Equitable Health Care Task Force Meeting Summary

Meeting information

September 24, 2025, 11:00 a.m. – 1:00 p.m.

In-person location: MDH Freeman Building

Online meeting format: WebEx

MDH LiveStreamChannel

Members in attendance

Sara Bolnick, Elizete Diaz, Mary Engels, Bukata Hayes, Vayong Moua, Laurelle Myhra, Miamon Queeglay, Nneka Sederstrom, Sonny Wasilowski, Tyler Winkelman, Yeng M. Yang

Key meeting outcomes

Task force members provided feedback and suggested changes to finalize the implementation section of the report, their recommendations, and the overall report.

Key actions moving forward

- MDH will update the recommendations, implementation section, and other report content based on the task force's input and direction.
- Task force members are encouraged to provide any final feedback on the report by September 26.
- MDH will send communications to the task force including a survey to reflect on their experience.

Summary of Meeting Content and Discussion Highlights

Welcome

The task force was welcomed for their final meeting, and appreciation was expressed for their work and commitment.

MDH explained that since this was an additional meeting requested by the task force, it had not been included in the scope of work for DeYoung Consulting Services and their contract had ended. MDH expressed appreciation for DeYoung's support of the task force and meeting facilitation.

The agenda was reviewed and the summary of the August meeting was shared. One task force member acknowledged the task force's decision in the August meeting not to specify undocumented persons in recommendations and the strategic rationale for it, and expressed support for the undocumented community.

Finalizing Recommendations and the Report

The meeting focused on finalizing the "Moving Ahead with Implementation" report section and addressing any outstanding concerns about recommendations in the draft report. MDH reminded the task force that on September 15, MDH sent the draft report that the team updated as per the task force's decisions and guidance from their August meeting. MDH had also sent an online feedback form to the task force to obtain input on the implementation report section and any dissenting opinions on the recommendations. Three members provided feedback and MDH wove that into the discussions throughout the meeting. In this meeting, the task force worked from a report draft that showed task force feedback received in advance, changes from the August version highlighted in yellow, and suggestions from the MDH Office of American Indian Health.

Implementation Section

Task force members broadly supported including the "Moving Ahead with Implementation" report section. They emphasized its value as a starting point for action and accountability. Members appreciated the inclusion of selection criteria for prioritized recommendations and agreed the criteria were clear and appropriate. Several members highlighted the need to clarify that this section reflects short-term, feasible actions and not the full extent of the task force's vision. There was agreement that the report should explicitly name the systemic nature of health inequities and affirm the importance of long-term, transformative change.

During their discussion of the content in Table 2, members agreed that the suggested recommendations aligned with the criteria. They revised the language of workforce recommendation 3.4.1 to better reflect task force intent and retain it in the table. They also asked the MDH team to review the "Suggested Next Steps" column and revise for content as needed to clarify actions.

Recommendations

Task force members began discussing modifications to some recommendations during the implementation agenda item and used the remainder of their meeting time on this topic. MDH reminded the task force that in recent meetings they had: (1) expressed broad support for their recommendations and had been focusing their conversation on areas that needed more work, and (2) asked how they could voice disagreement or dissention with recommendations and include those summary statements in their final report.

The task force revised several recommendations. They also discussed wording and intentionality around requiring, incentivizing, and encouraging. By the end of the meeting, no task force members requested formal statements of concern for inclusion in the report.

Access

- 1.1 Comprehensive health care coverage. Note that comprehensive health care coverage and universal health care do not eliminate health disparities.
- 1.4 Language access. In these recommendations, subrecommendations, and throughout, refrain from the term "spoken language" as it is not inclusive of American Sign Language and use "multilingual" instead of "bilingual".
- 1.4.5 One task force member worked with MDH to update this recommendation following the August meeting and the task force accepted these changes.
- 1.4.6 Add language to be inclusive of non-written formats.

Workforce

- 3.4.1 Education for workforce professionals. Reframe around persons with socioeconomic disadvantages.

Accountability

- 4.3.1 Data disaggregation. Broaden so the focus is on disaggregation of data for the purposes of identifying and addressing health disparities. As written, there is an unintended risk to protected health information.
- 4.5 Health equity accreditation. Shift emphasis away from accreditation which is burdensome and lacks evidentiary support to following evidence-based best practices and frameworks for health care equity.

Public Comment

The task force received a public comment about language barriers to accessing substance use disorder treatment facilities. Members agreed that this is a critical issue and system gap, and appreciated that the draft recommendations address some of the concerns raised.

Close

MDH closed the meeting by encouraging task force members to provide any final feedback by September 26, and noting they will update the recommendations, implementation section, and overall report with the decisions and guidance the task force provided in the meeting.

Task force members expressed gratitude and congratulated each other and the MDH project team, with some saying it has been a meaningful experience and a great opportunity to share their perspectives to help serve their communities.

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.

Minnesota Department of Health
Health Policy Division
625 Robert St.
PO Box 6497
St. Paul, MN 55164-0975
651-201-4520
health.equitablehealthcare@state.mn.us
www.health.state.mn.us/communities/equitablehc

10/20/25

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