February 13, 2020

Jan Malcolm, Commissioner
Minnesota Department of Health
625 Robert St. N
PO Box 64975
St. Paul, MN 55164-0975

Jodi Harpstead, Commissioner
Minnesota Department of Human Services
444 Lafayette Rd.
St. Paul, MN 55155

Dear Commissioners Malcolm and Harpstead:

As you will recall, in the 2019 session, the Minnesota Legislature extended the health care provider tax, while directing that a “Blue Ribbon Commission” be empaneled to review the operations of the Minnesota Departments of Health and Human Services to find efficiencies. I understand that a commission has been established and has begun to undertake this work, and I thank you and your respective staffs for helping make that happen. We can easily appreciate that given the extensive programs and services both Departments offer, this will be a significant project.

I recently received from a constituent a copy of an 11-page document entitled “Commission member interest for prioritized strategies,” resulting from a meeting in December. It is a thoughtful and ambitious description of the work facing the commission, and I appreciate the effort which went into its drafting. I write, however, to express concern regarding item #35 on page 9 of the document, related to developing health-care curricula which “enhances understanding and engagement with communities of color, tribal and immigrant communities.” My concern, of course, is not that these discussions should not occur; rather, my concern is that there are marginalized communities which experience health-care
disparities and inequities whose needs may not be included within this framework. I am thinking, in particular, of the lesbian, gay, bisexual, and transgender (LGBT) communities in Minnesota. As I understand it, MDH’s own data, drawn from the Minnesota Student Survey, show that LGBT youth are at greater risk for mental-health, substance-misuse, and other challenges. Transgender individuals of all ages frequently experience barriers in accessing care specific to transgender people, or even basic care in circumstances which respect their identities. LGBT older adults report deep hesitation to access care for fear of discrimination. These experiences, and more, contribute to the reports of disparities affecting these communities.

Considering this, it seems extremely appropriate to find ways to assure that LGBT communities are specifically identified as among the priority populations the commission is considering in the context of promoting equity in general, and in developing equity-enhancing educational efforts in particular. I am writing, therefore, to raise this question with you both and hope to explore ways to accomplish this end. I believe there are various individuals and organizations in Minnesota who could assist in informing a discussion.

Thank you for your consideration of this request.

Very truly yours,

D. Scott Dibble
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Minnesota State Senator, District 61