Equitable Health Care Task Force Meeting Summary

Meeting information

July 28, 2025, 1:00 p.m. - 4:00 p.m.
MDH LiveStreamChannel
Meeting Format: WebEx

Members in attendance

Sara Bolnick, Mary Engels, Marc Gorelick, Maria Medina, Vayong Moua, Mumtaz (Taj) Mustapha, Miamon Queeglay, Nneka Sederstrom, Patrick Soria, Sonny Wasilowski, Tyler Winkelman, Yeng M. Yang

Key meeting outcomes

- Task force members reviewed and discussed revised draft recommendations.
- Task force members shared suggestions based on community feedback garnered from community engagement events and public comment.
- A process and timeline were shared for finalizing the report.

Key actions moving forward

- MDH will edit the leading recommendations and sub-recommendations based on the task force's insight.
- All task force members are encouraged to continue to review the draft report, including recommendations and integration of community feedback. They can contact MDH with feedback and questions at health.equitablehealthcare@state.mn.us.
- MDH will send communications to the task force to help members prepare for the August meeting.
- Task force members are encouraged to attend the small group session on August 4 to follow up on the draft report, including the integration of community engagement & recommendations.

Summary of meeting content and discussion highlights

Welcome

The task force was welcomed. The agenda was reviewed and the summary of the June meeting was shared. The task force had no questions or concerns.

Recommendation development

MDH shared that the community engagement and public comment provided a variety of perspectives across the state. Attendance was noted as a challenge. There is one more engagement event with Tribal Health Directors during their August meeting. A summary of the community insight was provided to the task force. Most community insights directly reflect their perceived priorities and gaps in the recommendations and implementation considerations, though some feedback was unrelated to specific items.

There was some discussion with the task force about community members' suggestion to prioritize or sequence the recommendations to help with implementation. Some task force members emphasized the importance of adding more specificity to some recommendations where possible.

The task force then walked through all four buckets of recommendations, focusing their discussion on two areas:

1. Revisions that MDH made based on task force insight during their June meeting.
2. Insight from community engagement and public comment, including overarching themes, priorities, and gaps in the draft recommendations.

The task force had a few minutes to read each bucket of draft recommendations before discussing. The following is a high-level summary of the task force members' discussion in response to MDH's questions and to community engagement insight.

Meaningful access

Initial suggestions from task force members included the following:

- Remove the word "insurance" from Recommendation 1, leaving the word "coverage," to make sure it's clear we're talking about payment and access, not maintaining traditional health insurance model.
- Call out how this goes above and beyond the federal mandate, tying it back to root causes of inequities.
- Shorten Recommendation 1.1.

The task force was asked if they would like to add a more specific recommendation about mobile care. Their comments included:

- Mobile care and telehealth are separate services and operationalizing them is different. Community members said they struggle with telemedicine but would love mobile care.
- Suggest mentioning mobile care briefly without making a separate recommendation. There is no practical path forward to implement it.
- Suggest mentioning within telehealth or elsewhere that the future of medicine is going toward tech-based pods placed in communities.

- Suggest clarifying language to emphasize "flexible telehealth-enabled services" rather than pulling out a separate mobile care recommendation.

Community insight was shared regarding priorities and gaps. Task force members had the following suggestions in response.

- Add "remote services" to call out phone-only visits that are currently allowable billable services
- If we focus on specific age groups, we need a good justification because it excludes other groups.
- No more long-term investment in mental health crisis response because it keeps us in an old mindset and Minnesota needs to fund integrated care. Several members discussed balancing short-term crisis response needs with a long-term shift toward integrated primary and behavioral health care.
- Emphasize somewhere the importance of destigmatization among immigrant communities and others. Primary doctors should consult with individuals with deep knowledge of their communities.
- Provide wrap-around services and integrated mental health and primary care and community support.

The task force was asked if they had any major concerns that need to be addressed regarding Meaningful Access. One concern was to clarify any confusion between universal health care and primary care.

