



# Agenda: Equitable Health Care Task Force

Date: 07/28/2025

## Opening, welcome, 1:00 – 1:15 p.m.

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

## Recommendation development, 1:15 – 3:45 p.m.

Review input obtained through listening sessions and public comment, refine draft recommendations, and assess level of support.

## Report development, 3:45 – 3:55 p.m.

Report drafting update from Katie Burns 10,000 Lakes Consulting.

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

Review of accomplishments and next steps.

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07/25/25

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



# Equitable Health Care Task Force Meeting #16

July 28, 2025

- Continue to refine recommendations
  - Consider community feedback
  - Review updates the MDH Project Team made at the direction of the task force
- Receive an update on the draft report

# Agenda

1:00 – 1:15 p.m.	Welcome
1:15 – 3:50 p.m.	Refine recommendations
3:50– 3:55 p.m.	Report development update
3:55 – 4:00 p.m.	Closing and action items

# Summary of June 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

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](mailto:health.equitablehealthcare@state.mn.us).



# Recommendation Development

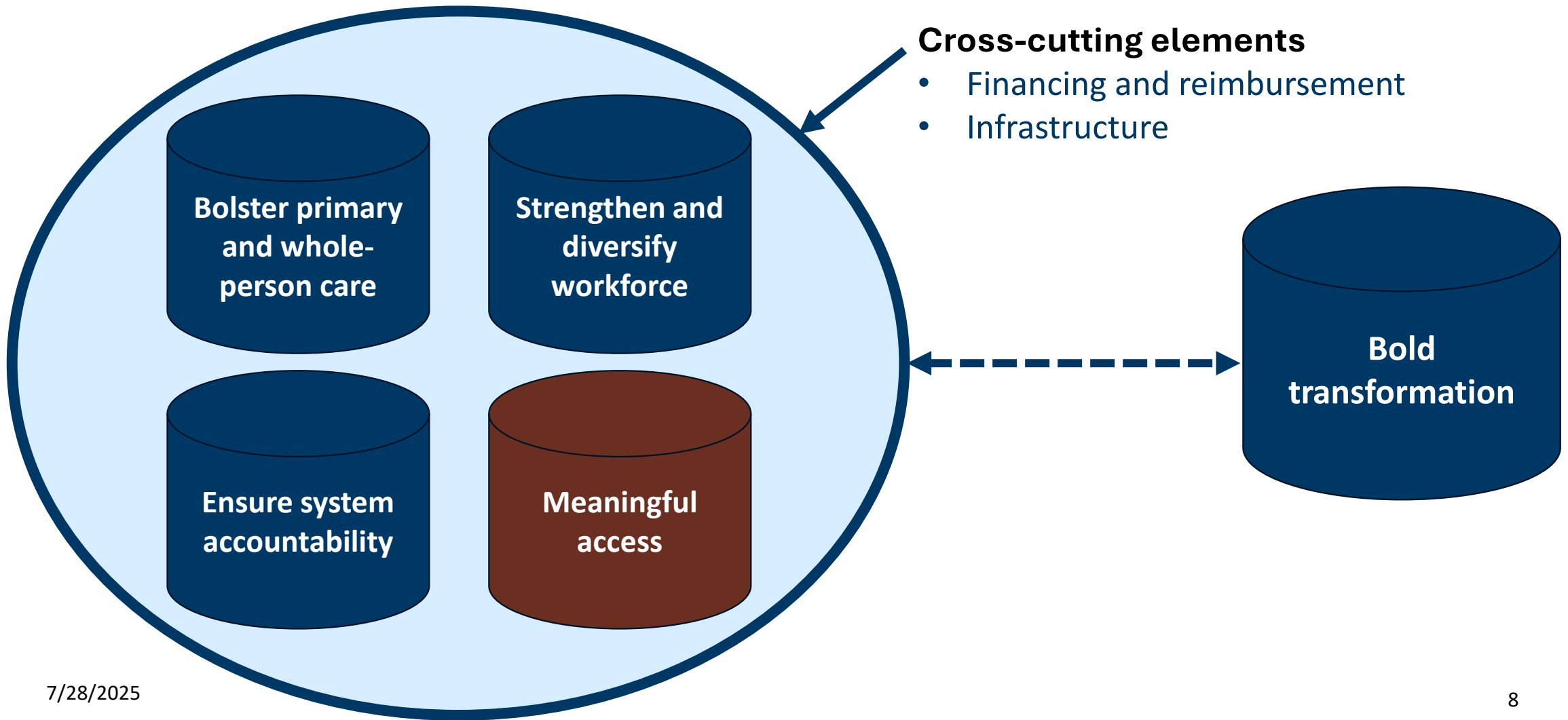
For each bucket:

- 5 minutes to read draft recommendations
- High-level summary of updates and clarifying questions
- Consider community feedback
- Close out

# Feedback to Keep in Mind

- Prioritizing or sequencing recommendations from the near-term to long-term, or foundational to transformational, to create a more actionable, strategic approach to implementation
- Federal policy changes
- Lack of community-specific or population-specific recommendations
- Exclusion of specific health services along the lifespan
- Tribal sovereignty and coordination with Sovereign Tribal Nations
- Support for health care and social service coordinators (e.g., community health workers, community health representatives, patient navigators)

# Meaningful Access



# Meaningful Access: Update Summary

## Recommendations

- Previous
  - 4 Leading
  - 31 Sub-recommendations
- Current
  - 8 Leading
  - 29 Sub-recommendations

## Questions

- Would you like to add a more specific recommendation about mobile care?

# Meaningful Access: Priorities and Gaps

## Priorities

- Universal health care
- Expanding access and receipt of care when, where, and how patients need it
- Interpretation and translation services
- Funding strategies, reimbursement rates, and payment models

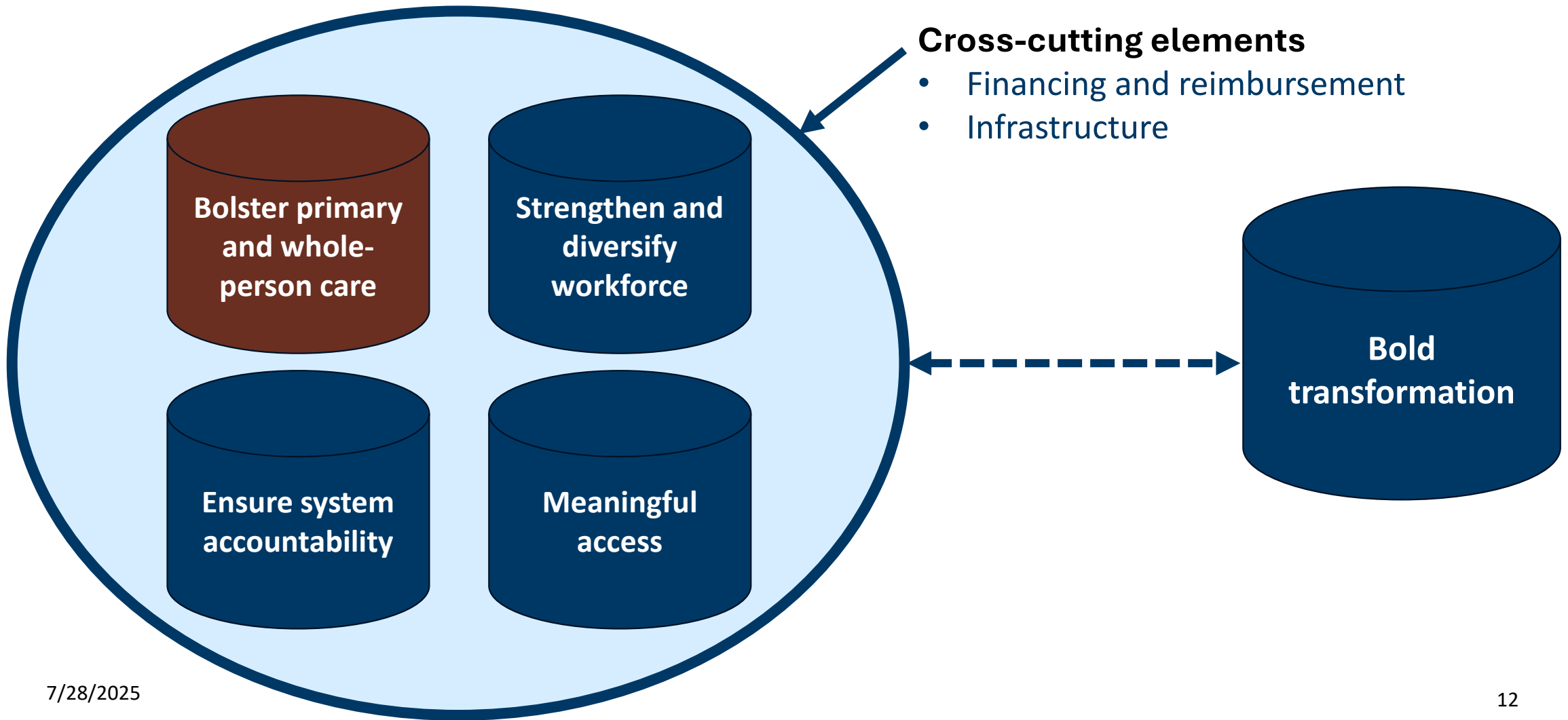
## Gaps

- Crisis mental health services
- Community Health Representatives included where Community Health Workers are mentioned
- “School-linked” services in addition to school-based services; expanding types of care in these settings (e.g. dental care)
- Facility/transportation accessibility
- Wrap around services for families from birth through postpartum
- Health literacy on insurance system

# Meaningful Access: Close Out



# Bolster Primary and Whole-Person Care



# Primary and Whole-Person Care: Update Summary

## Recommendations

- Previous
  - 4 Leading
  - 22 Sub-recommendations
- Current
  - 4 Leading
  - 16 Sub-recommendations

# Primary and Whole-Person Care: Questions

- Should 2.4.6 be revised and broadened to better address the intent?
  - Original: Support sustained funding for the Minnesota EHR Consortium to conduct evidence-based research, maintain public health surveillance and dashboards, and add additional partners across Minnesota.
  - Suggestion: Minnesota should provide state-level funding to sustain and enhance organizations and collaborations that aggregate electronic health data to inform the public on health equity indicators (e.g., gender, race, ethnicity, rurality, language, age, and other important social determinants of health) related to infectious disease, chronic conditions, substance use disorder, and other conditions that adversely impact equitable health. These efforts should inform public health, policy makers, health providers, and community-based organizations to understand health disparities in their communities and design targeted programs and interventions.

# Primary and Whole-Person Care: Priorities and Gaps

## Priorities

- Integration and coordination of care for physical health, mental health, substance use, complementary care, and culturally responsive care
- Reimbursement and payment models that will support investments in primary care
- Data interoperability for the benefit of patients—care coordination and quality, patient access to their own data

