

Equitable Health Care Task Force Meeting Summary

Meeting information

June 17, 2025, 10:00 a.m. – 1:00 p.m.

MDH LiveStreamChannel

Meeting Format: WebEx

Members in attendance

Elizete Diaz, Mary Engels, Marc Gorelick, Bukata Hayes, Joy Marsh, Maria Medina, Mumtaz (Taj) Mustapha, Erin Westfall, Tyler Winkelman, Yeng M. Yang

Key meeting outcomes

- Task force members shared their level of support for each leading recommendation.
- The task force reviewed the draft report outline and key messages.

Key actions moving forward

- MDH will send an online survey to the task force, allowing members who did not attend today's meeting to score each leading recommendation, and allowing all members to make additional comments.
- MDH will revise the leading recommendations and sub-recommendations based on the task force's insight.
- Task force members are invited to attend the public listening session on July 15 from 5-7:30 p.m.
- Task force members may encourage colleagues and peers to submit public comments. MDH will send talking points and a worksheet for task force members to use in those conversations.

Task force members are encouraged to continue to review draft recommendations, make comments, and contact MDH with questions and 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 May meeting was shared. The task force had no questions or concerns.

Recommendation development

Task force members engaged in an exercise to score each leading recommendation to indicate their level of support and suggest changes needed to increase their support. Sub-recommendations and action steps were not included in this activity to preserve enough time to work through the leading recommendations and because feedback from listening sessions and the public comment period may further inform the task force's refinement of sub-recommendations. Nevertheless, task force members were encouraged to consult sub-recommendations during the scoring activity if that would aid in their decision-making.

The scoring options were as follows:

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

The table below shows a snapshot of the 19 leading recommendations that were scored by topic, and a high-level summary of the task force insight for each. Some insight applied to all recommendations, including:

- The report should include an overarching message that the recommendations are interdependent, not an a la carte menu—they are designed to work together.
- There is a need to clarify who the recommendations are aimed toward (e.g., state agencies, providers, payers), recognizing that multiple entities are likely involved in the implementation of each recommendation.
- As part of its supporting role for the task force, MDH may combine like recommendations and sub-recommendations, re-order recommendations, and streamline content.

Summary of Task Force Insight and Scores

Topic	Leading recommendation	Insight	Score
Ensure system accountability	1.1 Ensure full and equitable health care coverage for American Indian communities and Tribal citizens in Minnesota.	May fit better under Access rather than Accountability due to reference of health care coverage.	Support= 7 Support with changes = 1

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Topic	Leading recommendation	Insight	Score
Ensure system accountability	1.2 Minnesota should strengthen and harmonize its approach to health care patient protection.	Unclear what problem this addresses. Concerns raised about creating a new office vs. strengthening existing processes. Sub-recommendations need clarification to align with intent.	Support = 5 Support with changes = 1 Support with changes/Do not support = 1
Ensure system accountability	1.3 Health care in Minnesota should have community co-leadership and equity-focused oversight.	Request to clarify the entities responsible (agencies, organizations) and implementation details.	Support = 4 Support with changes = 4
Ensure system accountability	1.4 Minnesota should strengthen data infrastructure to advance health care equity.	Recommendation to explicitly include data protections and ensure a systems approach across the health care ecosystem.	Support = 5 Support with changes = 1
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.	Strong support for universal health care. Coverage alone does not eliminate inequities, yet universal coverage is an essential component of creating an equitable health care system. Request to clarify meaning of baseline comprehensive care (e.g., does “baseline” mean “primary care”?).	Support = 6 Support with changes = 1 Support/Support with changes = 1
Meaningful access	2.2 Minnesota should support a health care delivery system that patients can access where and when they need it.	Clarification needed on sub-recommendations regarding incentivizing vs. requiring. The concept of supporting is right, and the right mix of requirements and incentives are needed to provide that support.	Support = 7 Support with changes = 1
Meaningful access	2.3 Minnesota should establish statewide standards to ensure timely, consistent, and culturally appropriate interpretation and translation services in health care.	High support that this is needed with questions around the funding and infrastructure to support implementation. Concern raised about unfunded mandates and the difficulty in internal funding for clinics and systems with a high proportion of non-English speaking patients.	Support = 7 Support with changes = 1
Meaningful access	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.	High support	Support = 7
Meaningful access	2.5 Minnesota should strengthen community transportation infrastructure to ensure all patients can access health care services.	High support but would like to define "community transportation infrastructure" in appendix.	Support = 7 Support with changes = 1
Meaningful access	2.6 Minnesota should strengthen patient health literacy.	High support but would like to include payers in the sub-recommendations.	Support = 8

