Phases 1-3



Project Grounding
and Design

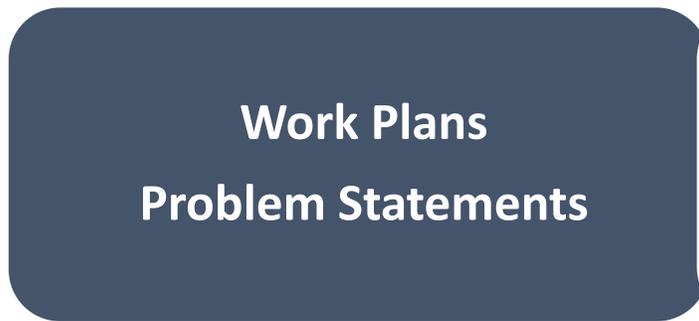


Information
Collection, Learning
and Deliberation

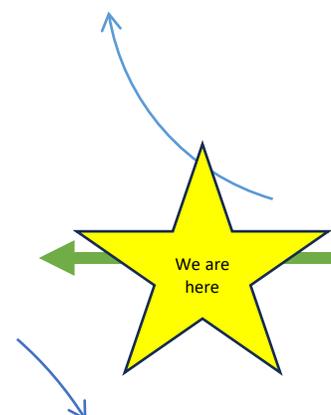


Recommendation
Development

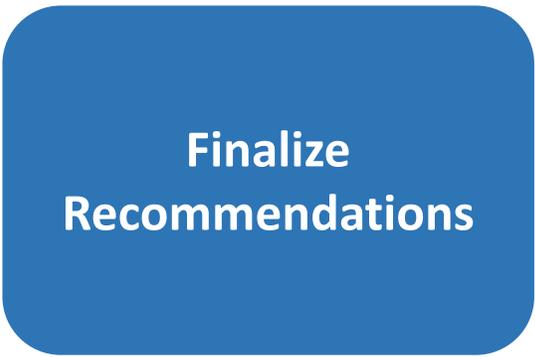
Phase 1: Project Grounding, Initial Inputs



Phase 2: Learning and Capturing Information



Phase 3: Developing Recommendations





Summary of Pulse Check Conversations

- Importance of community voices
- Lack of clarity, confusion about the process
- Process feeling too corporate
- Transformational versus incremental change
- Co-chair idea

- Process concerns
 - Fostering connection among task force members
 - ✓ The day-long retreat is scheduled for March 14
 - ✓ All meetings in 2025 are hybrid with in-person and virtual options
 - Open communication pathways
 - ✓ Reinstate post-meeting feedback survey
 - ✓ Reserve time at end of mtgs for reflections, in-the-moment pulse checks
 - ✓ MDH and DYCS are always open to conversations with members, please reach out
 - ✓ Other formal and informal check-ins
- Recommendation development
 - Transformational change
 - Community engagement
 - Co-chairs or co-leading other activities



Recommendation Development

- Recommendation framework
- Recommendation development exercise
- Reflection
- Community engagement
- Timeline



