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.

Summary of meeting content and discussion highlights

Meeting objectives

The following objectives were shared:

- Begin to establish relationships that will serve as a foundation for the task force's work.
- Gain an understanding of the Commissioner's vision and priorities for this task force.
- Build a shared understanding of the task force's purpose, goals, and phases of the work.
- Begin to explore and identify priorities.

Opening and welcome

Commissioner Brooke Cunningham thanked the task force membership for their commitment and shared her vision. This task force offers a platform to dismantle barriers to equitable health care, to be bold, and to name the carrots, sticks, and policies that need to change.

Overview of today's meeting

The task force reviewed its purpose and charge.

The task force reviewed meeting objectives, agenda, and ground rules. Task force members agreed to the following ground rules and made an additional ground rule, signified with an asterisk (*):

- 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

Introductions

Assistant Commissioner Carol Backstrom introduced herself, as did project team members from Minnesota Department of Health (MDH), Health Policy Division and DeYoung Consulting Services (DYCS).

Task force members each took a few minutes to introduce themselves, share why this work is meaningful to them, and the unique perspective that they bring to the task force. The backgrounds and perspectives they bring included the following:

- Unique needs found in different geographies: Metro, farm country, rural areas, destination clinics
- Unique needs found on reservations
- Mental illness, substance abuse
- Engagement of community partners to find solutions
- Cultural barriers, language barriers, growing diversity, racist practices, disrespectful care
- Equitable access (and lack thereof) to quality of care
- Homelessness
- Disconnect between health care and actual needs, intentional lack of care that causes harm
- Public health, whole-person care
- Governance, policymaking, political power, resources, accountability
- Systems change, organizational learning
- Disability advocacy
- Data/electronic health records
- Clinician/care staff development e.g. unconscious bias training
- Pediatrics, impact on children

Overview of arc of work

A high-level overview of the work plan was shared. The task force had no questions for discussion.

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 review

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

Discussion of priority issues

A pre-meeting poll had been previously sent to the task force that invited their insight into key healthcare equity issues. A summary of the poll results was shared in the meeting (see below). The pre-meeting poll results are partial and reflect the responses of 10 task force members.

Pre-meeting poll themes

Question 1: Given the charge of the task force, what are key issues to be addressed in health care systems that will leverage more equitable health outcomes for patients and communities?

- Enhance data reporting systems, data sharing, coupled with follow-up accountability measures
- Eliminate language, cultural, and accessibility barriers to serving patients and communities
- Improve care provider quality through standardization, training, and support that will result in increased health outcomes in BIPOC and LGBTQ+ communities
- A comprehensive approach to addressing systems change that addresses Social Determinants of Health in health care access and affordability
- Encourage independent health care practices to prevent monopolies

Question 2: What are some high-level ideas for effective solutions to achieving more equitable health outcomes that you'd like to bring into future task force discussions?

- Increase accessibility to health care by addressing Social Determinants of Health in ways that are strategic and provide holistic approaches to solutions

- Advocacy for stalled legislation and organizational policy and practices that impact quality of care issues
- Data: reporting and sharing
- Increasing widespread access to ancillary preventative services that impact health outcomes outside of health treatment

Small group discussion

Task force members broke into small groups to continue exploring priority issues related to health care equity and worked towards compiling a collective list of important discussion topics. Members discussed the following questions: a) What are the highest priority topics from this list that must be part of our discussions? b) What issues must leaders understand before they can enact change in this area? Why?, c) What topics are missing from this list that must be part of our discussions? Why? The insights gathered from this discussion will be used to shape future discussions.

Priority issues identified by task force members

Race, language, and cultural considerations

- Race is part of the algorithm of care. Need to name race and include how intersectionality of racial justice plays across different racial groups
- Create and build measures to combat white supremacy in health care systems
- Language access systems
- Challenges for small organizations versus big organizations
- Various dialects including American Sign Language
- How can MDH support queer clinics?
- Culturally congruent care and medical reparations
- Intersectionality

Engagement and relationship building

- Community capacity building needed
- Establish solid partnerships/coalitions with sectoral groups. Many community groups untapped by MDH

Health care accountability

- Understanding fundamental truth of inequities beyond compliance and embeddedness over time
- Start simply; in health care we sometimes start specific and then try to simplify
- If providers aren't responsible for care from birth to death, how do we hold them accountable?

- Health equity needs to be embedded. Need collective responsibility
- Data sharing needed between organizations
- Incentivize providers to take Medical Assistance
- Satellite offices in metro meant to serve rural – doesn't work. Rural community knows itself

Workforce

- Need to promote more diverse workforce:
  - All types and roles
  - Need to develop early
  - More education for everybody
- Expand definitions of "health workers"
- Unfunded navigator positions need to be acknowledged as an important role in building trust
- Legal support for community health workers
- Training should be based on the people who need it most

Services design

- Balance between social services and public health. Services designed with people in mind
- Repository for health literacy (central) between systems and public
- Dearth of models
- Payer type shouldn't matter, pay is pay
- Competition for resources

Funding

- Address funding gaps that manufacture scarcity and paternalism within the system
- Lack of trust for health care systems;
- Symptom of saviorism -assumption that the healthcare system is all good
- Budgets align with principles, principles need to be rethought, define high quality
- Money. Most be allowed to innovate. Funding: where is it going?

