

Equitable Health Care Task Force Meeting Summary

Meeting information

- April 10, 2025, 10:00 a.m.-1:00 p.m.
- Urban Research and Outreach-Engagement Center (UROC)
- Plymouth Room 105
- 2001 Plymouth Ave. N.
Minneapolis, MN 55411

Members in attendance

Sara Bolnick, Elizete Diaz, Marc Gorelick, Mumtaz (Taj) Mustapha, Laurelle Myhra, Miamon Queeglay, Sonny Wasilowski, Tyler Winkelman, Yeng M. Yang

Key meeting outcomes

- Task force members revised recommendations related to Meaningful Access and Whole-Person Care
- Task force members provided input into the engagement plan that will be implemented by the Alliant team

Key actions moving forward

- Task force Tyler Winkelman volunteered to further develop Primary Care and Whole-Person Care draft recommendations and share feedback with MDH.
- Laurelle Myhra will reach out to Megan Chao Smith regarding the Accountability draft recommendations, and share any updates with MDH.
- MDH and DeYoung teams will organize and share back task force's recommendations and summarize the April meeting.

Summary of Meeting Content and Discussion Highlights

Welcome

The task force was welcomed. The agenda was reviewed and the summary of the March retreat was shared.

Commissioner welcome

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The Commissioner addressed the \$200 million in rescinded grants, emphasizing the disproportionate impact on diverse and more recently hired staff, as well as on community organization grantees, framing that impact as an example of systemic racism. The loss of programs, staff, and innovation projects has left MDH struggling to maintain critical services, given that the monies rescinded was 25% of its budget.

Despite the challenges, the Commissioner conveyed determination, agreeing with task force members about the need for systemic integration of equity beyond isolated projects. She stressed the importance of evidence-based policies, transparency, and creativity, urging the task force to have the courage to talk to their own leadership about equity. She was appreciative that Minnesota continues to have interest in promising practices, and reaffirmed her commitment to doing what she can to protect MDH from further harm as the state legislature must balance a state deficit in coming years.

During the discussion, task force members acknowledged the discouragement and grief caused by the federal cuts, while also calling for continued urgency and innovation. Members emphasized the need to sustain equity work without reliance on special funding streams and questioned whether current systems can ever fully serve marginalized communities. The Commissioner affirmed these points, calling for a “both/and” approach—working within existing constraints while continuing to push for transformation. The task force discussed with the Commissioner the opportunity to address racism and do equity work without the same resources. Task force members thanked the Commissioner for her compassionate leadership and advocacy.

Recommendation development

The task force had a discussion to build upon the recommendations drafted at the March task force retreat, specifically, the Meaningful Access and Primary and Whole-Person Care recommendations. Prior to today’s discussion, the MDH project team formatted and streamlined the content developed by the task force small groups. The facilitator walked through draft recommendations, asking the task force to provide feedback. Their discussion and feedback are summarized below.

Meaningful Access – Review of Draft Recommendations

- Telehealth and interstate licensure parity should be expanded. There is a shortage of mental health providers and a need for more providers of color and those serving rural and Native communities.
- Clarification is needed regarding the specificity of these recommendations.
 - MDH responded that the task force will determine the level of specificity as they continue to refine recommendations.
 - A task force member offered that the draft action steps provide more specificity for the broader recommendations.

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- Recommendations should be organized or prioritized. Task force could pick a couple of highly impactful and long-term recommendations, a few low-cost actions for immediate implementation, as well as broader recommendations for when more funding is available. Categorizing recommendations could guide policymakers.
- A focus on long-term planning and recommendations is needed to withstand political changes, including alternative funding strategies such as taxing wealthier individuals and limiting tax exemptions.
- Bold, transformational changes are needed, while addressing root causes like social drivers of health and equity.
- It would be a disservice to prioritize recommendations based on the current climate without community feedback. Funding cuts are not new, and recommendations must address historical barriers that impede progress.
- Everything can be recommended to be done immediately.
- Public health funding will be limited in the near future. Priorities should be clear to avoid overwhelming policymakers.
- Integrating equity into all systems is critical, as well as addressing barriers to equity.
- Efforts toward licensure for interpreters, including community accountability, must continue despite funding shortages.
- Recommendations should be categorized by legislative bills.
 - MDH shared that the UMN research team noted promising policies and practices in the resource guide they produced that could bolster the task force's recommendations.

MDH presented other recommendation ideas from the task force that the task force had not included in their draft recommendations from the March retreat and asked whether the task force would like to include them. Task force members discussed the following:

- There are more creative ways to provide transportation services other than Community Health Workers.
- Remote monitoring should be incorporated, as many organizations are already working toward values-based care, and more patients can be supported at home, especially in rural areas.
- There are uncovered areas that contribute to health disparities. For example, there are efforts to start a birthing center for Native people in Minneapolis. Many high-risk individuals—due to historical trauma and poor services—don't qualify for birth center care. Because of these systemic issues, the team is considering not billing at all and instead creating a tribally licensed and guided medical system, expressing that “the Western system is just so bad.” There is a desire to move beyond, “this really awful system that's not working.”

