Community Health Implementation Plan 2023-2025

MAPLE GROVE HOSPITAL

NORTH MEMORIAL HEALTH | MAPLE GROVE HOSPITAL

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Introduction

As a non-profit hospital, Maple Grove Hospital is required to conduct a Community Health Needs Assessment (CHNA) every three years under the Patient Care and Affordable Care Act of 2010. The purpose of conducting a CHNA is to identify and analyze the health needs of the community and develop a Community Health Implementation Plan (CHIP) to address priority health issues in the next three years. CHNAs and CHIPs are vital tools in helping to understand the health needs of the community the hospital serves. Through the collection and analyses of quantitative and qualitative health data, we are able to identify community strengths as well as critical health issues. Top health issues are prioritized for action and CHIPs are developed that delineate goals and strategies aimed at making a difference on the issues. Recognizing it will take collective action to positively impact the health of our community, the CHIPs also focus on organizational and community partners, resources, and accountability in terms of both responsible program(s) and high-level metrics and timelines.

HEALTHCARE ACKNOWLEDGEMENT

We want to honor and acknowledge the truth, as we believe that truth and acknowledgment are critical to building mutual respect and connection.

Every community owes its existence and vitality to generations of people who shared their hopes, dreams, and energy to making our community what it is today. For many people, colonialism and systemic racism have impacted their livelihood and health. Institutionalized policies and practices within government and organizations consistently penalize and exploit people because of their race, color, culture, or ethnic origin. We recognize the impact of colonialism and racism within the U.S. healthcare delivery system, which has historically engaged in the systematic segregation and discrimination of patients through harmful experiments and research that reduced their dignity and caused lasting consequences.

We are actively working to dismantle racist and discriminatory practices and policies in our healthcare system and communities through the development of services that lead to equitable outcomes in health, authentic engagement with our community, inclusiveness, and respect for one another.

Overview of North Memorial Health

North Memorial Health is a comprehensive healthcare system that includes Maple Grove Hospital. Other entities in the system include North Memorial Health Hospital, 27 owned or affiliated clinics, and one of the largest ground and air medical transportation services in the country. With 462 physicians on the medical staff and over 130 Advanced Practice Providers, North Memorial Health's 6,000+ employees serve over 55,000 patients monthly.

North Memorial Health began with the establishment of North Memorial Health Hospital, founded as a community hospital in 1954 in Robbinsdale, Minnesota. While North Memorial Health Hospital's roots lie in local, neighborhood-based health care, the hospital is one of four Level I Trauma Centers in the state. It is a 353-bed tertiary hospital (518 licensed beds) and provides emergency and Level I trauma care, high-risk maternity services, a Level II neonatal ICU (NICU), cardiovascular services, acute psychiatric, and rehabilitation services. The North Memorial Health Hospital campus also includes a state-of-the-art breast cancer center, a heart health and vascular center, and other specialty services. North Memorial Health Hospital maintains strong connections with Minneapolis' North Side neighborhoods and northwestern suburbs, including Brooklyn Center, Brooklyn Park, Crystal, Golden Valley, New Hope, and Robbinsdale.

Built in 2009, Maple Grove Hospital is the #1 hospital for births in Minnesota. The 130-bed hospital provides labor, delivery and postpartum services, a Level III NICU, pediatrics, general surgery, and intensive care services. Services provided also include urgent care, heart and vascular clinics, and a sleep center.

As a non-profit healthcare system, North Memorial Health's hospitals provide emergency care for all, regardless of insurance status or ability to pay. This means everyone who walks through the doors will receive the best healthcare the organization can provide. North Memorial Health's board-certified emergency physicians and nurses provide emergency and acute care to nearly 110,000 people every year.

In 2021, North Memorial Health served 31,617 hospital admissions and 358,243 outpatient clinic visits. The pharmacies dispensed 3,579,040 prescriptions; 5,603 babies were delivered; 22,049 surgeries were performed; 102,699 emergency services customers were treated; 94,879 ground ambulance runs and 2,693 helicopter transports were conducted; and 200,765 imaging procedures were performed.

