



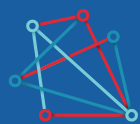
Community Health Needs Assessment

2026-2028 IMPLEMENTATION STRATEGY

Children's[®]
MINNESOTA

The Kid Experts[®]

In partnership with:



**Collective
Action Lab**[®]

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Contents

Acknowledgements 1

2025 Community Health Needs Assessment Summary 2

2026–2028 Implementation Strategy 6

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Children’s Minnesota also acknowledges its ongoing partnerships are what make this work possible and deeply connected to the communities we serve.

The 2026–2028 CHNA Implementation Strategy was approved by the Executive Committee of the Board of Directors of Children’s Minnesota on May 14, 2026.

Community Health Needs Assessment Summary

Children’s Minnesota community

Children’s Minnesota is one of the largest pediatric health systems in the United States and the only health system in Minnesota to provide care exclusively to children, from before birth through young adulthood. An independent and not-for-profit system since 1924, Children’s Minnesota is one system serving kids throughout the Upper Midwest at two freestanding hospitals, nine primary care clinics (Minneapolis, St. Paul, Brooklyn Park, Hugo, Maple Grove, Plymouth, Rogers, St. Louis Park and West St. Paul), multiple specialty clinics and seven rehabilitation sites. The network has more than 60 pediatric specialties to provide health and virtual care services to children with a range of needs.

Children’s Minnesota serves a large geographic area and diverse patient population. In 2024, Children’s Minnesota cared for more than 167,500 patients through its hospitals, primary and specialty care clinics and in home services. These patients represented all counties in Minnesota and 63 percent of the counties in the four neighboring states. At its hospital locations alone, there were nearly 86,500 emergency department visits and approximately 14,000 hospitalizations in 2024.

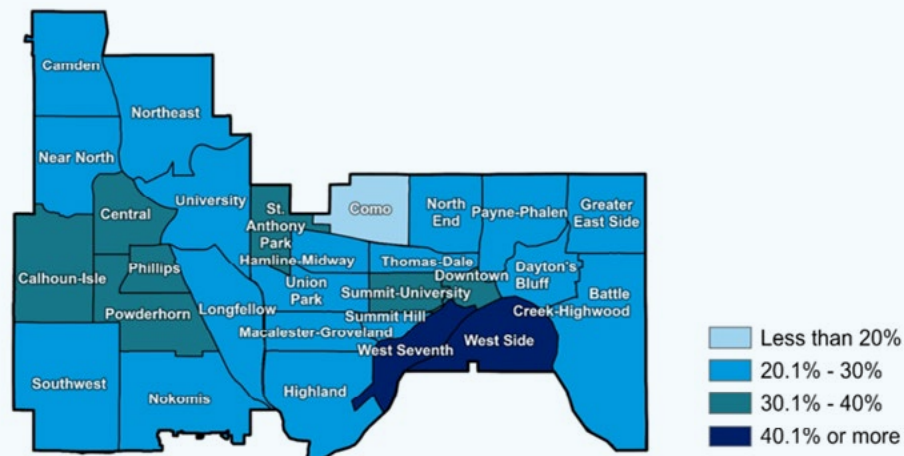
Children’s Minnesota has a broad reach; however, a majority of children served live in the seven-county Twin Cities metro region. Children’s Minnesota will continue to use the following definition for the purposes of this CHNA and Implementation Strategy:

- The community served includes more than 731,000 children (0–17 years) who live in the seven-county Twin Cities region — Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties.

