



**CHILDREN'S MINNESOTA
COMMUNITY HEALTH
NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY
2020-2022**



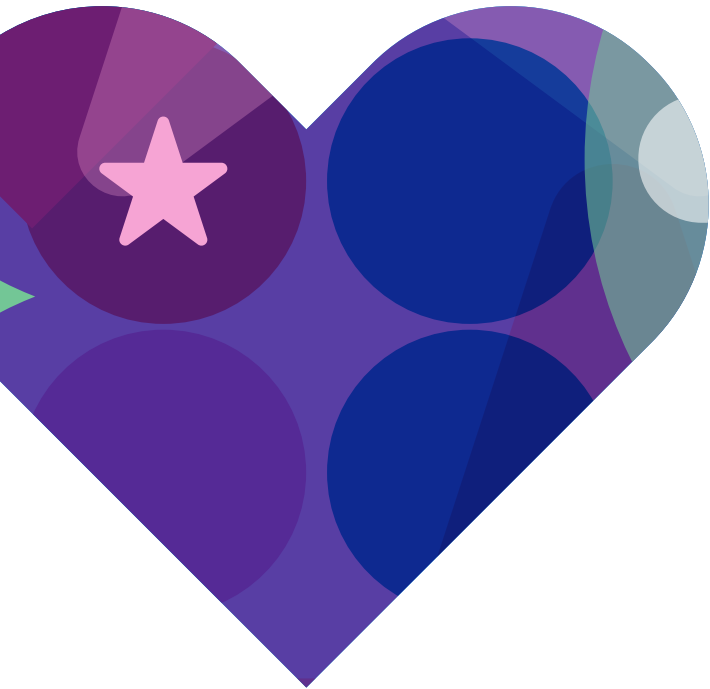
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Minneapolis Public
Schools

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CHILDREN'S MINNESOTA STAFF

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WILDER RESEARCH STAFF

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The 2020-2022 Implementation Plan was approved by the Executive Committee of the Board of Directors of Children's Minnesota on May 11, 2020. Children's Minnesota and Wilder Research are responsible for the content and accuracy of this document.



COMMUNITY HEALTH NEEDS ASSESSMENT REPORT SUMMARY

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?

Through the Affordable Care Act (ACA), all not-for-profit hospitals are federally required to conduct a community health needs assessment (CHNA) that identifies the health needs and priorities of community residents and the steps that the hospital will take to address health-related topics. View current and past Children's Minnesota CHNAs at childrensmn.org/CHNA.

2019 PRIORITY HEALTH ISSUES

In 2016, Children's Minnesota began to emphasize health equity in the assessment process and broadened potential topic areas to include community conditions that contribute to health outcomes such as poverty, education and housing. The 2016 CHNA was a robust assessment that was led and informed by the community via the Community Advisory Council. The following health priorities were identified through the 2016 assessment and became the focus of new initiatives and expanded efforts: asthma, mental health and well-being, access to resources, income and employment, education and structural racism.

The 2019 CHNA process gathered input from the community through individual interviews and focus groups as well as Children's Minnesota staff who helped review existing data to identify critical needs. The 2019 assessment was designed to build upon key learnings from 2016 and address concerns through investments in services and community relationships.

THE FOLLOWING HEALTH PRIORITIES WERE DETERMINED IN THE 2019 ASSESSMENT:

CATEGORY	DEFINITION
STRUCTURAL RACISM	Policies, practices and systems of organizations and institutions that routinely advantage white residents while disadvantaging people of color and American Indians. Structural racism is embedded within social, economic and political systems, leading to disparities in opportunity and exclusion from power.
HEALTH DISPARITIES	Preventable differences in disease, injury, violence or opportunities to achieve optimal health that are experienced by segments of the population that have been disadvantaged. These populations can be distinguished by characteristics such as race, ethnicity, gender, education or income, disability, location (rural or urban) or sexual orientation. Health disparities related to asthma and vaccination rates are key areas of concern for Children’s Minnesota.
ECONOMIC OPPORTUNITY AND INCOME	Beyond income and employment, people need to have economic opportunities such as access to education, housing and the ability to share and accumulate resources across generations. Economic opportunities are also created when people in organizations can invest in the communities where they live and work.
MENTAL HEALTH AND DEVELOPMENTAL WELL-BEING	Includes specific treatment and services available for children with a diagnosed mental illness as well as efforts to support healthy development and overall well-being for all children by addressing adverse childhood experiences (ACEs), trauma and chronic stress.
ACCESS TO RESOURCES	The ability of a family to access health care services as well as community resources, child-serving systems, public benefit programs and the basic resources needed to survive and thrive, including food and housing.

The implementation strategies highlighted in this document were developed with an understanding of the intersectionality of these priority areas.