NORTH MEMORIAL HEALTH'S MISSION AND COMMITMENT

North Memorial Health's mission is "empowering our customers to achieve their best health" aligned with the vision of "Together, health care the way it ought to be." North Memorial Health is committed to changing healthcare by delivering unmatched customer service, empowering our patients throughout the Twin Cities to achieve their best health, and improving the health of our communities. North Memorial Health believes that everyone should have available the resources, knowledge, and tools necessary to make informed decisions regarding their own health. To this end, we strive to provide access to that information through education, employees such as patient navigators and interpreters, and transparency in care.

We recognize that health is influenced by many factors both inside and outside the healthcare system. Our CHNA process identified a wide range of such issues based on the scoring of key health indicators and the themes from our community engagement activities. **Racial disparities in health** and **life-impacting traumas** have had significant impacts on our community and were selected as priorities for our work beginning in 2023. North Memorial Health has committed to working on these two priorities, believing if we focus on them, the health of our community will improve over time.

2 HOSPITALS (MAPLE GROVE + ROBBINSDALE)
WITH ONE LEVEL-1 TRAUMA CENTER

27 PRIMARY CARE AND SPECIALTY CLINICS

2 URGENCY CENTERS

3 URGENT CARE CLINICS

North Memorial Health Clinics, Urgency Centers, and Urgent Care Clinics are a joint venture with BlueCross BlueShield of Minnesota.

31,885 TELEHEALTH VISITS in 2020

104 AMBULANCES

9 HELICOPTERS

Largest hospital-based EMS air and ground service in the country; serving Minnesota and Wisconsin

460+ PROVIDERS

6,000+ TEAM MEMBERS

100+ SPECIALTY CARE SERVICES
including a comprehensive stroke program

MAPLE GROVE HOSPITAL

DELIVERING THE **most babies** IN MINNESOTA (2019 & 2020)

Ongoing power dynamics and historical events between communities and health entities have fostered distrust, lack of relationships with healthcare providers, and oppressive practices and structures that do not center on equity or community health. North Memorial Health is committed to ongoing and meaningful community engagement which can significantly improve North Memorial Health's efforts to address community health and social outcomes, in addition to improving patient experiences.

North Memorial Health will continue to deepen dialogues with our community and increase opportunities for community members to have a voice in making recommendations for how programs and services are delivered through operational improvements. Additionally, by enhancing data collection and the disaggregation of data by race and other characteristics, we will be better able to measure, analyze, and improve the health of our community. We believe these efforts will help us better understand and respond to life-impacting traumas and racial disparities in health as we live our mission of helping all community members live their best and healthiest lives.

Community Health Needs Assessment Process and Selection of Priorities

COMMUNITY TO BE SERVED

CHIP strategies are designed to support people who live within the geographic boundaries of North Memorial Health's consolidated service area. This area includes 75% of all patients admitted to North Memorial Health Hospital and Maple Grove Hospital in the year 2021. The service area includes 31 zip codes, 10 cities, and 7 school districts located partially or fully within the service area. See the 2022 CHNA for a map of the zip codes included in our consolidated service area.

As noted in the CHNA, there is much variation between zip codes included in the consolidated service area. Our CHNA showed us regions in our consolidated service area that do not have as many resources as other areas. We use national measures such as the Social Vulnerability Index and Child Opportunity Index, as well as maps of our service area which are identified by the U.S. Health Resources and Services Administration (HRSA) as being medically underserved and shortage areas (primary care provider (PCP), Dental, Mental Health), to help us understand under-resourced regions in our CSA.

When applicable, CHIP strategies will focus on smaller geographies that seem to be facing more health issues and/or health disparities.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Maple Grove Hospital conducted a CHNA in 2022 in which data and community input was collected on a wide range of health issues from both quantitative sources and through community engagement activities. Data included demographic characteristics, births, deaths, chronic conditions, communicable diseases, and mental health. We also examined data on health behaviors (substance use, physical activity, nutrition); access to and affordability of health care; preventive health such as health care screenings, immunizations, and dental care; healthy and safe environments; and social and economic factors that influence health (education, employment, affordable housing, social support).

Over 90 quantitative key health indicator data elements were reviewed and scored by the Community Engagement Advisory Team (CEAT) in terms of size, seriousness, disparities, whether health goals are being met in the region, and if effective community or clinical interventions existed that could be used to improve the health issue. For the 2022 CHNA, we collected information directly from our community by intentionally engaging with community members and organizations to identify and understand significant health needs in the community and sought input on addressing gaps and barriers so community members can lead healthy lives.

