

DRAFT Equitable Health Care Task Force Charter

The appointed task force will review and update this draft charter.

Purpose and charge

The Equitable Health Care Task Force (task force) will examine inequities in how people experience health care based on race, religion, culture, sexual orientation, gender identity, age, and disability, and identify strategies for ensuring that all Minnesotans can receive care and coverage that is respectful and ensures optimal health outcomes. The task force performs the work as established by Minnesota Session Laws 2023, Chapter 70, Section 105. The task force may establish subcommittees or work groups as necessary. 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 to the commissioner of health and to the chairs and ranking minority members of the legislature with primary jurisdiction over health policy and finance for changes in health care system practices or health insurance regulations that would address identified issues.

Background

Minnesota has a strong system for ensuring access to health insurance, one of the lowest uninsurance rates in the nation, and a national reputation for delivering high-quality care. Most Minnesotans report a very high level of trust in their providers and a high level of satisfaction with their care. And yet, not everyone has the same type of experience when they seek care or try to navigate their insurance coverage. We know that people of color and Indigenous communities, persons who identify as LGBTQIA+, people with disabilities, and others experience discrimination and unfair treatment. Disproportionately, these persons also have low confidence in their ability to receive care and some forego care due to costs.

These inequities impact health outcomes and trust in the health care system overall. When people do not feel that they will be respected and receive the care they need within the system, they may delay seeking care, or may not seek care at all. Physicians, other health care providers, and insurers need to be confident that they are employing best practices and strategies to ensure that all patients and families are receiving optimal care and are regarded and treated equally.

Membership

Members

Up to 20 members appointed by the commissioner of health from metropolitan areas and greater Minnesota that include representatives of:

- African American and African heritage communities
- Asian American and Pacific Islander communities
- Latina/o/x communities
- American Indian communities and Tribal Nations
- Disability communities
- LGBTQIA+ communities
- Organizations that advocate for the rights of individuals using the health care system
- Health care providers of primary and specialty care (this includes persons who represent organizations that provide health care)
- Organizations that provide health coverage in Minnesota (this includes persons who represent insurers and health maintenance organizations)

Desired skills and experience

- Ability to consider conflicting points of view and innovative next steps.
- Ability to lift-up the voices and perspectives of represented communities and sectors.
- Ability to synthesize information from a variety of sources and perspectives.
- Ability to respectfully communicate and collaborate with others.
- Demonstrated experience working to advance health equity with the communities in Minnesota that are described under the “Members” subsection.
- Demonstrated experience working to advance health equity in the health care delivery or payment systems in Minnesota.

Expectations

- Attend and engage in meetings roughly every two months from November 2023 through June 2025.
- Review meeting materials in advance and be prepared to contribute insights and expertise.

EQUITABLE HEALTH CARE TASK FORCE

- Bring the perspective of the represented community group or sector to discussions and decisions. Confer with represented communities, sectors, and interested parties and groups in-between meetings.
- Serve on subcommittees and workgroups established by the task force as needed.
- Adhere to the established ground rules that provide the framework for learning, collaboration, and decision-making.

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