The needs assessment focuses on learning about the health needs, assets and priorities of children and families living in the following neighborhoods where: a) a high percentage of children are patients at Children’s Minnesota facilities; and b) children and families experience disproportionate burden of inequitable social, economic, and environmental conditions:

- **In Minneapolis:** Phillips and Powderhorn neighborhoods
- **In St. Paul:** West Side, West Seventh and Summit-University neighborhoods

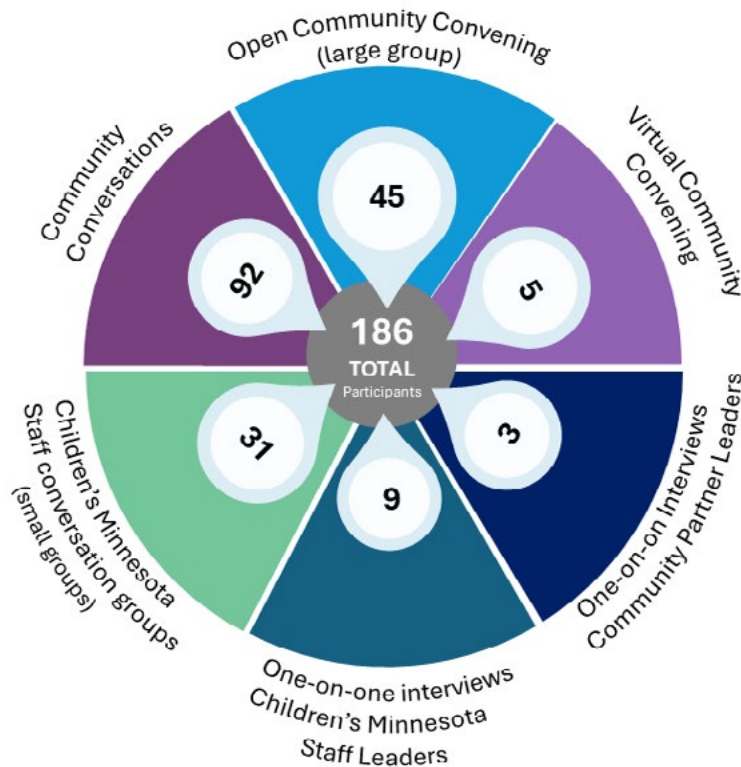
Percentage of children (0–17) in Minneapolis and St. Paul neighborhoods reached by all Children’s Minnesota facilities



Source: 2020 Census (P.L. 94-171 Redistricting data). Children’s Minnesota administrative data. Wilder Research calculations.

Priorities identified in the 2025 Community Health Needs Assessment

Children’s Minnesota is committed to an expansive approach to its community health needs assessments because the process helps identify and understand community needs, especially related to health, racial equity and social conditions that contribute to health outcomes. In addition, Children’s Minnesota sees community health needs assessments as a key tool for building relationships with individual community members and advancing reciprocal partnerships with organizations. These relationships inform and help shape children and families’ experiences both inside and outside of the hospital and clinic walls.



Community Health Needs Assessments

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 the communities they serve and responsive steps that the hospital will take to address the health needs. Legislation passed in Minnesota in 2024 contains similar requirements for triennial CHNAs from not-for-profit hospitals in the state.

Source: Minnesota Statutes 2024 144.6985 Subdivision 1. “Community Health Needs Assessment”

In 2025, to further enrich the output and outcomes of the 2025 CHNA, Children’s Minnesota designed a new engagement process to reach more broadly into community. The revised process directly engaged nearly two hundred community members and other stakeholders in a number of different ways. Stakeholders were invited to inform and then refine the community needs assessment and the corresponding implementation strategy. This approach ensured that the output accurately reflects the needs and interests articulated by participants in all phases of the work: the assessment, prioritization and implementation planning. This enhanced engagement has resulted in strategies and deeper reciprocal relationships that will guide Children’s Minnesota into the future.

Health priorities identified in the 2025 CHNA

The assessment process surfaced results across three iterative steps:

Through this process, the priority health needs identified in the 2022 CHNA remained the most prevalent and served as a starting point for identifying the 2025 priority health needs.



Structural racism

Structural racism^a refers to the ways in which the policies, practices and systems of organizations and institutions routinely advantage White populations while disadvantaging people of color and American Indians.

Health disparities

Health disparities^b are preventable differences in health outcomes caused by inequitable and unjust distribution of resources, opportunities and power.