We used a Community Health framework adapted from the Missouri Department of Health Community Health Assessment Resource Team (CHART) Model and the Institute of Medicine's CHIP Model (1997).

The framework consists of four phases, the first two phases are accomplished during the CHNA cycle, the third phase in the CHIP cycle, and evaluation is woven throughout both the CHNA and CHIP cycles.

1. Assessing the health of the community using both quantitative and qualitative data
2. Analyzing and prioritizing health issues
3. Developing and implementing a CHIP
4. Evaluating the process and outcomes

By examining social determinants of health and other community risk factors such as basic needs (housing, food, language barriers), our CHNA process took an in-depth look at upstream factors for early death and/or poor health. Efforts were made to identify health disparities and populations at greater risk of poor health. During the CHNA process, numerous health issues were reviewed, and critical health issues were analyzed. The process culminated in the selection of priority health issues for action and the development of this CHIP to address the hospital's priority issues in 2023-2025.

HOW PRIORITY HEALTH ISSUES WERE DETERMINED

During the CHNA process, many issues were determined to be "critical health Issues" and showed up in the findings/key themes from qualitative data activities. Many significant health issues and several community-wide challenges and needs were identified and discussed extensively. Working closely with the hospital's Community Engagement Advisory Team (CEAT), data from all these sources was reviewed. There were two health issues that showed up repeatedly throughout much of this work and they were selected as the top two priorities for both hospitals. We are committed to focusing on and improving our community's health in these areas, strongly believing that if we focus on these issues, many of the key health indicators will show improvement over time.

In August of 2022, the CEAT and Maple Grove Hospital's Board approved two top priority health issues for action in 2023-2025 which are:

1. **Racial Disparities in Health**; and
2. **Life-Impacting Traumas**.

More information on why these two issues were selected is noted below.

Racial Disparities In Health

Racial disparities were evident throughout the assessment process and have a severe impact on health and quality of life in our community. Common to most of the critical issues is that they could be characterized by having many health disparities among various races/ethnicities, geographies, persons who identified as LGBTQIA+, and/or had lower incomes and/or education levels.

Some examples of racial disparities in health in our community include:

- Chronic diseases such as hypertension, diabetes, and cancer are more prevalent in BIPOC (Black, Indigenous, and People of Color) community members, which also impacts the ability of people to conduct their Activities of Daily Living (ADLs).
- Numerous disparities were noted in access to healthcare; delayed care, especially for mental health; lack of a primary care provider; delayed preventive health (e.g., screenings and immunizations); and/or utilization of Emergency Room when sick.
- Infant mortality rates are higher in Black, Hispanic, and American Indian populations.
- Communicable diseases impact BIPOC communities more severely, as shown by higher COVID-19 death rates and hospitalizations, as well as higher rates of sexually transmitted infections.
- Unintentional injury rates among African Americans, American Indians, and Alaska Natives are higher than those of white residents. Among African Americans who died of unintentional injuries, 70% were due to poisoning compared to 28% of white residents.

Throughout our community engagement activities, seven priority areas for action were determined, based on stories shared and specific comments or concerns related to treatment and outcomes aimed at closing BIPOC health disparities.

The areas are:

- Cancer Prevention and Care
- Mothers and Babies (pregnancy, prenatal, post-natal, and early childhood health, care, and well-being)
- Chronic Conditions (obesity, diabetes, asthma, cardiovascular)
- Mental Health and Substance Abuse Treatment
- Elder Care
- Reproductive Health and Sexual Transmitted Disease
- Healthy Foods and Environments

