

# Agenda: Equitable Health Care Task Force

Date: 02/26/2024

## **Opening and welcome, 1:00 – 1:30 p.m.**

Health Policy Division Director Diane Rydrych will share opening remarks.

## **Definition of “health care equity”, 1:30 – 1:50 p.m.**

We will break into small groups to develop our definition of “health care equity” to guide our work.

## **Break, 1:50 – 2:05 p.m.**

## **Exploration of identified issues, 2:05 – 3:25 p.m.**

We will break into small groups to engage in robust conversations regarding issues that task force members identified in the January meeting and pre-meeting survey, and one-on-one interviews.

## **Break, 3:25 – 3:35 p.m.**

## **Approach to public comment, 3:35 – 3:55 p.m.**

We will discuss and determine the task force’s preferences for inviting and incorporating public comments within the context of regular meetings.

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

We will collect final notes and resources and share upcoming next steps.

Minnesota Department of Health  
Health Policy Division  
625 Robert St. N.  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-3783  
[health.EquitableHealthCare@state.mn.us](mailto:health.EquitableHealthCare@state.mn.us)  
[www.health.state.mn.us/communities/equitablehc](http://www.health.state.mn.us/communities/equitablehc)

02/15/24

*To obtain this information in a different format, call: 651-201-3783*



# Equitable Health Care Task Force Meeting #2

February 26, 2024



Hush Naidoo Jade Photography

# Opening and Welcome

Thank you  
for diving in!

- Individual interview
- Pre- and post-meeting surveys
- Reading materials and preparing for meetings
- Your commitment to advance equitable healthcare

# Milestone overview

## Phase 1: January – March 2024

### Project grounding and design

- Discern vision, priorities, objectives, and scope
- Design information collection plan—community and public engagement, expert panels, literature group

## Phase 2: April 2024 – March 2025

### Information collection, learning, and deliberation

- Implement information collection plan
- Launch subcommittees and work groups
- Synthesize learning—exploration towards recommendations

## Phase 3: April – June 2025

### Culmination and close-out

- Develop proposed recommendations and invite public comment
- Finalize recommendations
- Summarize task force’s work and recommendations in a report

# Today's objectives

- Continue discerning the vision, priorities, objectives, and scope
- Discuss definition of health care equity
- Dig deeper into key issues
- Discuss process for incorporating public comment during meetings
- Experiential objective: Continue to foster engagement and build trust among task force membership

# Today's agenda

1:00 - 1:30 p.m.	Opening and welcome
1:30 - 1:50 p.m.	Definition of “health care equity”
1:50 - 2:05 p.m.	Break
2:05 - 3:25 p.m.	Exploration of identified issues
3:25 - 3:35 p.m.	Break
3:35 - 3:55 p.m.	Approach to public comment
3:55 - 4:00 p.m.	Closing and action items



**Diane Rydrych,  
Director of Health Policy**



# Grounding: Task force charge

The task force will:

- **Identify inequities** experienced by Minnesotans in interacting with the health care system that originate from or can be attributed to their race, religion, culture, sexual orientation, gender identity, age and/or disability status.
- **Conduct community engagement** across multiple systems, sectors, and communities to identify barriers for these population groups that result in diminished standards of care and foregone care.
- **Identify promising practices** to improve experience of care and health outcomes for individuals in these population groups.
- **Make recommendations** for changes in health care system practices or health insurance regulations that would address identified issues.

# Summary of January meeting

- What clarification questions do you have about this summary, if any?
- What concerns do you have about this summary, if any?