Economic opportunity + income

Economic opportunity and income are the factors that ensure families can access and obtain financial resources that support the well-being of children and the community.

Mental health

Mental health refers to the critical need for children, youth and families to have equitable access to a full spectrum of culturally responsive mental health services throughout their life, in both medical and community-based settings.

Access to resources

Access to resources is the ability to have equitable access to culturally responsive health care services, as well as social supports that all people need to survive and thrive, including food, housing, transportation and education.

Community safety

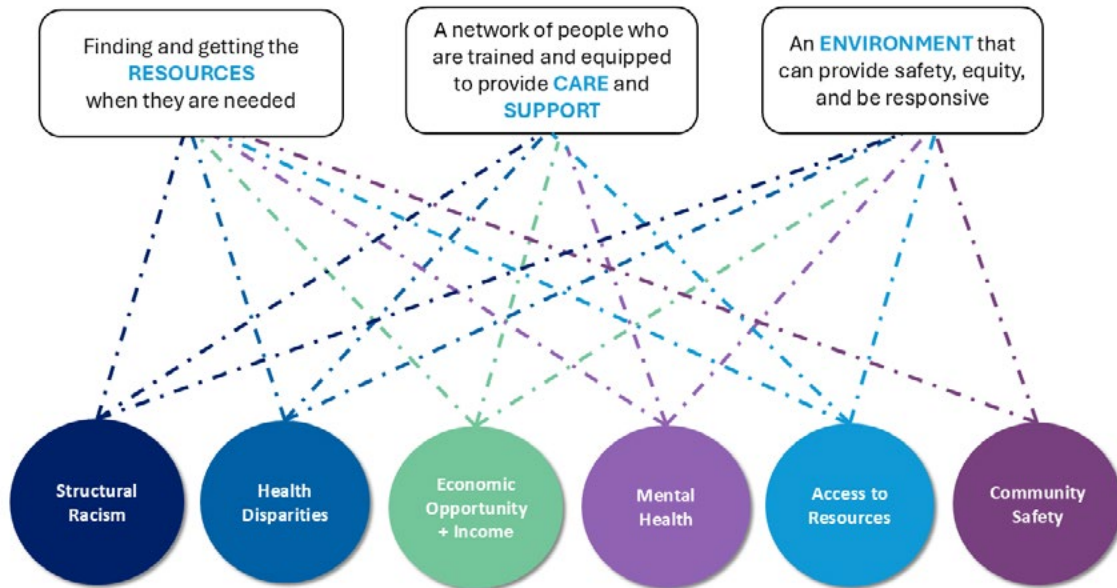
Community safety is the opportunity for children and families to feel safe at home, at school and in the broader community.

^a The Aspen Institute. (n.d.). Glossary for Understanding the Dismantling Structural Racism/Promoting Racial Equity Analysis.

^b Centers for Disease Control and Prevention. (2008). Community Health and Program Services (CHAPS): Health disparities among racial/ethnic populations. U.S. Department of Health and Human Services.

Cross-cutting themes provide new insight

The first iteration of input and feedback from community members was organized and summarized under the six priority health needs listed above. In a facilitated review of community input, the Children’s Minnesota Advisory Council and Children’s Minnesota leaders noted three recurring themes that cut across the six priority health needs. These cross-cutting themes were used to organize and prioritize the assessment results as shown below.



Health is a multifaceted construct and does not stand in isolation. People need resources outside of health care to support their health and well-being such as money, nutritious food, housing, education, transportation, employment, therapy and cultural support. This requires that resources not only exist, but that people can afford, find and use them.