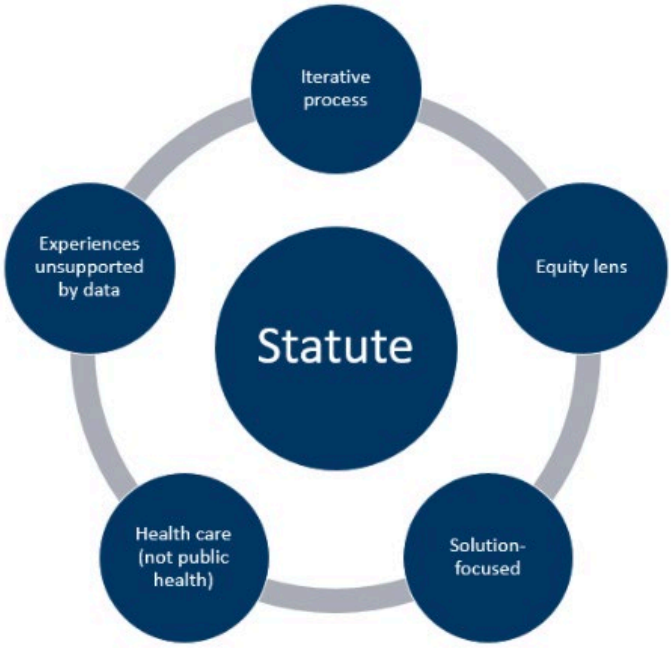
Move to action

- We need to organize around the recommendations that have already been made (not all have teeth-we need to develop them). Work together with shared outcomes
- Key audience for recommendations: Legislature
- Stalled legislation

Task force structure and decision-making

Two visuals were shared to ground a discussion about a framework for making recommendations and principles for decision-making including brainstorming, multi-voting, nominal group technique, gradients of agreement, and majority voting.

Structure



Decision-making

Decision-making approach	Description
Unstructured brainstorm	Discussion is facilitated in a way that group members can offer any and all ideas. Consensus is facilitated organically.
Nominal group technique	Brainstorm is structured in a way to solicit group members' ideas, then discuss and prioritize.
Multi-voting	Prioritization of ideas is facilitated with a structured ranking process.
Gradients of agreement	Group consensus is facilitated by assessing the degree to which each person agrees with one idea, followed by discussion where needed.
Majority voting	One idea is to choose from a number of alternatives by reaching a certain percentage. The percentage may be determined by the group.

Small group discussion

Task force members broke into small groups to discuss the following questions: a) What do you like about the frameworks for developing recommendations? What would you prefer to avoid?

b) What matters to you in a decision-making approach? That is, what values or principles should this group adhere to as you work toward making decisions?

Preferences for task force structure and decision-making

- Like discussions. Risk over discussing, under solutions
- Don't perpetuate inequalities
- Embody racial justice. Represent diversity of perspectives
- Outcomes should be actionable. Simplicity is best.
- Thoughtful use of data. Avoid wrongful grouping
- Decision-making
  - Gradient agreement = Nominal+ discussion
  - Nominal group technique
  - Gradients of agreement takes too much time
- No majority voting. If voting-Anonymous or identified

Public comment

Public comments that were received prior to the meeting were shared. There was no group discussion during the meeting. It was explained that in the February meeting the task force will discuss an approach to incorporating public comment throughout the project.

- As a recently retired provider of care in the pregnancy and childbearing world, I take issue with the representation of members appointed to this Task Force. Not in a personal way (as I am not acquainted with any of the individuals) but rather that the makeup up the task force skews the likely perspective of the findings. It is widely understood that health care disparities, by race in particular, are widest in the childbearing communities. Please seek more representatives from the childbearing communities and avoid those who represent the institutions who have thus far failed to make the necessary reductions in disparities.
- I am just curious as to why there aren't any commission members to advocate for Seniors on this board.
- I have worked in health care / social work for many years. I wanted to put in a plug to the task force to be aware of related to this topic- people in poverty, with addiction and homelessness often receive disparate treatment as well in health care (in addition to the other areas the task force is looking into). I see it all of the time, unfortunately. Socio economic status seems to compound the other factors the task for is looking into.
- As a practicing surgeon, if I have concerns with the current equitability of care, particularly among African-American children in Twin cities, who would I take that concern to? Is there a confidential platform to raise these concerns without risk of backlash from the medical

community? Is there a whistleblower hotline to report medical policies at large medical centers that discriminate against African Americans?

Closing and action items

Commissioner Cunningham closed the meeting by thanking the task force for their engagement in this first meeting.

Reminders:

- Next meeting is February 26, 1:00 – 4:00 p.m.
- Individual interviews: please sign up for a time
- Meeting summary notes to follow
- Post-meeting survey to follow

Contact to follow-up

With questions or comments about Equitable Healthcare Task Force, please reach out to the Health Policy Division at health.equitablehealthcare@state.mn.us.

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