Primary and whole-person care

There was some initial discussion about Recommendation 2.2. Specifically, task force members suggested softening the language to be less directive and to avoid an interpretation that one size fits all. Some clinics need flexibility; the language should be more general.

The task force was asked to give feedback on a revision to broaden Recommendation 2.4.6 and better address the intent. Their comments included:

- Suggest having a more general description of the functions of an electronic health Record (EHR) consortium.
- The change gives greater context that might be helpful. It is also wordier and an alternative would be to "click here" to learn more.

Community insight was shared regarding priorities and gaps. Task force members had the following suggestions in response.

- Mention the use of community paramedics for home-bound patients, although that is hard to fund. It could fit here or under Meaningful Access.
- Call out home visits to new mothers, which help with outcomes.
- Frame the language around coordination and collaboration to support a holistic approach, emphasizing the vital role of community engagement staff in light of HR 1's adverse impact.

- Frame language around pre-existing federal requirements as policy floors to enhance, e.g., translation quality.

The task force was asked if they had any major concerns that need to be addressed regarding Primary and Whole-Person Care. One person inquired about the community's reception to the large policy change they are recommending for primary care. MDH responded that overall, there was high support in the public comments for primary care.

Strengthen and diversify the workforce

Initial suggestions from task force members included the following:

- Narrow these recommendations down to a more manageable number, and possibly organize them further into categories such as education and training, workforce incentives, and employer expectations.
  - MDH shared that staff consolidated these recommendations and can consider more.
- Edit language in Recommendation 3.5.1 to clarify having all health care workers working at the top of their license.
- Suggest separating recommendations by audiences (employers, educators, and state agencies) to make them easier to understand.

Community insight was shared regarding priorities and gaps. One observation was that the Community Health Worker recommendation stood out as having more detail and specificity than other recommendations.

Ensure system accountability

The task force was asked if they want to add a recommendation about CLAS standards and health equity accreditation. Suggestions from task force members included the following:

- Do not suggest requiring health equity accreditation through NCQA or Joint Commission, due to these being relatively new and a lack of clarify around their impact so far.
- Frame language around CLAS standards to "encourage" organizations to use the framework to guide them in inclusive practices; it is not a checklist that can be mandated.

The task force was asked if they want to add a recommendation for an Accountability Group. They decided to add this recommendation and their suggestions included:

- Call out the issue of affordability in the context of an accountability group; high costs breed inequity.
- Clarify the concept of access for all vs. primary care.

Community insight was shared regarding priorities and gaps. Task force suggestions included:

- Call out payer accountability more explicitly.
- Call out inclusive health data in an introductory section.

- Comment on which agency is responsible for execution and next steps after submitting these recommendations. An accountability office would play a role in that.

Wrap-up

The task force was invited to share final thoughts, including about how recommendations are sequenced. Their comments included:

- Suggest organizing recommendations by what should happen in the short term and long term. MDH offered to draft an initial sequencing of recommendations for review at the August working session.
- Question about whether financing, reimbursing or data need to be separated as their own buckets.
- Need to determine how to close the feedback loop to communities.

Report development update

Katie Burns gave an overview of the report development timeline. Finalizing the report will be the focus on the August task force meeting. MDH will put finishing touches on the report to issue it publicly in September.

The task force was reminded of the next small group working session on August 4, which will follow up on key outstanding items, including more discussion of community engagement and recommendations in context of the report.

Katie gave an update from the prior working sessions in which task force members gave feedback on the content of the draft transmittal letter and report sections, including adding context about Minnesota's health care system and how we can improve, recognizing the recently adopted federal policy changes, and including state actual and projected demographic data.

Close

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

- Task force meeting on August 27 to review the final recommendations and report, and celebrate their accomplishment. In-person location will be UROC, with the Webex option for those who cannot attend in person.
- Report working session on August 4.
- MDH to incorporate feedback from this meeting into recommendations and share for final review.
- Task force members will receive communication from MDH to help prepare for the August meeting.

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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09/5/2025

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