## Equitable Health Care Task Force Meeting Summary

### Meeting information

- January 17, 2024, 1:00 – 4:00 p.m.
- Place: UROC, 2001 Plymouth Ave N, Minneapolis, MN 55411
- MDH LiveStreamChannel
- Meeting Format: Hybrid in-person and via WebEx

### Members in attendance

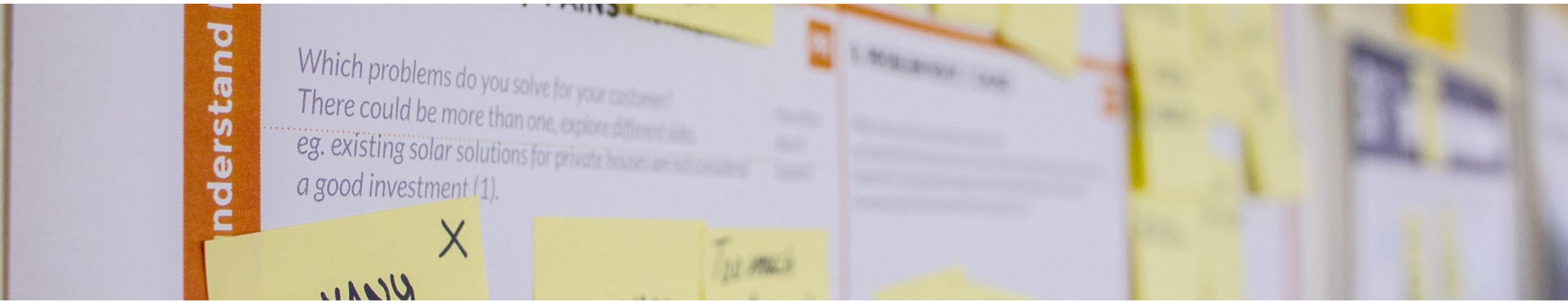
Sara Bolnick, Elizete Diaz, ElijahJuan Dotts, Mary Engels, Marc Gorelick, Bukata Hayes, Joy Marsh, Maria Medina, Vayong Moua, Mumtaz Mustapha, Laurelle Myhra, Cybill Oragwu, Miamon Queeglay, Nneka Sederstrom, Megan Chao Smith, Patrick Simon S. Soria, Sonny Wasilowski, Erin Westfall, Tyler Winkelman, Yeng M. Yang

### Key meeting outcomes

- Task force members heard the Commissioner's vision for their work.
- Task force members had the opportunity to meet each other and hear about their professional and personal backgrounds.
- Insight was gathered regarding priority health care issues that should be discussed as a task force.
- Insight was gathered around structural components for this work, including ground rules for discussion, developing recommendations, and making decisions.

### Key actions moving forward

- The next task force meeting date is February 26, 2024, 1:00 – 4:00 p.m. (location to be announced). The general purpose will be to prioritize key discussion topics and discuss a process for gathering information needed.
- DeYoung Consulting Services will interview each task force member individually and share a compilation of emerging themes. The interviews will invite task force members to share the experiences that drive them to this work, their vision for success, their perspective on assets to be leveraged in the work, concerns they have about the work in front of them, and preferences regarding a process.
- DeYoung Consulting Services will synthesize all the insights gathered about key health care issues that the task force should consider discussion. The task force will have the opportunity to prioritize the discussion topics.



Daria Nepriakhina UA

# Definition of Health Care Equity

# Ground rules

- Limit distractions such as the use of cell phones and side conversations where possible.
- Listen actively – respect others when they are talking.
- Speak from your own experience or perspective instead of generalizing (“I” instead of “they,” “we,” and “you”).
- Speak the truth with kindness and respect the truth in everyone else’s perspective and stories.
- This is an opportunity to listen and to be heard. Try not to be defensive or try to validate your position.
- Participate to the fullest of your ability – community growth depends on the inclusion of every individual voice. In this context, we are all equals. All perspectives are welcomed and valued.
- Assume positive intent, while also striving for positive impact.
- Practice self-care (e.g., step away if needed).
- Avoid ascribing motives to behavior – we can’t know why people act the way they do.
- Avoid absolutes and exaggerations, such as always, never, etc.
- Mistakes are good and we will work them out