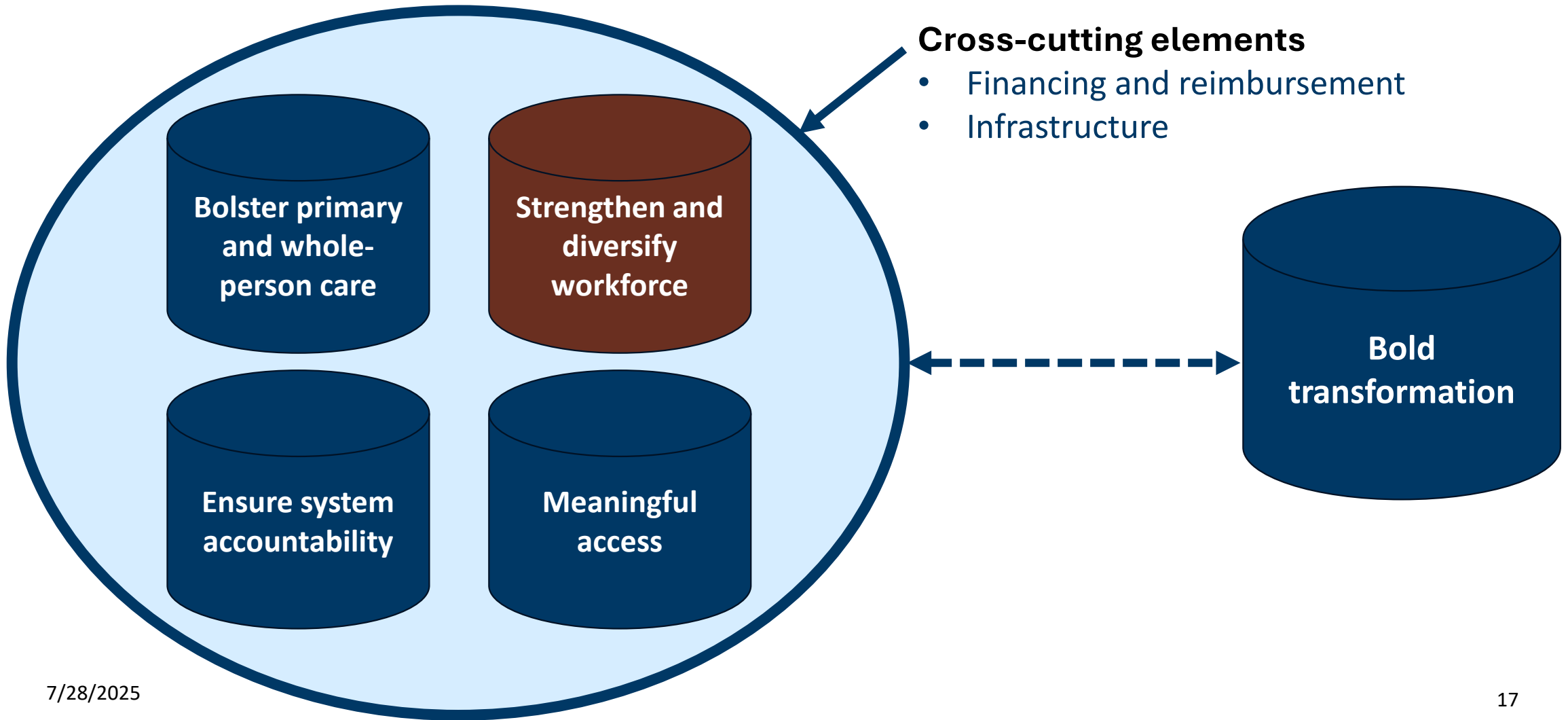
## Gaps

- Emergency medical services (EMS) and community paramedics within 2.2
- Expanded funding for home-visiting to new mothers within 2.3

# Primary and Whole-Person Care: Close Out



# Strengthen and Diversify the Workforce



## Recommendations

- Previous
  - 4 Leading
  - 59 Sub-recommendations
- Current
  - 6 Leading
  - 35 Sub-recommendations

# Workforce: Priorities and Gaps

## Priorities

- Support for current workforce is critical due to high stress
- Need to diversify workforce, including International Medical Graduates & longer-term strategies
- Address health care workforce shortage areas
- Cultural competency training