Finding, affording and getting resources when they are needed

Having a network of people who are trained and equipped to provide care and support

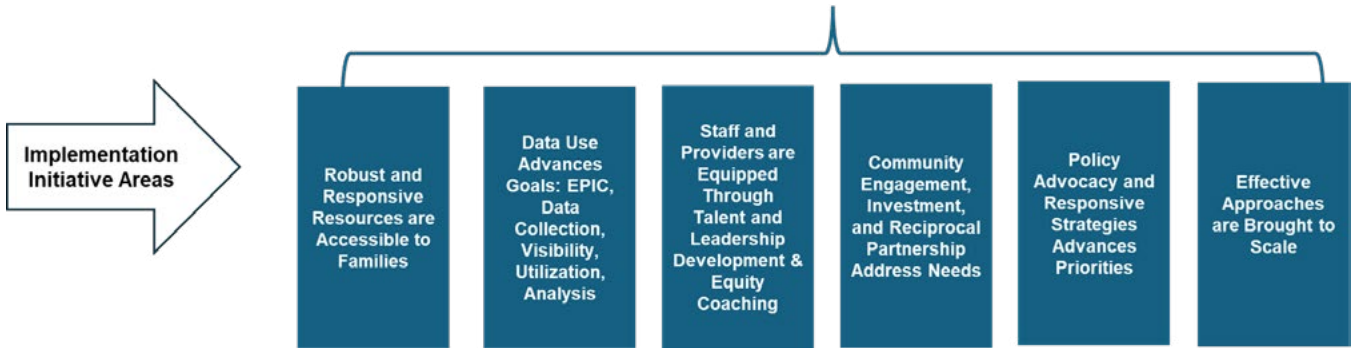
Community members shared that the people who provide their healthcare or community services significantly impact their experiences and outcomes. Community members most value providers and staff who foster responsive, whole-person-centered care and support, an affirming culture, and who are well-trained and culturally congruent.

Community members shared information about environmental challenges that they face and the needs that result from those challenges. They recommended that systems address the needs by assuring safe public and community spaces, strengthening relationships between health care and community resources, investing in educational and employment opportunities, providing solutions for people facing systemic barriers to housing, exploring new care models that center families and kids rather than the health system, and fostering connections that advance needed policy change.

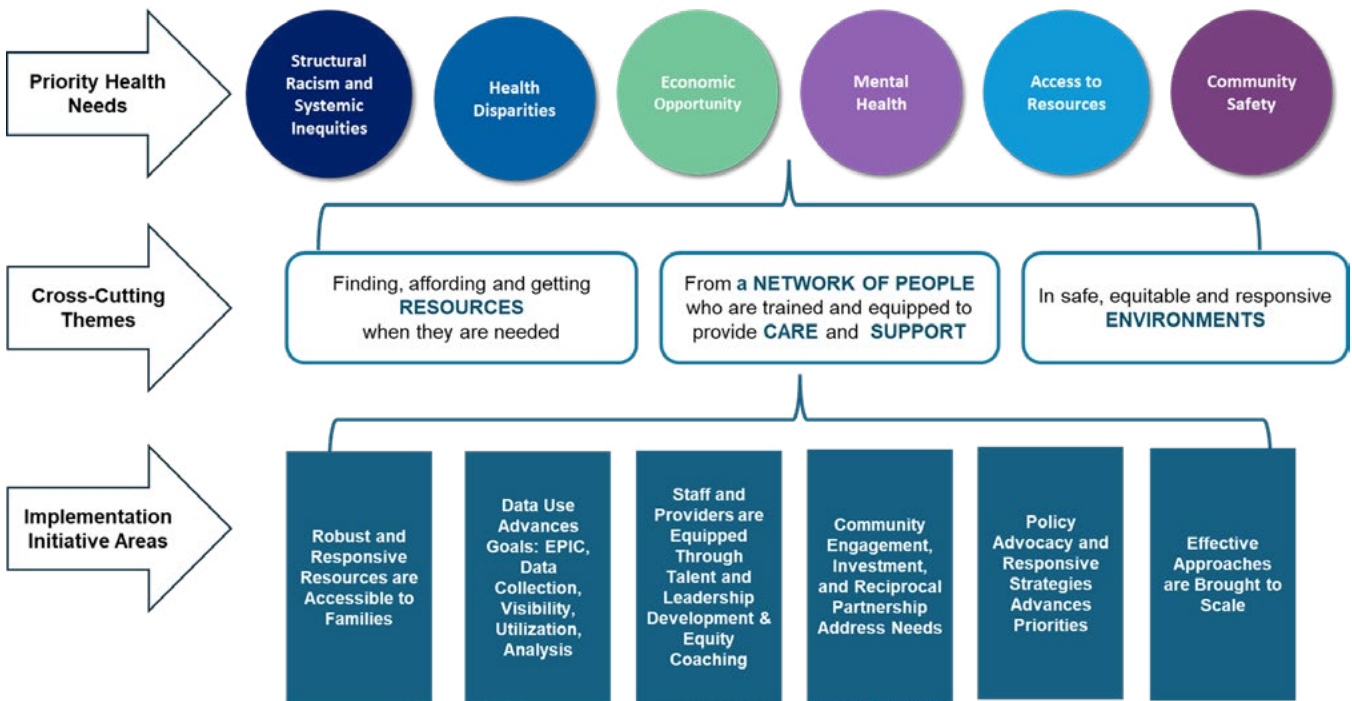
Safe, equitable and responsive environments