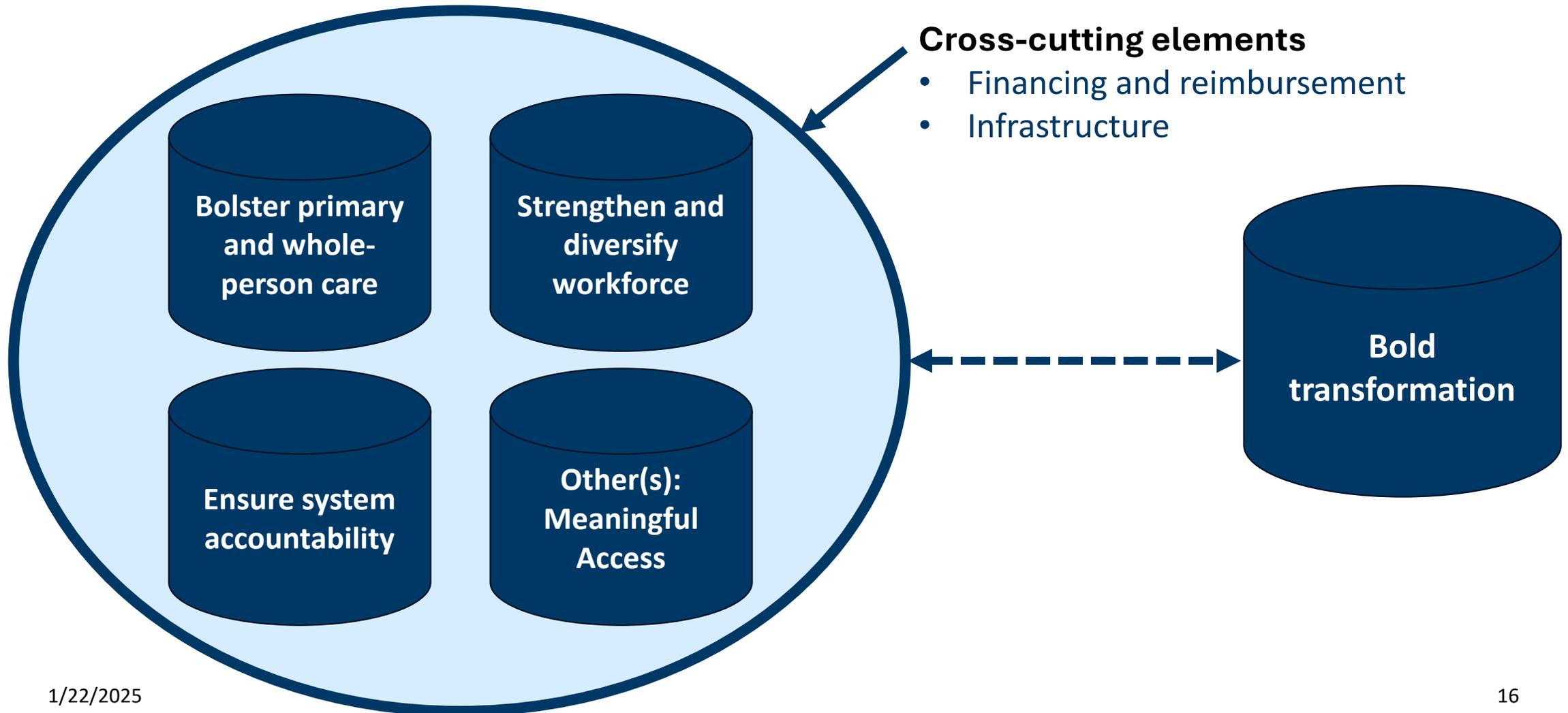
Welcome from Commissioner Cunningham

Brooke Cunningham | Commissioner of the Health

Exercise objectives

- Experience what it's like to develop recommendations
- Draft recommendations on a topic
- Assess the drafts to understand what recommendations can look like
- Determine your recommendation development approach going forward

Recommendation framework



Recommendation structure

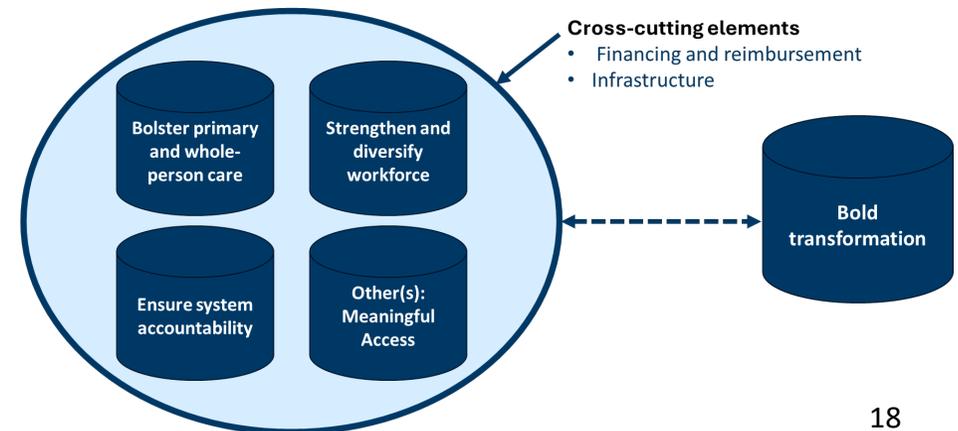
- Recommendation drafting "bucket"
- Topic (or subtopic)
- Rationale
- Recommendations
- Process: iterations

