
Children's Minnesota Implementation Strategy

2017 – 2019



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Community Health Needs Assessment Report Summary

What is a CHNA?

A community health needs assessment (CHNA) is a process that identifies and assesses priority health issues. The Affordable Care Act (ACA) requires all not-for-profit hospitals to conduct a CHNA every three years. The purpose is to identify the health needs and priorities of community residents and the steps that the hospital will take to address these health-related topics. The CHNA is available online at: childrensmn.org/CHNA.

Priority Health Issues (2016)

The approach and process used for this assessment were designed to achieve a comprehensive view of health in the community served by Children’s Minnesota. Through increased emphasis on primary data, layering that information with secondary data, an inclusive prioritization approach, and a shared decision-making process with community partners, this assessment revealed priorities that extend beyond the traditional definition of health. The consistency with which these issues emerged through secondary data, clinician and care provider perspectives, and community stakeholder input all support the multi-layered and comprehensive nature of health and well-being.

Health Conditions
<ul style="list-style-type: none">• Asthma• Mental health and well-being

Social Determinants
<ul style="list-style-type: none">• Access to resources• Education• Income and employment• Structural racism

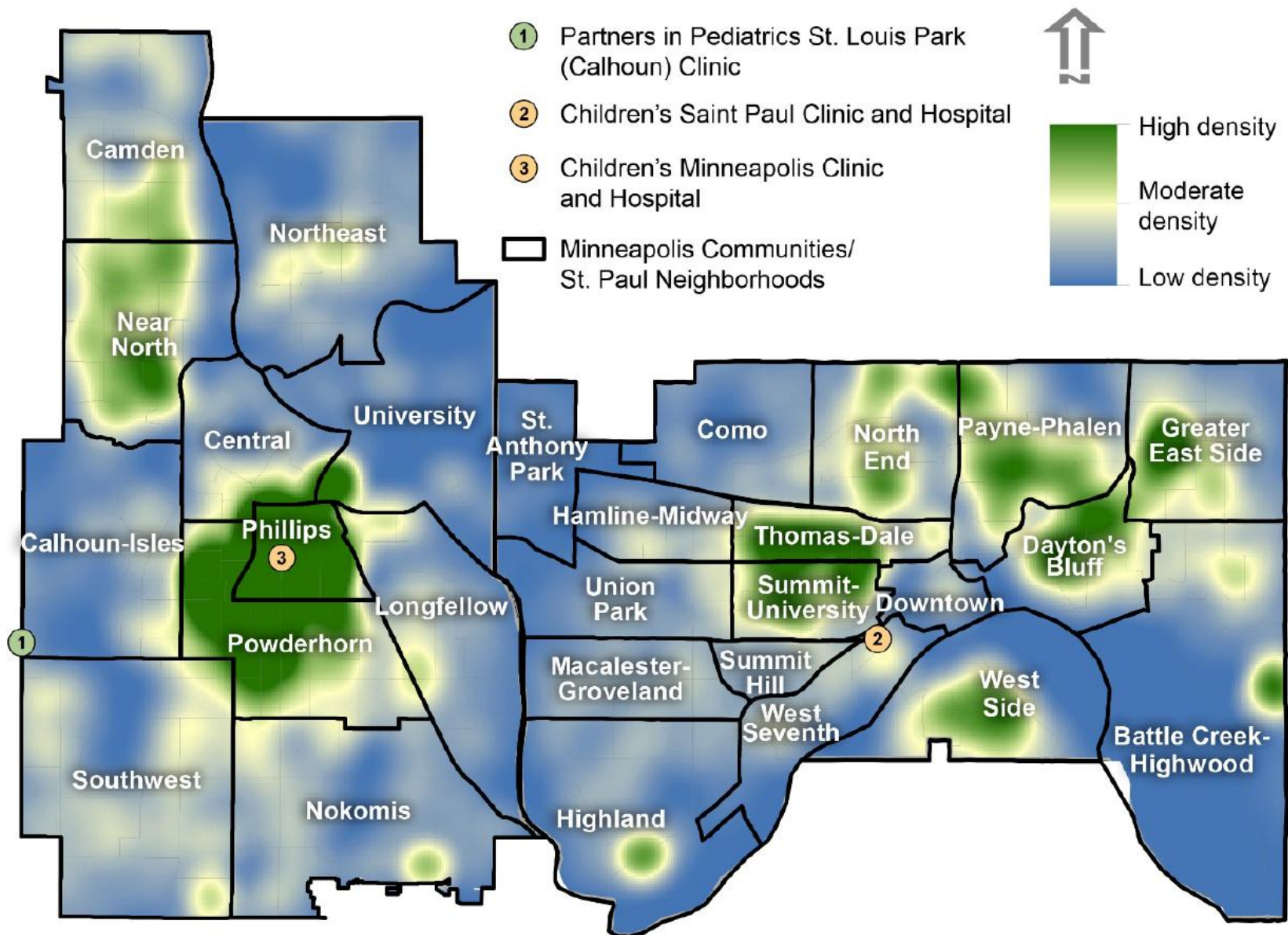
Children’s Minnesota Community Definition