2026–2028 CHNA Implementation Strategy

Children’s Minnesota team members reviewed and reflected on the outputs of the prioritization process taking into consideration the organization’s long-term vision to remain the state’s leading independent pediatric health system, current strategic efforts and the intent to use this strategy to influence the development of future strategic plans to guide the organization. This analysis resulted in the **Six Implementation Initiative Areas** shown below. Over the next three years, these initiative areas will guide the work to address priority health issues under each of the cross-cutting themes, focused on addressing them collectively and in partnership with community for measurable impact.



The assessment priorities and six initiative areas are reflected fully in the diagram below and in further details in the tables on the following page



The following tables outline each of the six initiative areas, their unique strategic objectives, anticipated impacts, and highlights the current programs, resources and partnerships committed to addressing the priorities.

INITIATIVE AREA: Robust and responsive resources are accessible to families	
Strategic objective	<ul style="list-style-type: none"> • Ensure all patients and families experience accessible, seamless, high-quality care. • Ensure tools, resources and reciprocal partnerships are in place and resourced to support patient access. • Cultivate philanthropic efforts supporting access, wrap around, and preventive care efforts.
Anticipated impact	<ul style="list-style-type: none"> • Patients and families experience fewer barriers at point of care, including language access. • Patient and family transitions from pediatric to adult medical care is supported. • Patients and families have greater access to social needs support services and resources.
Current programs, resources and partnerships	<ul style="list-style-type: none"> • Health equity coaches are engaged in work to address clinical disparities in partnership with clinical areas and teams. • Respect and Dignity safety learning reports are used in conducting root cause analyses and identifying opportunities for system change to address inequities. • Patient families have access to financial counseling and services which include accessing financial assistance and applying for public insurance programs. • Patient families have access to Community Connect resource navigators and Healthcare Legal Partnership support services on participating campuses. • Family resource centers in Minneapolis and St. Paul hospitals continue to serve families by providing access to food and other basic needs. • Interpreter services are available 24 hours a day, seven days a week for patient families. • Care coordination and/or complex care management is available for patients with chronic conditions and complex medical needs.

- Adolescents and young adults can access coordinated, specialized care for specific conditions (i.e., cancer care, hematology and gynecology).
- The Shift Program helps diabetes patients transition from pediatric to adult medical care.
- A multidisciplinary gender health program that provides compassionate and comprehensive care for transgender and gender diverse youth.
- HealthySteps, a program that promotes healthy development of babies and toddlers and connects specialists with patients during well-child visits, is being implemented in the Children’s Minnesota Minneapolis primary care clinic.
- Integrated behavioral health specialists operate in all Children’s Minnesota primary care clinics and inpatient specialty care areas.
- The Children’s Minnesota Bridging program supports patients moving through Children’s Minnesota’s continuum of mental health services.
- Children’s Minnesota and Washburn Center for Children partnership supports patients and families experiencing long stays in the emergency department waiting to access community mental and/or behavioral health services.
- Children’s Minnesota partners with rural health systems to provide virtual consultation services for neonatal stabilization.
- Children’s Minnesota primary care leaders are continuing to engage community partners in collaborative efforts to support vaccine confidence.
- The Midwest Children’s Resource Center, child advocacy center (CAC) and clinic within Children’s Minnesota offers medical evaluations and case management in alleged child abuse cases, serious neglect and witness to violence.