Recommendation development exercise: Example

Recommendation drafting bucket: Bolster primary and whole-person care

Subtopic: Community health workers (CHW)

Expand, finance, and sustain the Community Health Worker (CHW) workforce in Minnesota to increase statewide access to appropriate and effective CHW services to improve cultural, language and community responsive health care access, patient experience, quality and cost of care, and equitable care and health outcomes.



Recommendation development exercise: Rationale

- Rationale/Background/Evidence: According to the American Public Health Association, Community Health Workers (CHWs) are trained frontline public health professionals that often come from the communities that they serve and act as a liaison and link between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. [Evidence shows](#) CHWs improve access to care and health outcomes, and reduce disparities through cultural, language, and community specific navigation, education, advocacy, and linkage to services. CHWs play a crucial role in addressing health related social needs (HRSNs), which are key drivers of health disparities and health care costs. Access to CHWs lower health care costs and improve quality and satisfaction, including through fewer ER visits and hospitalizations. [A recent study](#) found a \$2.47 return on investment for every Medicaid dollar spent on CHW interventions.

First pass draft recommendations

- 1) Working with schools and health care providers to increase a pipeline of diverse health care workers by sponsoring CHW training. *(OM)*
- 2) CHWs provide follow-up wraparound services to ensure patients are getting to the next appointment and referrals are scheduled in a timely manner. *(OM)*
- 3) CHWs provide transportation needs. *(OM)*
- 4) Establishing a state office to implement CHW policies and coordinate stakeholders. *(SME)*
- 5) Incorporating CHWs and CHW stakeholders in state advisory boards/work groups. *(SME)*
- 6) Partnering with State Medicaid on payment policies and rates, CHW services claims tracking and reports. *(SME)*
- 7) Incorporating funding for CHWs into state initiatives to address social determinants of health/health related social needs, community care hub infrastructure. *(SME)*
- 8) Financial aid and funding for CHW training and apprenticeship programs, offering specialization pathways, and expanding the CHW workforce. *(SME)*
- 9) Education, training, and support for CHW Supervisors and employer organizational readiness and sustainability. *(SME)*
- 10) The legislature should support the Minnesota Department of Health and Department of Human Services to develop opportunities to advance and sustain the CHW workforce in Minnesota. *(SME)*

OM = Opportunity Matrix, SME = Subject Matter Experts

Recommendation development exercise: Steps

1. Discuss content
2. Discuss the process
3. Wrap-up

Step 1: Instructions

- Approximately 20 minutes
- Read the draft recommendations
- DeYoung Consulting Services will facilitate a guided discussion
- Large group or small groups?

- This is a starting point
- These are your recommendations
- At this stage, do not
 - Wordsmith
 - Make decisions about inclusion or prioritization in the final set of recommendations

Discussion and development

Step 1: Discussion

- What are your initial reactions?
- How would you like to modify them?
- Is anything missing?
- Is the rationale/justification sufficient? Would a reader understand how this would resolve the challenges you're attempting to address?
- Is there any other information you need to further develop these recommendations?
- To what extent would these recommendations move the Task Force towards its vision of a more equitable health care system? How would you strengthen it?