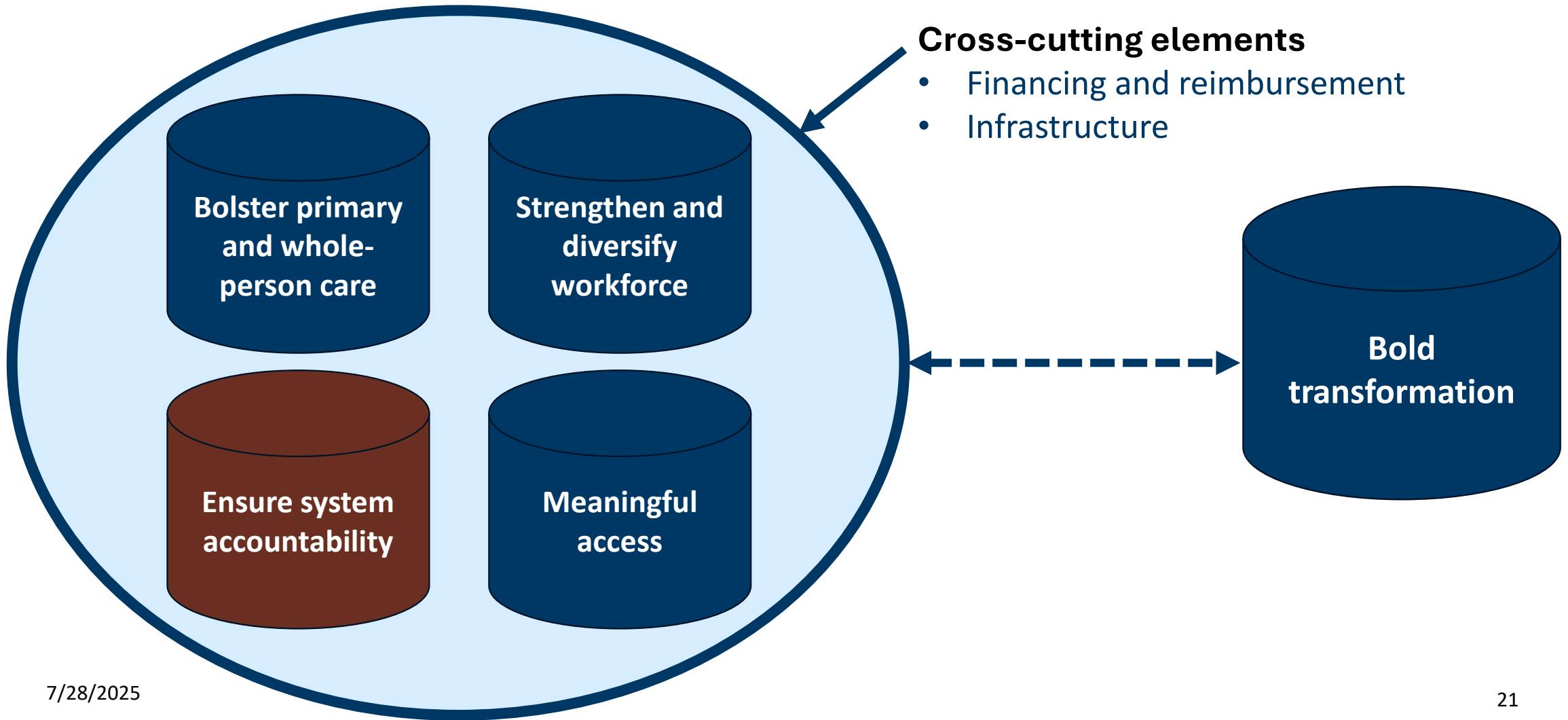
## Gaps

- More focus on recruitment & easier pathways to professions
- Expand the use of peers in SUD & mental health systems
- Emphasize the importance of providers of color providing health care to people of color
- More explicit focus on safety issues for health care workforce

# Workforce: Close Out



# Ensure System Accountability



# Accountability: Update Summary

## Recommendations

- Previous
  - 4 Leading
  - 10 Sub-recommendations
- Current
  - 7 Leading
  - 11 Sub-recommendations

## Questions

- Do you want to add recommendations about CLAS standards and health equity accreditation?