INITIATIVE AREA:

**Data use advances goals:
data collection, visibility, utilization, analysis**

Strategic objectives

- Leverage the implementation of a new electronic medical record system and other key data systems to improve patient experience and improve care outcomes.
- Utilize improved data visibility to improve referrals and decrease disparities in access to care and resources.

	<ul style="list-style-type: none"> • Improve partnerships between clinical teams, data and analytics, and patient experience teams to utilize data points to improve patient care.
Anticipated impact	<ul style="list-style-type: none"> • New electronic medical record system improves patient access and navigation, easing barriers, improving experience and lessening access and outcome disparities across patient populations. • Improved data visibility enables informed decision making.
Current resources committed and community partners	<ul style="list-style-type: none"> • Data collection materials have been improved to gather and analyze race, ethnicity and language data that is truly representative of the communities we serve, giving Children’s Minnesota additional opportunities to partner and co-create solutions with those communities. • Partnerships between clinical teams, data and analytics, and patient experience teams use specific data points from patient engagement surveys that improve patient care. • Children’s Minnesota Experience Council established to align current efforts and influence new efforts to improve patient, staff and community experience at Children’s Minnesota.
INITIATIVE AREA:	Staff and providers are equipped through talent and leadership development and equity coaching
Strategic objectives	<ul style="list-style-type: none"> • Create a culture of equity and experience through staff training and support. • Ensure equity and inclusion principles and actions are integrated into all decision making processes. • Cultivate partnerships and educational opportunities that establish Children’s Minnesota as the pediatric provider, employer and thought leader of choice in the region.
Anticipated impact	<ul style="list-style-type: none"> • Patient experience scores improve across areas. • Positive employee experience results in successful recruiting, hiring, and greater retention. • Equity tools are effective, widely utilized and assessed for impact. • Health professional education programs and partnerships support the recruitment, training and retention of top talent.

Current resources committed and community partners

- Inclusive Leadership Cohort Program engages leaders through experiential learning, structured reflection and peer engagement to foster inclusive leadership competencies.
- Leaders and teams are engaged in bias mitigation training and intercultural development training.
- Children’s Minnesota employees complete an equity and inclusion session as a part of the New Employee Orientation program.
- Employee resource groups (ERGs) are established at Children’s Minnesota and enhance inclusion and equity efforts and promote community enrichment and development for employees.
- The Lois Young Legacy Internship Program provides opportunities for high school and college students to learn and engage in areas that they potentially see as a future career opportunity.
- Tuition discount partnerships have been established with partnering universities to support Children’s Minnesota employees looking to further their education.
- A specific “equity lens” tool has been implemented to enable leaders to identify biases and advance equity within their standard work.
- Children’s Minnesota health equity coaches provide coaching for staff when navigating clinical situations that can benefit from additional insight and support.
- Children’s Minnesota patient experience team offers coaching and support for providers working on specific initiatives to improve patient care.
- Established partnerships with educational institutions and career programs support recruitment and the ongoing development of a hiring pipeline for health careers.
- Children’s Minnesota participates in the Minnesota Dual Training Pipeline grant program which enables the organization to provide paid on-the-job training and tuition support for specific clinical roles.
- With support from a Department of Labor workforce grant, Children’s Minnesota has created a comprehensive scholarship program aimed at recruiting, training and retaining skilled professionals in high-need roles.
- Health professional education programming for internal and external audiences reflects Children’s Minnesota’s commitment to creating equitable health experiences for patients and fostering an inclusive environment for all learners.