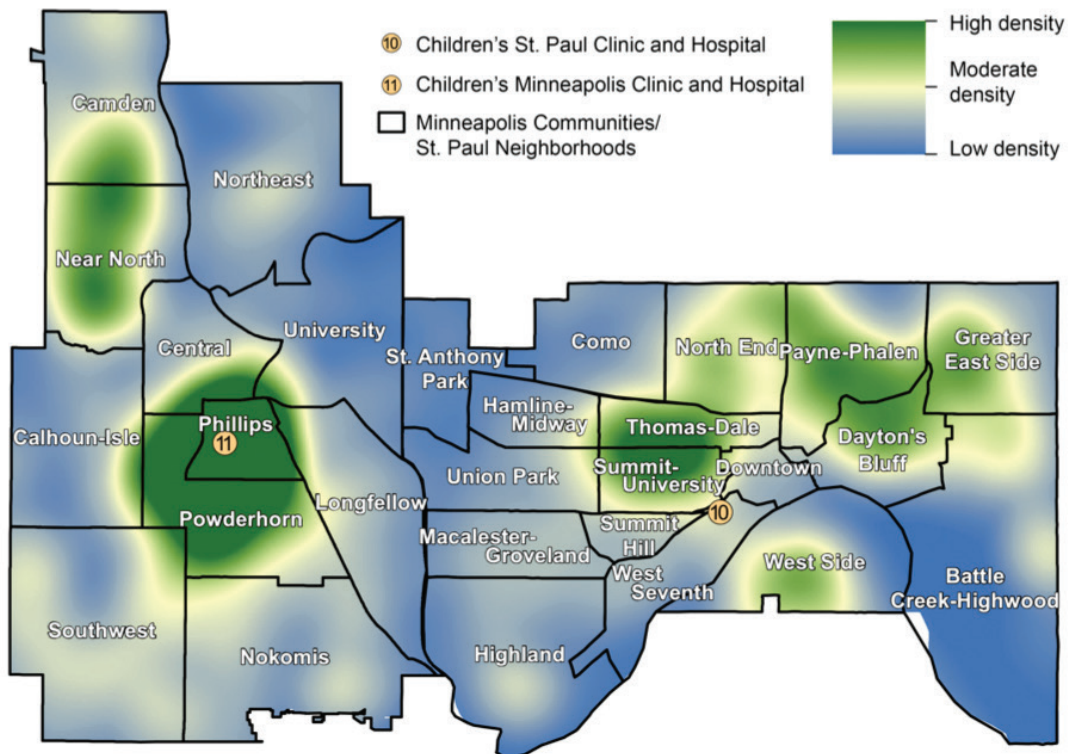
CHILDREN'S MINNESOTA DEFINITION OF COMMUNITY

For the purposes of this CHNA and Implementation Strategy, the following definition of community has been adopted:

The community served by Children's Minnesota includes the more than 700,000 children (0-17 years) who live in the seven-county Twin Cities region covering Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties.

The assessment placed emphasis on learning about the health needs, assets and priorities of children and families living in neighborhoods where high densities of Children's Minnesota patients live and children and families experience a disproportionate burden of inequitable social, economic and environmental conditions, including:

- In Minneapolis: Phillips and Powderhorn neighborhoods
- In St. Paul: West Side, Frogtown/Thomas-Dale and Dayton's Bluff neighborhoods





2020-2022 IMPLEMENTATION PLAN

The 2020-2022 Implementation Plan was developed by Children’s Minnesota in response to the priorities identified through the 2019 Community Health Needs Assessment. While the priority issues are listed separately, the work itself is interconnected and grounded in a commitment to identifying and addressing structural racism and implementing equitable strategies to improve health outcomes and reduce health disparities.

PRIORITY ISSUE	OBJECTIVES
<p>STRUCTURAL RACISM</p> <p><i>Eliminate racism and resulting negative impacts on health by advancing health equity through changes in policies and practice, shifts in organizational culture and operations, and greater collaboration with community partners</i></p>	<ul style="list-style-type: none"> • Identify and address policies, practices and systemic issues within the organization that contribute to structural racism • Further implement a racial equity impact lens into organizational goal setting, project planning and performance measures • Identify and address procedures, policies and practices that influence clinical health outcomes and perpetuate disparities at the point of care
<p>HEALTH DISPARITIES</p> <p><i>Build internal capacity and work in partnership with the community to establish goals and implement strategies to significantly reduce targeted health disparities</i></p>	<ul style="list-style-type: none"> • Share available and reliable disaggregated data with the community, including health disparities in vaccination rates and asthma condition support and management • Work with the community to co-create strategies to address health disparities • Engage the community regularly to share progress, refine strategies and prioritize additional health disparities to address

In addition to the specified goals and objectives highlighted in the table below, the policy, advocacy and equity agendas of Children’s Minnesota will continue to be informed by these priority issues. To learn more about specific initiatives, please reach out to community@childrensmn.org.