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- Need to address this on a global scale, not narrowly focusing on small aspects such as in-home monitoring. Integrating community health workers would give us a better understanding.
 - MDH offered the idea of making broader recommendations that could encompass smaller issues
 - Some task force members liked this idea because they don't want to be too prescriptive with recommendations, ensuring providers and other implementers of the recommendations can be creative. Some issues can be framed as examples within a broad recommendation.

Primary and Whole-Person Care – Review of Draft Recommendations

The task force had very limited time to review and discuss these draft recommendations. Task force member Tyler Winkelman volunteered to further review and revise the recommendations, and send them to MDH. Two resources were provided by task force members to consider in this review:

- Collaborative care: <https://aims.uw.edu/collaborative-care/>
- Standards for video remote interpretation services (including size of screens): <https://www.nad.org/about-us/position-statements/minimum-standards-for-video-remote-interpreting-services-in-medical-settings/>

The task force was encouraged to continue to look at the draft recommendations, especially areas highlighted in yellow that could use clarification.

Next steps

Task force members agreed that MDH may continue to refine the task force's draft recommendations based on today's feedback and discussion. MDH will share the next version of the recommendations with the task force for further input and refinement. MDH will also work with the UMN research team to incorporate content from the resource guide they developed for the task force into the next version of the draft recommendations. MDH provided the resource guide to the task force for the March retreat and again for the April meeting.

It was shared that the next task force meeting will focus on Workforce and Accountability draft recommendations. The Workforce Workgroup had no additional changes to the revised recommendations. The task force members involved in drafting the accountability recommendations during the March retreat will touch base and communicate back to MDH about whether they have any updates.

Community Engagement

Alliant presented potential community engagement objectives (listed below), methods for engagement such as listening sessions, focus groups, or by plugging into existing meetings, and who could be engaged, such as patients, community groups and others. A list of stakeholders

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has already been drafted, drawing from groups and individuals previously identified by the task force. Alliant incorporated many of these stakeholders into their draft engagement plan and presentation, reflecting the input already provided by task force members. They presented examples of how each stakeholder group might be most appropriately engaged, given their perspectives.

Community engagement objectives:

- Confirm the task force's recommendations
- Test assumptions the task force has about recommendations and outcomes they would produce. What would actually change behavior, build trust with the health care system? Would this move engagement? If these recommendations went into effect, would the public have trust in the health care system? Which recommendations are most important to change health equity?
- Ask what is missing from the recommendations
- Ask what health care equity models are/not working and why
- Invite feedback from organizations expected to implement task force recommendations. What are you going to need? What will it take for you to implement and right-size recommendations? What will you need from MDH? How will you balance recommendations with other constraints?

Alliant requests the following information from the task force to move forward:

- What form of recommendations will be shared with stakeholders? Will there be different versions for different stakeholder groups?
- Be thinking about what will be done with feedback and how to describe this to stakeholders
- An alternative means of input will be available for those unable to attend a community engagement event. Need to share details when inviting to engagement events.
- Review of objectives, activities and stakeholder groups
- Member connections to any of the listed groups to facilitate introductions and support engagement events

Task force members gave brief feedback, including the following:

- The importance of engaging broader Tribal community members together beyond Tribal Health Directors, including elders and other leaders, suggesting direct outreach or invitations for participation.
- Include more independent community providers and Federally Qualified Health Centers (FQHC) beyond NorthPoint, and a broader range of payers, not just UCare.

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- Connect with Federally Qualified Health Centers (FQHC) community and patient boards, with a member clarifying that the Minnesota Association of Community Health Centers (MNACHC) represents FQHCs, including NorthPoint.

MDH encouraged the task force to suggest community groups that may be interested in participating in engagement activities. MDH is familiar with payers and large provider organizations, and can contribute those suggestions for the next draft.

Alliant will take insight from today to revise engagement plan and invite additional feedback from the task force, with the goal of finalizing the plan in April.

Close

A graphic of the timeline and remaining work was shared. There was some support from task force members for holding another full-day in-person retreat. MDH will move forward with a poll to further gauge interest and possible dates. At this retreat, the task force would immerse themselves in the full set of near-final recommendations to work through any open-ended items and assess their level of agreement with each recommendation.

The task force was reminded of a working session set aside on April 18 from 11:00-12:00 that could be used to continue to revise recommendations and/or collaborate with MDH. The task force did not express a need for this working session and indicated that it may not be necessary to retain this session.

A meeting summary is to follow. The task force was reminded about the next task force meeting: on May 20, from 10:00 – 1:00 p.m. In this meeting, task force members should expect to:

- Discuss and give feedback on draft recommendations regarding workforce and accountability draft recommendations.
- Discuss community engagement with Alliant Consulting

Next Steps

- Task force members agreed that MDH should continue refining the draft recommendations based on the discussion and feedback.
- MDH will share an updated version of the draft recommendations with the task force for additional input.
- MDH will collaborate with the UMN research team to integrate relevant content from the task force's resource guide to support draft recommendations.
- Task force members who drafted the Accountability recommendations during the March retreat will reconnect and inform MDH if they have any updates. MDH offered to compile draft Accountability recommendations based on retreat materials if the members do not propose further revisions.

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- Alliant will incorporate Task Force feedback and send the draft engagement plan to Task Force members for review via email.
- Alliant to send finalized engagement plan in April.

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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