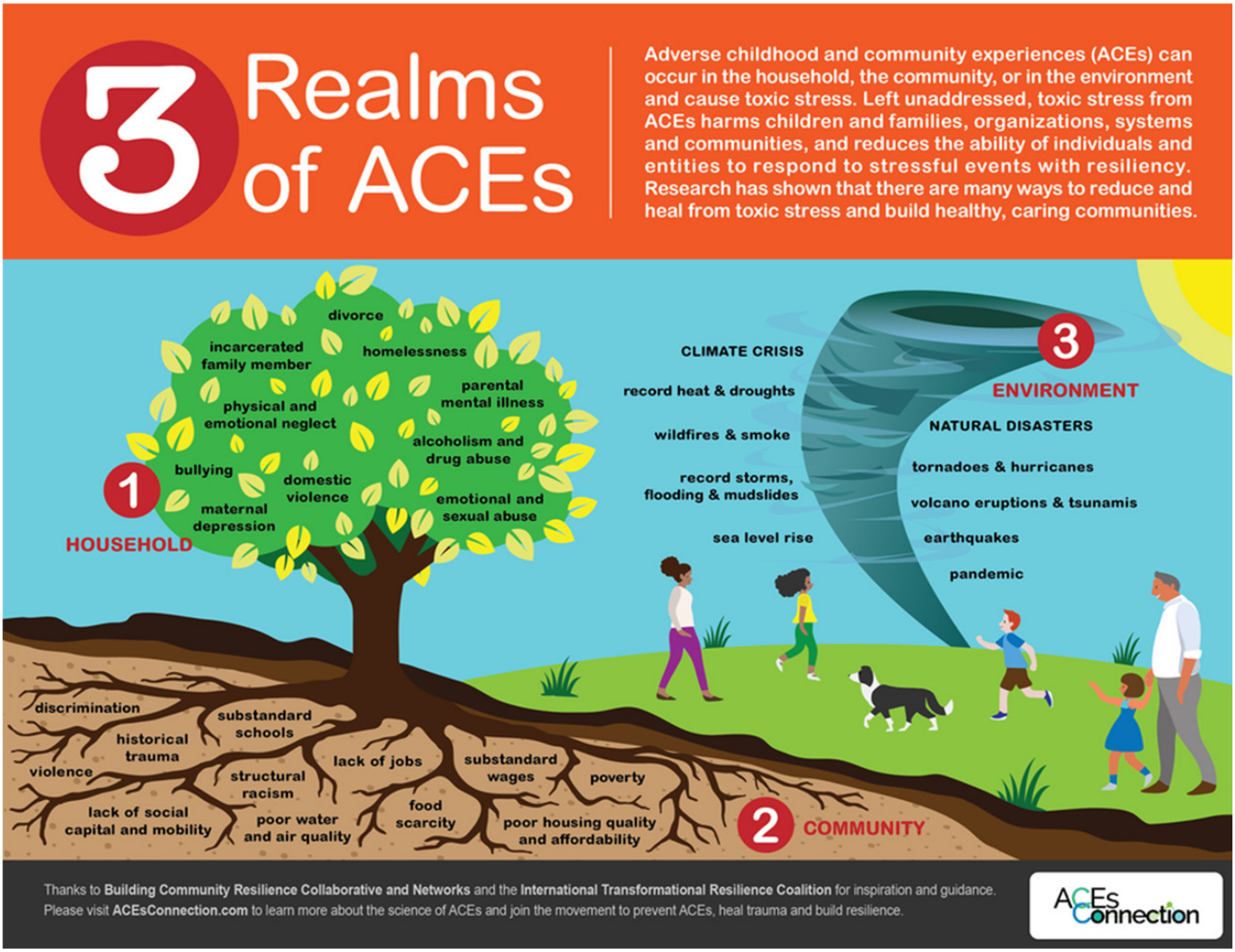
> *"Delays in care often have devasting effects on patient health and employer productivity. Preventive care is critical because, in many cases, it can identify conditions early when they are still treatable. Cancer screening tests like mammograms, Pap smears, and colonoscopies have been shown to diagnose disease when it is early stage and still fully treatable. Unfortunately, the pandemic caused many individuals to delay screening tests. As a result, some cancers may have already spread. ...Coming out of the pandemic, both patients and clinicians must reinforce their attention on reprioritizing preventive care."*
>
> – "Navigating delay-of-care aftershocks: How to mitigate clinician burnout amid rising demand", Quantum Health, Becker's Healthcare Whitepaper

Life-Impacting Traumas

The effects of COVID-19 and systemic racism have resulted in large numbers of our population feeling depressed, anxious, and isolated. In addition, traumas such as deaths from COVID-19, community violence, opioid overdoses, and suicides have left many people grieving and in need of support to help them heal. Our needs assessment found that many youth and adults feel a lack of social support. Additionally, Minnesota Student Survey data from our region showed many youths had 3+ Adverse Childhood Experiences (ACEs) by 9th grade and/or had self-injured themselves in the past year.