# Discussion of health care equity

## **Task force members attending in-person.** Join Group 1 or 2:

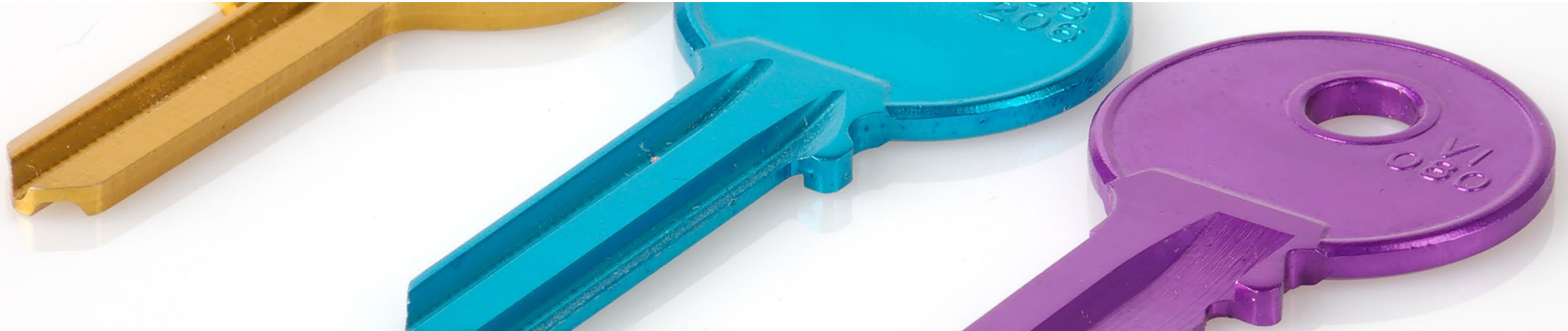
- Group 1: Brainstorm a definition from scratch. When you hear “health care equity,” what concepts or words come to mind? Don’t worry about wordsmithing for now.
- Group 2: Compare the provided definitions. What feels strong about each example? What is missing?

## **Task force members attending online:**

- Brainstorm a definition from scratch. When you hear “health care equity,” what concepts or words come to mind? Don’t worry about wordsmithing for now.
- Compare the provided definitions. What feels strong about each example? What is missing?

**\*\*All groups consider:** What other terms should we work together to define?

# Break



Florian Berger

# Exploration into Priority Issues

# Grounding for our discussion

- The objective of the discussion is to dig deeper into issues you have identified so far.
- Your discussion will build on the “Summary of Integrated Themes” document. Refer to section titled “Themes: Identified Priority Health Care Equity Issues”
- You will have the opportunity to visit two tables

## Today’s topics

### Health care financing

- includes reimbursement

### Health care workforce

- includes non-traditional providers, diversification

### Access and care quality

- includes insurance, mental health, oral health, maternal and infant health, chronic disease

### Health care delivery

- includes community models, primary care



# Table discussion questions

## Exploring the problem and solutions – 15 minutes

1. If inequities were eliminated, what would (health care topic) look like?
2. How does the current state compare with that ideal? Be specific.
3. How does the health care system contribute to these problems?
4. What specifically must be different about health care to achieve the desired state?
  - What are the incentives (carrots and sticks) to get the health care system to change?
  - Who is responsible for enabling those changes?

# Table discussion questions (continued)

## **Identifying needed information and buy-in – 10 minutes**

1. What information is needed for this task force to move from discussions of the problem toward proposed solutions, specific to health care (e.g., engagement with experts, patients, communities, literature review)?
2. Task force members have been clear they don't want to start from scratch. What data or other efforts exists – specific to health care – do you know of that will ground our conversations about solutions?

# Break



Volodymyr Hryshchenko

# Public Comment



Daniel Tanase

# Meeting Close

# Closing and action items

- Next meeting is March 28, 1:00 – 4:00 p.m.
- After the meeting, watch for:
  - Post-meeting evaluation and other follow up items
  - Meeting summary

# Thank You!

See you March 28!