Break

Step 2: Process discussion

- What was it like for you to start with an example from MDH that you could develop further?
- What does iterative recommendation development look like going forward?

Step 3: Other considerations and wrap-up

- Other leadership
- Transformational change
- Draft Community Health Worker recommendations

Engagement approach

Objectives: Obtain input on emerging recommendations and probe for whether these solutions are headed in the right direction, what is missing, and what would be most impactful and make the biggest difference

Methods

Focus groups and interviews	Public input	Other
<ul style="list-style-type: none">Organizations and bodies representing, serving, and advocating for communities impacted by health care disparitiesHealth care providers and payers and the organizations that represent themFacilitated by MDH vendor	<ul style="list-style-type: none">Listening sessions<ul style="list-style-type: none">Open to observation by task force membersWritten comment	<ul style="list-style-type: none">Community panel during task force meetingTask force members reach out to community members and peersTask force members hold listening sessionsIncorporate community input from other related efforts

Timeline





Tribal Health Care Systems 101

Ravyn Gibbs, MDH Tribal Liason



Tribes and Tribal Health Care Systems

Ravyn Gibbs | Tribal Liaison

- Tribes in Minnesota

- Overview
- Locations

- Policy Affecting AI Health Outcomes and Disparities

- Historical Context
- Current Policies
- Health Disparities
- Cultural and Social Factors