- **Adverse Childhood Experiences** are traumatic events that occur in childhood and can include violence, abuse, and neglect as well as growing up in a family with mental health issues, substance use, domestic violence, and/or parental divorce or separation. People who report experiencing ACEs from ages 0-17 have more health problems, including depression, heart disease, sexually transmitted infections, substance use, and suicide attempts.
- **Adverse Community Experiences** such as crime, social unrest and violence all impact the health of our community. Community members reported not feeling safe in their neighborhoods or being impacted by acts of community violence, which leads to higher levels of anxiety, depression, and loneliness.
- **Adverse Community Environments** are those natural or human-caused disasters (earthquakes, tornadoes, wildfires, floods, terrorist acts) and threats such as disease outbreaks, like the COVID-19 pandemic, which impact many lives, straining local resources aimed at response and recovery to such disasters or threats.

We are using this model to show the three types of ACEs:

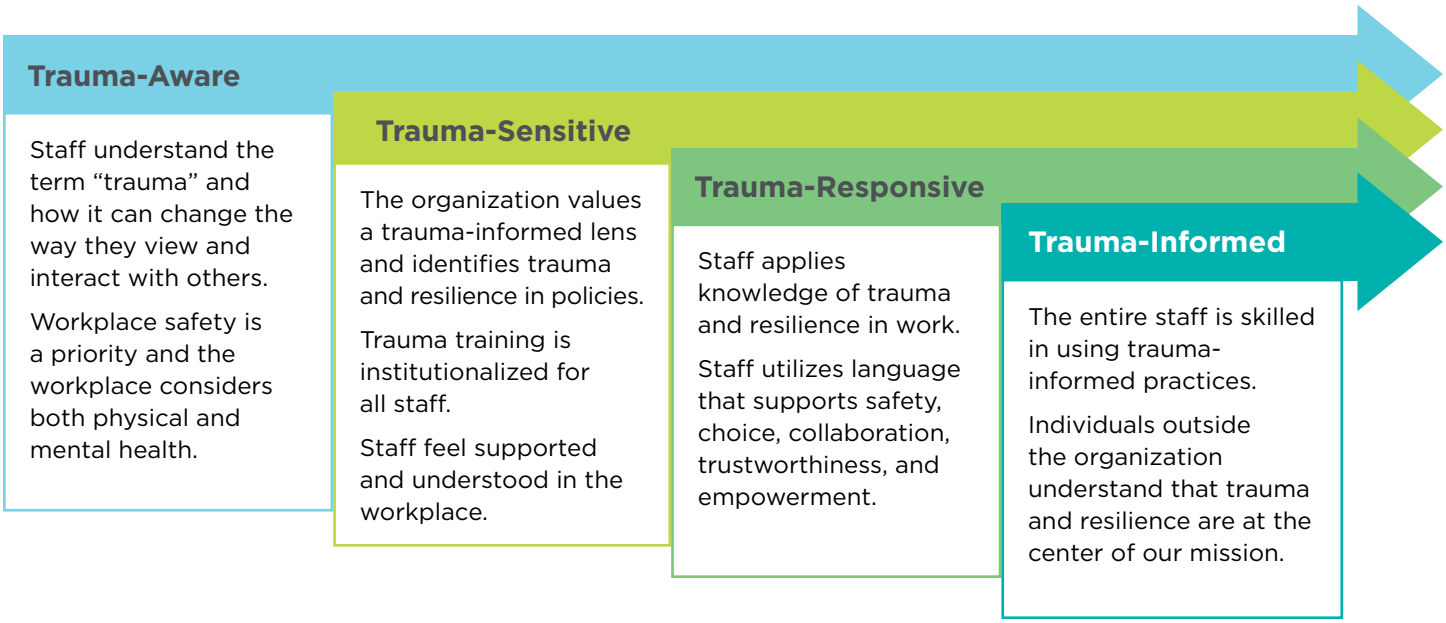


"Community trauma is the product of the cumulative and synergistic impact of regular incidents of interpersonal, historical, and intergenerational violence and the continual exposure to structural violence. Structural violence refers to harm that individuals, families, and communities experience from the economic and social structure, social institutions, social relations of power, privilege and inequality and inequity that may harm people and communities by preventing them from meeting their basic needs. Structural violence is a primary cause of the concentration of premature death and unnecessary disability in oppressed communities and is very closely linked to social injustice. Just as individuals who are subject to trauma from exposures to violence require healing to promote wellness and resiliency, communities need to heal from the trauma of interpersonal, structural, historical, and institutional violence."