The community served by Children’s Minnesota includes children of all ages (prenatal – age 17) who live in the seven-county Twin Cities region: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties.

The assessment also placed additional emphasis on learning about the health needs, assets, and priorities of children and families living in the following five neighborhoods where: a) high densities of Children’s Minnesota patients live and b) where children and families experience a disproportionate burden because of inequitable social, economic, and environmental conditions:

- In Minneapolis: Phillips and Powderhorn
- In Saint Paul: West Side, Frogtown/Thomas-Dale, and Dayton’s Bluff

It should be noted that while Children’s Minnesota has focused on these neighborhoods for the purpose of the CHNA, its work is not limited to these five geographic areas.



Community Advisory Committee

Children’s Minnesota assembled a Community Advisory Committee (referred to as the “CAC” in this report) to help guide the assessment process so that it is responsive to and supportive of community health. The goal was to convene a committee with members who collectively have varied perspectives about health, cultural and ethnic diversity, familiarity working with the challenges and opportunities of large systems, existing or interest in pursuing partnerships with Children’s Minnesota, and ongoing relationships with residents of the communities in Minneapolis and Saint Paul that they work with or serve. The CAC developed a set of core principles that set the tone for the assessment.

These include:

- Utilize a broad, open definition of health and well-being
- Keep equity at the center, ensuring it is considered in all decision-making
- Consider the impact of social determinants on our communities
- Use a trauma-informed lens to influence decision-making
- Be aware of Children’s Minnesota’s limitations and sphere of influence

The CAC was involved in the following specific tasks and provided additional insights and feedback throughout the assessment process:

- Developing the key questions to be answered through the assessment
- Recommending specific data collection strategies to ensure broad representation of community members in the assessment process
- Reviewing data gathered throughout the assessment process and suggesting changes to improve the way in which data are reported and shared
- Setting the prioritization criteria and participating in a process to identify the top health concerns that Children’s Minnesota should work to address

This assessment process was intended to increase the involvement of community stakeholders in key decisions. However, Children’s Minnesota also views the CHNA as one element of a broader community engagement commitment and ongoing partnership with community stakeholders.

2017 – 2019 Implementation Plan

The Children’s Minnesota CHNA was adopted by the Executive Committee of the Board of Directors in December 2016 following a year-long assessment and planning process with the Community Advisory Committee.

After the CAC completed issue prioritization, Children’s staff reviewed the six priority health issues and discussed the organizational capacity and feasibility of addressing these topics. Over the course of the next three years, Children’s will address all of the issues identified through the CHNA to varying degrees. While each issue is discussed separately here, these issues are most often interrelated. Children’s is also committed to continuing to engage with patients, families, community members and our staff at all levels to develop and implement this work. To learn more about a specific initiative, contact Anna Youngerman at Anna.Youngerman@childrensmn.org or 952-992-5494.

