**mn DEPARTMENT OF HEALTH**

# Equitable Health Care Task Force Meeting Summary

## Meeting information

- January 22, 2025, 1:00-4:00 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, Vayong Moua, Laurelle Myhra, Miamon Queeglay, Nneka Sederstrom, Megan Chao Smith, Sonny Wasilowski, Erin Westfall

## Key meeting outcomes

- A summary of individual "pulse check" conversations was shared to reflect the insight from task force members regarding concerns and ideas for moving forward in our process.
- Commissioner Cunningham gave remarks about task force concerns, recognizing and encouraging progress in the face of challenges.
- Task force members engaged in a recommendation development exercise and provided feedback for moving forward with the recommendation development process.
- Task force members learned from the MDH Tribal Liaison about Tribes and Tribal health care systems.

## Key actions moving forward

- Task force members are asked to complete a post-meeting survey.
- MDH will consider the feedback received about the task force's development of recommendations for transformational and incremental changes.
- 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:

- Test and reflect on a collaborative recommendation development process.

- Plan next steps for engaging external perspectives such as community members into recommendations.

- Learn about Tribes and Tribal health care systems.

## Welcome and grounding

Task force members were welcomed, and the agenda was reviewed. The meeting summary from December was shared. No public comments were received since the last task force meeting.

## Summary of pulse check conversations

Facilitators shared a summary of the individual conversations held with 12 task force members after the December meeting. These conversations, offered to all members, were suggested by the task force to further explore some concerns expressed during the December meeting about the process overall. Themes that emerged from the conversations were shared and summarized with examples. The high-level themes were:

- Concerns expressed resonate to some extent

- Importance and perceived lack of community voice in the process overall

- Lack of clarity of the end goal and the steps to get there

- Process feeling too corporate

- Recommending transformational change is critical, alongside incremental change

- Feeling disconnected from other task force members and from content of discussions

- Co-chair model is somewhat appealing but not to everyone

- Many ideas for moving forward

There was a comment from a task force member about the meaning of "transformational change," emphasizing that it about magnitude and significance of change and not necessarily the destruction of something or the dismantling of something that is positive. The HEAL Council and MDH Health Equity Bureau were mentioned as community engagement resources for the task force, not as a proxy for community, but tapping into things that are already in place.

MDH presented their ideas for responding to these concerns with action, including:

- Fostering connections among task force members

- Reinforcing open communication pathways

- Discussing transformational change

- Moving forward with community engagement

- Considering task force co-chair idea or co-leading other activities

## Commissioner's remarks

Commissioner Cunningham shared remarks about where the task force is in the process and her thoughts about progress. At a high level, the Commissioner's remarks covered the following:

- The ground for equity is shifting, but the work continues. Perseverance is needed despite obstacles, and it is important to focus on dismantling racism and serving people.

- Encouragement and solidarity are crucial, even with diverse perspectives. The work is messy. This process is a starting point, not an end. While imperfect, it is valuable.

- The collective commitment to this work for the well-being of all people living in Minnesota is appreciated.

- The task force's recommendations are important and she looks forward to the next steps of recommendations becoming the catalyst that's needed.

- Appreciation for the task force's commitment to the work and process of making recommendations to forge an equitable health care system in Minnesota.

## Recommendation development

MDH shared the framework for recommendations that was first presented in December, including high level "buckets" and an acknowledgement of task force feedback.

An example of a rough draft of recommendations was shared, specifically about community health workers (CHWs). The task force broke into small groups to review and discuss the example. The discussion was meant to be a starting point for the task force to take a first pass at developing recommendations.

Small group 1 discussion touched on:

- Concern about resources being monopolized by the Twin Cities, including for an e-bike program, and the need for different pathways for people outside the Twin Cities.

- Example recommendations vary in level of detail and we need to decide on the right level.

- Question about the process to prioritize recommendations, potentially based on impact. Suggestion to rank recommendations by type (governance, services, etc.).

- Community vetting and validation is important.

- Recognize overlap with workforce and health equity impacts.

- Need to clarify target audience (legislature, payor, provider)—include actors in the framework.