- Tribal Sovereignty

- Overview

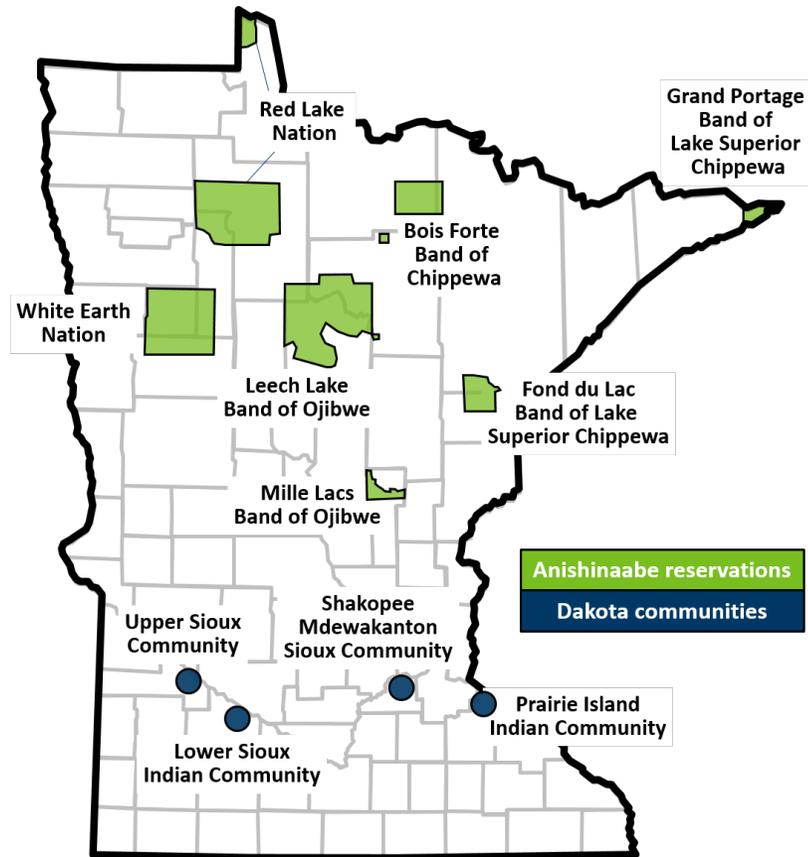
- Tribal Health Care Systems

- Local Health
- State Health
- Federal Health

- Q&A

- Discussion on upcoming learning and engagement session

Tribes in Minnesota



Tribe	Shares geography with	Tribal Leader
Bois Forte Band of Chippewa	Koochiching, St. Louis counties	Chairwoman Cathy Chavers [until 1/30/25]
Fond du Lac Band of Lake Superior Chippewa	Carlton, St. Louis counties	Chairman Bruce Savage
Grand Portage Band of Lake Superior Chippewa	Cook County	Chairman Robert "Bobby" Deschampe
Leech Lake Band of Ojibwe	Beltrami, Cass, Hubbard, Itasca counties	Chairman Faron Jackson
Mille Lacs Band of Ojibwe	Mille Lacs County	Chief Executive Virgil Wind
Red Lake Nation	Beltrami, Clearwater counties	Chairman Darrell Seki
White Earth Nation	Becker, Clearwater, Mahnomon counties	Chairman Michael Fairbanks
Lower Sioux Indian Community	Redwood County	President Robert "Deuce" Larsen
Prairie Island Indian Community	Goodhue County	President Grant Johnson
Shakopee Mdewakanton Sioux Community	Scott County	Chairman Cole Miller
Upper Sioux Community	Yellow Medicine County	Chairman Kevin Jensvold

Policies Affecting AI Health Outcomes and Disparities (1)

- Historical Context

- Colonialism and Forced Relocation
- Boarding School
- Genocide and Violence
- Eras of Federal Policies

- Impact

- Intergenerational Trauma
- Economic Inequality

- Current Policies

- Indian Health Services
- Medicaid and CHIP
- Food Security Programs
- Education and Workforce Development
- Mental Health and Substance Use
- Legal and Policy Approaches

Policies Affecting AI Health Outcomes and Disparities (2)

- Health Inequities

- American Indians in Minnesota have a life expectancy 12-13 years shorter than white Americans
- Leading causes of death include heart disease, cancer, chronic lower respiratory diseases, diabetes, and stroke.
- Mental health a critical concern, with increased rates of depression, substance use, and suicide.

- Cultural and Social Factors

- Indigenous Social Determinants of Health
- Cultural Identity
- Community Connections
- Traditional Practices
- Connection to land and natural resources
- Resiliency

Tribal Sovereignty

- **Definition:** The inherent right to self-governance.
- **Historical Context:** Recognition of sovereignty by the US Government.
- **Legal Foundations:** Treaties, U.S. Constitution, and court rulings.

Tribal Sovereignty is **crucial** because it allows Tribes to **maintain autonomy in governing** their cultural, social, and economic matters – **ensuring the preservation in traditions and ways of life.**

Understanding Tribal Sovereignty is essential for **appreciating the unique political and legal status of Tribal Nations** and importance of respecting their **self-governing rights.**

Tribal Health Care Systems - Local

- Tribal Health Clinics
- Community Health Partners
- Collaboration with Local Health Departments
- Local Initiatives and Partnerships

Tribal Health Care Systems - State

- Minnesota Department of Health
 - Office of American Indian Health
- Minnesota Department of Human Services
 - Office of Indian Policy
- Cultural Sensitivity Training
- Policy Advocacy and Support

Tribal Health Care Systems - Federal

- Indian Health Services
 - 638 Contracts
- Federal Funding and Programs
- Intergovernmental Relations
- National Advocacy and Support
 - National Congress of American Indians (NCAI)
 - National Indian Health Board (NIHB)
 - National Council of Urban Indian Health (NCUIH)

Q & A and Discussion

- Questions?
- Comments?
- Questions for engagement and learning session:
 - What do you want to learn more about?
 - What do you want to learn from our featured Tribal partner?
 - Others?

Thank You!

Ravyn Gibbs

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Meeting Close

Closing and action items

➤ Task force members will:

- Complete post-meeting survey

➤ Project team will:

- Summarize today's meeting
- Provide meeting slides to the task force

➤ Virtual session: January 24, 10:00 – 11:00 a.m.

➤ Next meeting: February 12, from 1:00 – 4:00 p.m.

➤ Full day retreat: March 14, 9:00 am – 4:00 p.m.

Thank You

See you February 12, 2025!