- Do you want to add a recommendation for an Accountability Group?

# Accountability: Priorities and Gaps

## Priorities

- Strengthen approach to patient protection
- Community co-leadership and oversight
- Data infrastructure for measurement and reporting to hold responsible parties accountable for advancing health equity

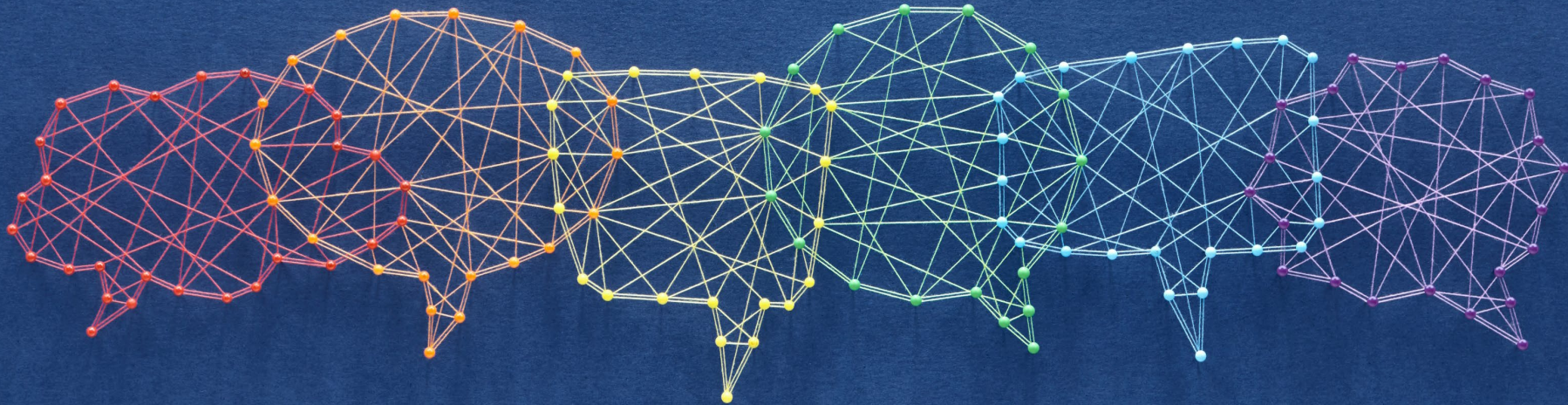
## Gaps

- Payer and provider accountability
- Health data that is inclusive and representative of the communities served
- Accountability mechanisms to ensure the recommendations in this report are implemented (e.g., measurement and reporting)