– Adverse Community Experiences and Resilience:
A Framework for Addressing and Preventing Community Trauma

Input from our community engagement activities noted the importance of North Memorial Health becoming a trauma-informed organization so that we shape policies and practices that are designed to reduce the re-traumatization of youth and families and the professionals who serve them. A "trauma-informed approach" is not a program model that can be implemented and then simply monitored by a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes, and skills that continue to deepen and unfold over time. There is a trauma continuum through which healthcare systems move through stages. The continuum begins with becoming trauma-aware, moving to trauma-sensitive, then to trauma-responsive, and finally being fully trauma-informed.

We are using the Continuum of Change framework to highlight the changes we hope to implement in our journey to becoming a trauma-informed system.



Reference: The Trauma-Informed Care organization framework was adapted by the Philadelphia ACE Task Force from the Missouri Model: A Development Framework for Trauma-Informed

INTERSECTIONALITY OF THE TWO PRIORITY ISSUES

Clearly both of the top issues are intersectional in nature. The concept of intersectionality describes the ways in which systems of inequality based on class, disability, ethnicity, gender, gender identity, race, sexual orientation, and other forms of discrimination "intersect" to create unique dynamics and effects. Recent studies, for example, have documented that BIPOC youth have higher ACEs scores when compared to white peers. BIPOC youth also experience more acts of discrimination and life-impacting traumas. And areas of racial disparities showing up in our populations are more prevalent among our community members who have experienced more trauma in their lives, whether historical trauma, childhood trauma, or community-based trauma.

Both of our priority health issues are interconnected, multi-faceted, complex, and rooted in historical contexts that exacerbated health inequities and generational trauma. Addressing these issues will not be easy or quick but we believe we must start to address them so as to improve community conditions in the future. We anticipate we will expand current efforts within North Memorial Health to address these two issues and also plan on working with new partners to address these issues in upcoming years.

DEVELOPMENT AND ADOPTION OF THE COMMUNITY HEALTH IMPLEMENTATION PLAN

Community Health employees researched and provided evidence-based or promising practices to address the two priority issues. Many of the strategies were identified from inventories or best-practice clearinghouses such as *The Community Guide to Preventive Health Services, What Works for Health, the RWJF Community Health Rankings-What Works for Health and Action Center, HP2030 Goals and Objectives-Evidence-Based Resources, The Community Toolbox: Database of Best Practices, CDC's Community Health Navigator,* Substance Abuse and Mental Health Services Administration's Evidence-Based Practices Resource Center, American Hospital Association's Association for Community Health Improvement's Reducing Healthcare Disparities Resources, and Trauma-Informed Care resources from the Center for Health Care Strategies.

The community health implementation strategies were selected based on research on evidence-based practices that are making a difference in our two priority health areas. Because they are broad issues and our resources are limited, we have narrowed down our strategies to those that begin to lay the foundation, already have some focus within North Memorial Health, and/or align with current North Memorial Health initiatives. Additionally, we are focusing on areas in which we believe we can obtain additional funding (e.g., grants) and/or that are narrow enough to measure the impact of our work.

Working closely with the CEATs, community partners, and community members, a CHIP has been developed that outlines strategies for addressing the priority health issues. The following tables list the two priority issues, objectives, and strategies to address the issues, along with current partners, resources needed, initial metrics for measuring progress on each strategy, responsible program(s), and a high-level timeframe for completing the strategy.

The CHIP was presented and reviewed by Maple Grove Hospital's CEAT in April of 2023. It was put forward to Maple Grove Hospital's Board in May of 2023. The hospital Board adopted the 2023-2025 CHIP on May 11, 2023.