INITIATIVE AREA: Community engagement, investment and reciprocal partnerships address needs	
Strategic objectives	<ul style="list-style-type: none"> • Deepen engagement with internal and external advisors to improve health equity and patient experience. • Expanded investments in community led solutions to achieve health equity. • Assess partnership gaps and opportunities to develop new relationships to support the communities Children’s Minnesota serves. • Increase investment of resources into local community businesses through supplier contracts and sponsorships.
Anticipated impact	<ul style="list-style-type: none"> • Partnerships optimize patient and family experience and improve health outcomes across populations. • Partnerships are reflective of the communities Children’s Minnesota serves and address identified community health needs and priorities.
Current resources committed and community partners	<ul style="list-style-type: none"> • Children’s Minnesota Community Advisory Council advises on strategies for health equity and community engagement. • Community Health Innovation Partnerships program invests in community solutions to advance health equity. • The Children's Minnesota Families as Partners Program promotes, coordinates and supports patient family engagement throughout the organization. • Ongoing engagement of communities with information, education and resources that support caregivers in their efforts to keep children safe in their homes and other environments. • Partnership with Next Step, a hospital-based violence intervention program that connects survivors of violent injury to resources and support. • The Clinic in the Classroom webinar education series provides monthly continuing education programming for school nurses across the state. An advisory council of school health leaders that advises Children’s Minnesota on the series, school health needs and other partnership opportunities. • Children’s Minnesota security advisory committee continues to engage with local officials to support an equitable, safe and secure environment for patients, families and employees. • Ongoing support for Children’s Minnesota leaders to engage and serve in partnership with other nonprofit leaders in the community (i.e., Board service, volunteer service, etc.).

INITIATIVE AREA: Policy advocacy and responsive strategies advance priorities

Strategic objectives	<ul style="list-style-type: none">• Partner with community-driven coalitions to improve systems that serve kids and families.• Serve as a resource and thought leader for lawmakers at the State Capitol, within local governments and among Minnesota’s congressional delegation.• Address gaps and opportunities for collecting data to inform financial, regulatory or public policy recommendations.
Anticipated impact	<ul style="list-style-type: none">• Policy advocacy goals are identified and prioritized with internal and external stakeholders.• Active relationships with policy makers and external stakeholders advance policy priorities.• Data tracking demonstrates policy impact and success.
Current resources committed and community partners	<p>Children’s Minnesota policy team continues to advocate in support of:</p> <ul style="list-style-type: none">• Improving access to affordable healthcare• Achieving health equity• Ensuring safe communities• Supporting a robust healthcare workforce• Improving pediatric mental health <ul style="list-style-type: none">• Public policy team strategically engages staff and leaders from across the organization, as well as community partners, to understand and address policy barriers that impact access to care and resources for patient families.• Public policy team engages with coalition partners working to address health related social needs through policy and system change.• Public policy team partners with clinical and strategy leaders to address regulatory and/or policy barriers to improving services, implementing new or emerging therapies, etc.

INITIATIVE AREA: Effective approaches are brought to scale	
Strategic objectives	<ul style="list-style-type: none"> Utilize systems and processes to support continuous learning, real time problem solving and communicate learnings and successes across the organization.
Anticipated impact	<ul style="list-style-type: none"> Pilots and study results are embedded into standards of care. Effective programs expand to have greater reach and impact for children and families.
Current resources committed and community partners	<ul style="list-style-type: none"> Ongoing use of a continuous improvement system and framework to improve clinical outcomes, patient experience and staff experience.

Next steps

Children’s Minnesota is committed to moving the resulting implementation strategy forward in partnership with the Children’s Community Advisory Council, organizational partners, community stakeholders and our staff. This includes developing an evaluation plan to monitor the status and impact of the implementation strategy, as well as continued engagement with current and new community partners, Children’s Minnesota staff, regarding priority areas as well as emerging needs.

For more information about the 2025 Community Health Needs Assessment or the 2026–2028 CHNA Implementation Strategy, visit childrensmn.org/chna.



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