Priority issue	Objectives	Anticipated impact	Resources
Asthma: Develop improved asthma condition support and management with attention to disparities in health care outcomes, environmental factors and community-informed approaches to care.	<ul style="list-style-type: none"> Plan and implement an asthma intervention that supports children and their families through an equity-based framework to address outcome disparities observed in Minnesota Community Measurement reporting. Support connections to community-based resources and agencies to address the environmental and social determinant factors that impact asthma condition severity and management. Build relationships with patients and families, community members and community-based organizations and agencies to integrate community-informed perspectives on asthma care. 	Improve care for children with asthma, focused on reducing disparities between racial and ethnic groups in care and condition outcomes.	Children’s provides comprehensive asthma care for children at all primary care clinics, through a specific Asthma Clinic and in our Emergency Department and Inpatient units when asthma symptoms become more severe.
Mental health and well-being: Identify opportunities for enhanced and/or more coordinated mental health support for children.	<ul style="list-style-type: none"> Continued enhancement to the services Children’s offers to patients and families. Active exploration of organizational partnerships and collaborations other organization and agency stakeholders, including continued participation in Hennepin County’s Community Health Improvement Partnership. Continued public policy advocacy for funding, programs and community-based services that focus on pediatric mental health, including participation on the State of Minnesota’s Subcommittee on Children’s Mental Health. 	Improved system-to-system connections that support children’s mental health and well-being.	Children’s provides mental health care through outpatient services, including limited integration in primary care. Staff participate in public policy efforts and exploration of partnership opportunities with community-based mental health providers.
Access to resources: Implement programs that identify and connect patients and their	<ul style="list-style-type: none"> Launch a “Resource Hub” screening program where staff in primary care clinics work with families to support their goals for health and well-being by identifying and addressing social and environmental factors that are impacting their health. 	Improve connections with community resources and referrals to support families in their health and well-being.	Children’s is committing financial and human resources to developing a responsive, social-condition focused system to support its

Priority issue	Objectives	Anticipated impact	Resources
<p>families to referral and resource support that can positively impact the social determinants of health.</p>	<ul style="list-style-type: none"> ■ Implement a Medical-Legal Partnership that will provide legal support free of charge for families, with a particular focus on addressing legal issues that may be impacting a family’s health and environment. ■ Evolve existing collaborative relationships with community organizations to explore the potential of business partnership arrangements (e.g. MOUs, sub-contracts, technical assistance, etc.). 		<p>patients and families on non-medical issues that impact their health and well being. The system will build on Children’s established organizational relationships to create better system-to-system connections for families.</p>
<p>Education: Build active partnerships with schools focused on mutually-beneficial programs/initiatives that support improved health and, in turn, stability and opportunity in the educational system.</p>	<ul style="list-style-type: none"> ■ Co-develop plans with identified schools to address complementary health and educational goals. ■ Explore opportunities for better information sharing with schools to more efficiently and effectively target intervention opportunities based on geography, health conditions, absenteeism, health care utilization, etc. 	<p>Robust, outcomes-focused partnerships between schools and Children’s that more effectively meet the needs of children and youth by supporting their health and well-being.</p>	<p>Children’s is currently developing relationships with public school districts and charter schools in Minneapolis and St. Paul and will continue to pursue opportunities to partner that include commitment of clinical expertise, human and/or financial resources.</p>
<p>Income and Employment: Support health care career education opportunities and hiring initiatives to attract and maintaining a diverse workforce.</p>	<ul style="list-style-type: none"> ■ Provide ongoing donation support to local education programs that support students in training for and entering into health care careers. ■ Improve retention of employees of color across the organization. ■ Develop and implement targeted diversity recruitment efforts to increase workforce diversity. ■ Improve the climate of inclusion. 	<p>Improved recruitment, retention and engagement of employees of color compared to prior years.</p>	<p>Children’s commits financial and human resources to supporting increased recruitment and retention into health-care related fields.</p>
<p>Structural racism: Integrate and standardize a racial equity impact lens into organizational goal-setting and project planning efforts.</p>	<ul style="list-style-type: none"> ■ Continue to develop the American Indian Community Collaborative as an agent to system change by integrating the voices, experience and traditional knowledge to shape the health care setting. ■ Implement a racial equity impact assessment tool in identifying and developing projects that bring clinical and community health work into alignment. ■ Integrate structural racism, racial equity and community engagement training opportunities into project planning and teams. ■ Develop an organizational plan that will guide system-wide efforts to address racial equity. 	<p>Create organizational accountability and capacity for integrating and implementing equity-based objectives and programs at the system level.</p>	<p>Children’s is committing staff expertise and human resources to providing increased training and professional development opportunities related to recognizing and addressing structural racism.</p>