# Accountability: Close Out



# Break

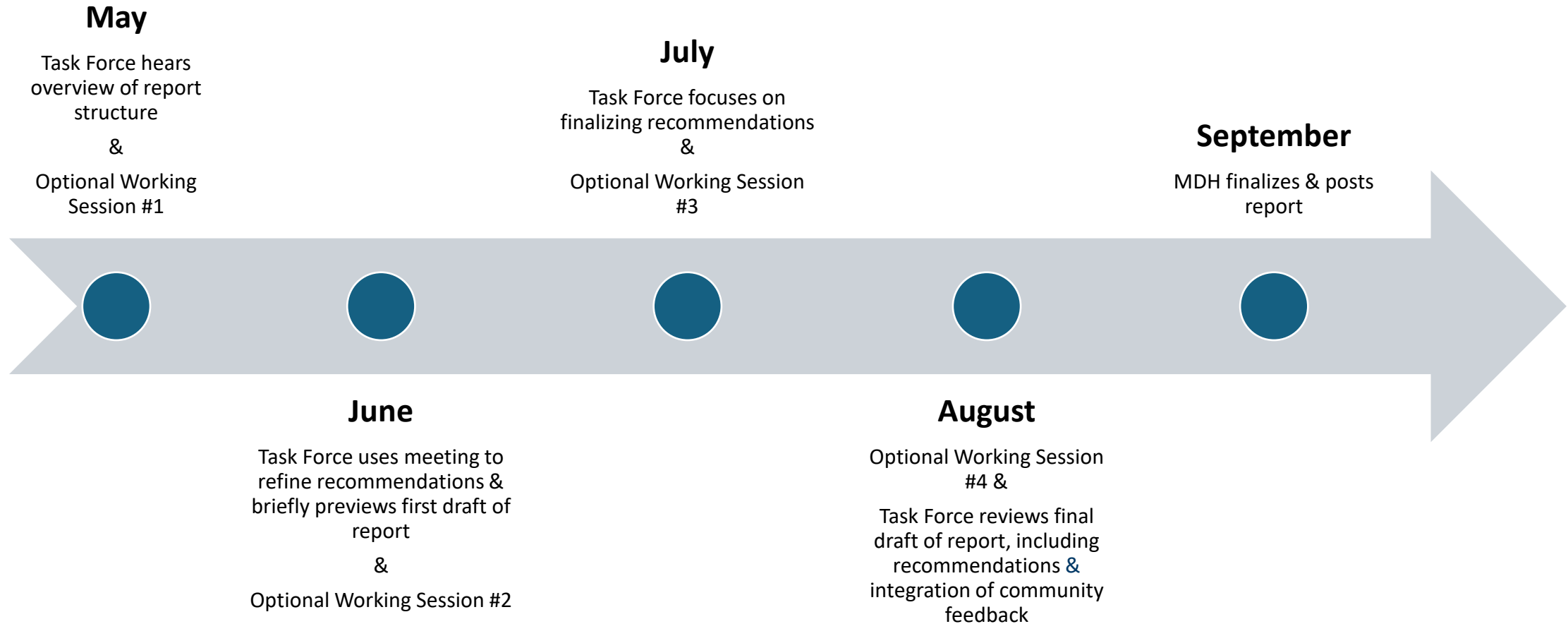


# Wrap-up



# Report Development Update

# Overview of Report Development Timeline



# Topics for Small Group Discussions

## First Session (May 30)

- Solicit feedback on draft structure, outline & key messages
- Review examples of transmittal letters

## Second Session (Jun. 25)

- Focus on key messages for transmittal letter

## Third Session (Jul. 23)

- Review and discuss draft report

## Fourth Session (Aug. 4)

- Follow up on key outstanding items, including more discussion of community engagement & recommendations

# Update from Working Sessions #2 and #3

- Content reflected in the draft transmittal letter and existing sections of report read well and reflects the task force's voices and experiences
- Task force members recommended adding:
  - A statement that Minnesota has one of the best health care systems in the country, and we strive to raise the bar. Although Minnesota is one of the best, we still have work to do, and we don't want to lose the gains we've made and the system we have in this state.
  - Data from the state demographer about our changing demographics, our population today and what is projected.



# Meeting Close

# Closing and action items

## ➤ Task force members will:

- Prepare for August meeting

## ➤ Project team will:

- Summarize today's meeting
- Provide meeting slides

## ➤ Virtual working session: August 4

- Topic: To be announced

## ➤ Next task force meeting: August 27

- Review final draft of report, including recommendations & integration of community feedback
- Celebrate accomplishments
- UROC—Minneapolis

# Thank You

See you August 27, 2025!