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Topic	Leading recommendation	Insight	Score
Meaningful access	2.7 Minnesota should implement funding strategies that improve health care access, support equitable care, and sustain health care services.	High support	Support = 7
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.	High support but would like to replace "culturally concordant" with "culturally responsive."	Support = 6 Support with changes = 1
Bolster primary and whole-person care	3.2 Minnesota should invest in team-based primary care models that coordinate activities with public health.	High support	Support = 7
Bolster primary and whole-person care	3.3 Minnesota should adopt reimbursement and payment models that will support investments in primary care.	High support but want to make sure different types of providers are recognized (e.g., specialty and community clinics, FQHCs).	Support = 7 Support with changes = 1
Bolster primary and whole-person care	3.4 Minnesota should modernize data sharing among payers, health care providers, researchers, social service providers, and public health.	High support but would like to add "community organizations" and would like to see clear guidance on data sharing and patient protection.	Support = 6 Support with changes = 1
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.	Moderate support with discussion around interpretation of "diverse" with a request to provide a definition in the appendix to guard against a narrower interpretation than intended. Add "equitable" retention and optimization of the workforce with possible reordering of the sub-recommendations	Support = 1
Strengthen and diversify the workforce	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.	High support with discussion about incentivizing vs. mandating. Some concern about mandating training.	Support = 7
Strengthen and diversify the workforce	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.	Moderate support, with a suggestion to streamline the sub-recommendations, clarify stakeholders involved, and potential overlap with 4.4.	Support = 1 Support with changes = 2
Strengthen and diversify the workforce	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.	High support with suggestion to change "culturally congruent" to "culturally responsive." Request to add definition to appendix. Consider beginning the workforce recommendations with this one.	Support = 4 Support with changes = 1

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Note: Although 10 members attended the meeting, there are not 10 scores for every leading recommendation because some members did not score certain items and/or had other obligations during this part of the meeting.

Recommendation Prioritization

The task force was invited to share which recommendations are rising as top priorities and whether the task force would like to prioritize recommendations. They shared the following insight:

- The guiding questions shared in the scoring exercise could help the task force prioritize the recommendations.
- To prioritize, clarity is needed around the agencies and/or organizations each recommendation is directed towards and the timing (e.g., short-term or long-term).
- Suggest sequencing recommendations rather than prioritizing, with the concern being that “low priority” recommendations will never be implemented.
- Recommendations could be presented as a journey for organizations, with foundational steps coming first and transformative ones later.
- Any prioritization should have a lens of community feedback.

Report development

Consultant Katie Burns gave an update on the structure and content of the report. Highlights include:

- Katie and the MDH Project Team are drafting content for the report outside of the recommendations while the task force continues to focus on developing the recommendations.
- The task force will review a first draft of the report in July, and a final draft in August that integrates community feedback. MDH will finalize and post the report in September.
- Task force members are invited to a June 25 small group discussion to discuss key messages for the transmittal letter. Small group sessions will also take place in July and August to discuss integrating recommendations and community feedback into the report.

The structure of the report was proposed to contain the following:

- Letter from the Commissioner
- Transmittal letter from task force
- Executive summary
- Introduction
- Background
- Recommendations - with examples for action and inclusion of community feedback
- Conclusion

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- Appendices

Task force members were invited to comment and ask questions about the report. They expressed support for the plan, commenting that it was straightforward and thorough. No concerns were expressed.

Close

A meeting summary is to follow. The task force was reminded about the next steps:

- MDH will send an online survey to the task force, allowing members who did not attend today's meeting to score each leading recommendation, and allowing all members to make additional comments.
- Working session on June 25 will focus on the key messages for the transmittal letter.
- Task Force meeting on July 28, from 1:00 – 4:00 p.m. In this meeting, task force members should expect to hear and discuss findings from the community engagement and public comment, in the context of the full set of recommendations.
- MDH and Alliant will begin the public comment period and community engagement sessions. MDH will send materials to the task force to guide any conversations they have with peers and colleagues.
- Task Force members will receive communication from MDH to help prepare for the July meeting.

Contact to follow-up

With questions or comments about the Equitable Health Care 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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6/27/2025

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