2023-2025 CHIP for Life-Impacting Traumas

This plan will guide North Memorial Health on our journey to address life-impacting traumas, both within our organization and in partnership with community. The plan will guide hospital, clinical, and community organizations as they move from being trauma-uninformed to trauma-sensitive. Our goal for the CHIP is that it will catalyze action both internally and externally, resulting in organizations and communities that are better able to address trauma and leading to increased well-being for individuals, families, and communities.

LIFE-IMPACTING TRAUMAS: PLANNING

Objective: Develop a roadmap to help North Memorial Health become a trauma-informed organization

Strategies (Specific Action Steps)	Partners	Resources Needed	Metrics	Responsible Program(s)	Timeline
Research trauma-informed systems best practices around the United States	Emerging Leaders Program Cohort, Cultural Wellness Center	Funding for 3-5 site visits	Report of systems around the US and recommendations for NMH to consider	DEI/ Community Health	Years 1 & 3
Conduct trauma-informed staff readiness assessment	Emerging Leaders Program Cohort, Trauma/Behavioral Health/Resilience Team members, NMH DEI Community Partnership committee	Trauma-informed Organizational Capacity Scale (American Institute for Research)	Completed report	DEI/ Community Health	Year 2
Create a list of internal staff already aware and/or practicing trauma-informed care	Trauma/Behavioral Health/Resilience Team members, Emerging Leaders Program participants		List is developed	Behavioral Health (Clinical & Hospital)	Year 2
Promote employment opportunities and encourage interviews from a variety of backgrounds (racial, cultural, LGBTQIA+)	Mossier, People of Color Career Fair (4/27/23)	Funding	Track outreach (partners and number of times) and interview demographics as well as new hires	Human Resources - Talent Acquisition	Years 1, 2 & 3
Identify and/or develop early champions to build awareness about trauma	Trauma/Behavioral Health/Resilience Team members		List is developed	DEI/ Community Health	Year 2

LIFE-IMPACTING TRAUMAS: TRAINING

Objective: Provide training on the impact of trauma on health and behavior for team members and the community

Strategies (Specific Action Steps)	Partners	Resources Needed	Metrics	Responsible Program(s)	Timeline
Hold a conference to increase awareness at NMH and within the community about trauma/ACES and resilience/healing	CEAT Members, North Memorial Team members	MarCom, Human Resources L&D, conference planning committee	150 people in attendance	DEI/ Community Health	Year 1
Develop a communications campaign to raise awareness about the three ACES and community resources (e.g., #Findyour3, #PreventACES)	Ethnic media outlets (i.e., Insight News, MN Spokesman Recorder), NMH Clinics	MarCom	Total number of communi-cations	DEI/ Community Health, MarCom	Years 1, 2 & 3
Educate staff on secondary trauma stress and the three ACES	Health Services	Funding, include in Annual Re-quired Train-ing, Health Services staff	Number of staff trained	Human Resources, DEI/ Community Health	Years 1, 2 & 3

LIFE-IMPACTING TRAUMAS: EMPLOYEE WELLNESS

Objective: Support a culture of employee wellness

Strategies (Specific Action Steps)	Partners	Resources Needed	Metrics	Responsible Program(s)	Timeline
Develop a trauma-informed care training plan for train-the-trainer and subsequently offer trainings to all staff (clinical and non-clinical) and senior leadership	Human Resources	Funding	Training Plan	DEI/ Community Health	Year 3
Create a NMH journal for team members and community members that supports resiliency and trauma education	DEI/Community Health	Funding	Number of journals distributed	Health Services	Year 1
Develop space for staff self-care and provide self-care supports (aromatherapy, weighted blankets, journals, fidgets)	NMH Operations (MGH & NMHH)	Space and Funding	Number of pop-ups, Permanent space is established	Health Services	Years 1, 2, & 3