- Use plain language, avoid jargon, to ensure accessibility to those outside of health care.

- Clarify MDH's role in putting together recommendations.

Small group 2 discussion touched on:

- Example recommendation provides a place to begin on addressing access and equity issues in providing culturally responsive care with CHWs, but it does not address the needs for transformational level change.

- Recommendation needs to address barriers to workforce diversity among CHWs.

- Embedding community accountability measures into each recommendation could enhance the recommendations and inspire transformational change.

After the small group breakouts, the full task force discussed their feedback on the example and their experience processing it. At a high level, their comments included:

- Transformational and incremental recommendations

  - Our recommendations should address bias in health care, not basic things.

  - Recommendations are needed to facilitate collaboration between community organizations and health care institutions to leverage community expertise and avoid big institutions imposing services without community knowledge.

  - The example recommendations lack a community perspective. Recommendations should include community voices and be community-centered.

  - Accountability should be written into recommendations.

  - Recommend that we come up with a bold way of having community have real power in terms of determining how accountable health care is through our recommendations.

  - Bold, transformative ideas are needed to ensure health care accountability and address root causes. There is fear about losing ground due to federal threats. There is a call to push for both bold and pragmatic changes. "Pragmatic dreaming" was emphasized.

  - The task force role is more about acting upon existing recommendations rather than generating recommendations that already exist and we've known about for decades. The task force should provide policy and political cover and connect with community efforts.

  - We have the opportunity to act on long-standing recommendations, not rediscover them.

  - National conversations about transformation should be considered. There's a need for both straightforward recommendations and transformational ideas to address systemic issues and hold systems accountable.

- Draft CHW recommendations and exercise

  - This exercise was helpful in informing the Workforce Workgroup's approach to recommendation development.

  - Systems are not working well with CHWs, Native communities, and other communities, and there's a need to address bias to avoid perpetuating harm.

MDH affirmed the task force's interests in making recommendations for bold transformation and incremental change, and holding that tension moving forward.

## Engagement Approach

In response to the task force's priority of obtaining input from communities and others on emerging recommendations, high-level options for engagement methods were offered for moving forward. Options included:

- Focus groups and interviews

- Public input

- Other methods suggested by the task force, e.g., community panel, member-organized listening sessions, community input from other efforts, outreach by task force members to community members and peers

A link to a poll was provided for task force members to provide input on community engagement, including their preferences for multiple engagement methods.

MDH asked the task force for their initial thoughts about the possibility of extending the timeline for the work overall, given the significant amount of work remaining. No comments were received.

## Tribal Health Care Systems

Ravyn Gibbs, MDH Tribal Liaison, provided a high-level overview of the 11 Tribes that share geography with Minnesota, Federal Indian Policies and the impact on the health status of American Indian people, and Tribal health care systems in Minnesota. Her presentation touched on:

- Overview and location of Tribes in Minnesota

- Policy affecting health outcomes and disparities

- Tribal sovereignty

- Tribal health care systems at the local, state, and federal level

The task force was invited to ask questions or give comments. Their comments touched on:

- Tribes often provide health care that is not funded by Indian Health Services. Despite a perception that tribes are well funded, there are problems with bias within these federal programs, and misunderstandings of Tribal needs and services. The federal government uses an archaic and inaccurate way of establishing funding.

- There were questions about the statute requiring state agencies to engage with Tribes and whether Tribes have created or supported any health care policies that the task force can consider and potentially advance.

  - Ms. Gibbs serves in the Tribal Liaison role at MDH. Resource provided by Ms. Gibbs: https://www.revisor.mn.gov/statutes/cite/10.65

  - Resource provided by Dr. Chomilo: Pathways to Racial Equity in Medicaid: Improving the Health and Opportunity of American Indians in Minnesota

## Closing and action items

MDH asked the task force for their preferences for the scheduled learning session on January 24. Given no comments, MDH will communicate next steps. A meeting summary is to follow.

The task force was reminded about the next meetings:

- February 12, 1:00 – 4:00 p.m.
- Full day retreat: March 14, 9:00 a.m. – 4:00 p.m.

# 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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