ANTICIPATED IMPACT	RESOURCES
<ul style="list-style-type: none"> • An inclusive culture that fosters high-quality and equitable care for patients and families • Greater organizational capacity and measurable improvements in systemwide and program-level equity-based outcomes 	<p>Under the leadership of the Chief Equity and Inclusion Officer, Children’s Minnesota will continue to invest resources focused on identifying and reducing structural racism and further integrating equity practices into its operations and culture.</p> <p>Current programs and initiatives</p> <ul style="list-style-type: none"> • Children’s Minnesota CEO is part of the CEO Action Network focused on advancing diversity and inclusion in the workplace • Children’s Minnesota Health Equity Council focuses on building equity practices into the organization’s culture and operations • A racial equity impact assessment has been developed and is used to examine organizational policies for addressing structural racism
<ul style="list-style-type: none"> • Strengthened community relationships and development of strategies that reflect the values and interests of the community • Measurable reductions in targeted health disparities 	<p>Children’s Minnesota will build on efforts to identify inequities in health outcomes and the experience of patients to ensure equitable patient care and to reduce disparities in asthma management and vaccination rates.</p> <p>Current programs and initiatives</p> <ul style="list-style-type: none"> • Children’s Minnesota tools are continually refined including a patient equity index that addresses racial disparities, and respect and dignity safety learning reports related to emotional harm events to help us identify themes and bias while creating equitable solutions • The Children’s Minnesota Gender Health Program provides compassionate and comprehensive care for transgender and gender-diverse youth. • Children’s Minnesota has partnered with members of the American Indian community to establish an American Indian advisory council that provides guidance to the organization’s equity and American Indian patient focused efforts

PRIORITY ISSUE	OBJECTIVES
<p>ECONOMIC OPPORTUNITY & INCOME</p> <p><i>Invest in economic and employment opportunities for all of the communities Children’s Minnesota serves</i></p>	<ul style="list-style-type: none"> • Increase investment of resources into local community businesses through supplier contracts and sponsorships • Increase employment opportunities for the community Children’s Minnesota serves, including patients and families themselves • Implement training, recruitment and retention strategies to achieve organizational workforce diversity, equity and inclusion goals • Expand programs and supports that help families access available benefits
<p>MENTAL HEALTH & DEVELOPMENTAL WELL-BEING</p> <p><i>Identify opportunities for enhanced and more coordinated mental health support for children with an emphasis on early childhood services, early intervention and culturally informed care</i></p>	<ul style="list-style-type: none"> • Identify and develop specific services in follow-up clinics for at-risk early childhood patient populations • Improve access by expanding integrated behavioral health into primary care clinics • Implement suicide screening across behavioral health and primary care programs
<p>ACCESS TO RESOURCES</p> <p><i>Expand programming and partnerships that connect patients and families to essential resources that can positively impact overall health, development and well-being</i></p>	<ul style="list-style-type: none"> • Extend Community Connect model to serve additional patient populations • Promote continued organization-wide awareness and utilization of the Children’s Minnesota Healthcare Legal Partnership • Build upon existing relationships and explore new partnerships to foster mutually-beneficial collaborations with community-based organizations, schools and other key entities to streamline communication, service delivery and information sharing

ANTICIPATED IMPACT	RESOURCES
<ul style="list-style-type: none"> • Clear processes that hold leaders accountable to metrics focused on representation within Children’s Minnesota staff, retention and turnover rates, supplier diversity and health equity metrics • A workforce and organizational culture that reflects the communities served by Children’s Minnesota • Increased supplier contracts and resources invested in community businesses • Greater capacity for families to access available supports 	<p>Children’s Minnesota has established clear goals to build and retain a more diverse workforce and plans to continue and expand internship and employee programs that create career pathways.</p> <p>Current programs and initiatives</p> <ul style="list-style-type: none"> • The Children’s Minnesota Equity Internship Program creates a pipeline for health care careers through established relationships with local programs and colleges that have an acute focus on equity and inclusion • Employee Resource Groups have been established to promote recruiting, retention and professional development for Children’s Minnesota employees • Ongoing development of processes and procedures that increase accountability in achieving workplace diversity and inclusion goals and other key health equity metrics
<ul style="list-style-type: none"> • Improved integration of neurodevelopmental services with current and new specialty follow-up clinics • Improved access to behavioral health and early intervention services • Earlier identification of behavioral health concerns, including suicide risk, and reduced stigma for youth and families receiving support 	<p>Children’s Minnesota has committed resources to integrating behavioral health services into primary care clinics and inpatient specialty care areas and is working with external partners to build greater capacity to support resilience and mitigate the effects of early childhood stress. Children’s Minnesota also works with diverse communities to build mental health services that value community wisdom and integrate culturally responsive practices.</p> <p>Current programs and initiatives</p> <ul style="list-style-type: none"> • Integration of positive parenting support and resources through the Healthy Steps program, offered within Children’s Minnesota primary care clinics • Participation in the Harvard Center for the Developing Child’s Pediatric Innovation cluster, focused on testing new measures of resilience and the effects of stress in early childhood
<ul style="list-style-type: none"> • Strengthened collaboration with community partners to improve access to resources • Increased responsive referrals to support the overall health and well-being of families 	<p>Children’s Minnesota works in close partnership with community-based organizations, schools and other community stakeholders and will continue to fuel projects and services that connect patients and families to community resources.</p> <p>Current programs and initiatives</p> <ul style="list-style-type: none"> • The Children’s Minnesota Community Connect program connects patient families to community-based resources and is currently available to primary care patients at our Minneapolis and Saint Paul campuses • The Children’s Minnesota Healthcare Legal Partnership provides legal aid services for patient families at our Minneapolis and Saint Paul campuses



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