LIFE IMPACTING TRAUMAS: SAFE ENVIRONMENTS

Objective: Create safe physical, social, and emotional environments

Strategies (Specific Action Steps)	Partners	Resources Needed	Metrics	Responsible Program(s)	Timeline
Implement Photo ID checks at hospital entry	Passage Point		Date implemented	Operations	Year 1
Install weapons detection screeners at 2 customer and visitor entry ways within NMHH	Evolve		Date implemented	Operations	Year 1
Mandatory harassment training on sexual assault for all team members	Outside counsel		Dates completed and total number of team members	Human Resources	Years 1, 2 & 3
Mandatory discrimination training for all team members	Outside counsel		Dates completed and total number of team members	Human Resources	Years 1, 2 & 3
Facility Assessment	Cultural Wellness Center, NMH Operations (NMHH, MGH, Clinics)	Additional vendors and/or community members to lead assessment with community input	List of recommendations, possibly consider/track any that have been implemented (i.e., bathroom signs)	DEI/Community Health	Year 3

2023-2025 CHIP for Racial Disparities in Health

EFFORTS TO ADDRESS RACIAL DISPARITIES IN HEALTH

The 2023-2025 CHIP has focused on two issues under Racial Disparities:

1. Breast cancer and Black women and
2. Increasing preventive care among Black, Indigenous, and People of Color (BIPOC) community members.

These issues were concerns noted in both our community engagement work and quantitative data findings.

We have selected to focus on Black women and breast cancer because, in Minnesota, African American women have a breast cancer mortality rate that is 24% higher than that of white non-Hispanic/Latina women, despite incidence rates that are 22% lower.[1] Breast cancer is the leading cause of cancer death in Black women.[2] Nationally, Black women are 40% more likely to die from breast cancer than White women.[3,4] Compared to other races, a greater proportion of African American women have their breast cancers diagnosed at a later, less treatable stage.[1] We will build upon the efforts of North Memorial Health teams and community organizations, such as the Breast Cancer Gaps Project, working to address the issue. North Memorial Health's Breast Cancer Screening Improvement Group has identified over 290 Black women overdue for mammograms who live within an 8-mile radius of the North Memorial Health Breast Center.

During Covid-19, many people put off routine care. It is time to bring attention to the importance of preventive health care such as health screenings (e.g., mammograms, pap smears, cholesterol, diabetes and blood pressure screening) so that chronic diseases are diagnosed at earlier, more treatable, stages. Preventive care also includes staying up-to-date on age-appropriate immunizations such as influenza, shingles, pneumonia, and measles. Our focus on prevention will also encourage local residents to establish a relationship with a primary care provider who can partner with them to make sure they receive the regular preventive care they need to stay healthy.

1. https://www.health.state.mn.us/communities/equity/ehdi/priority.html
2. https://spokesman-recorder.com/2022/06/22/breast-cancer-now-leads-cancer-deaths-in-black-women-screening-and-conversations-can-help/
3. https://www.minnpost.com/race-health-equity/2023/02/filling-in-the-gaps-breast-cancer-and-black-women/
4. https://www.minnpost.com/health/2022/11/breast-cancer-gaps-project-aims-to-improve-outcomes-for-black-women/

RACIAL DISPARITIES IN HEALTH: BREAST CANCER

Objective: Examine policies, programs, and initiatives to improve breast cancer outcomes for Black women

Strategies (Specific Action Steps)	Partners	Resources Needed	Metrics	Responsible Program(s)	Timeline
Learn how to use the following toolkits: Racial Equity Tool, Racial Equity Decision-Making Tool	Race Forward, Cultural Wellness Center		Completed training & number of participants	DEI/ Community Health	Years 1 & 2
Develop relationships with both internal and external partners to address breast cancer disparities for Black women	Cultural Wellness Center, Minnesota Department of Health, African American Breast Cancer Alliance, Zeta Phi Beta, Breast Cancer Gaps Project		Number of partners	DEI/ Community Health	Years 1 & 2
Utilize a racial equity tool to develop a community engagement plan that includes the community's voice in all aspects of research and developing recommendations for improvement	Cultural Wellness Center	Key Informant Interviewer	Number of participants in community events/ activities and completed toolkits	DEI/ Community Health	Year 1
Develop a list of best practice strategies and potential partners to improve breast cancer outcomes for Black women	Cultural Wellness Center, African American Breast Cancer Alliance, Zeta Phi Beta, Breast Cancer Gaps Project, NMH Population Health & Cancer Patient Navigator (Clinic Leadership)		List of strategies and partners	DEI/ Community Health	Years 1 & 2

"Black women have been marginalized by healthcare for a long time. They are less likely to have their complaints taken seriously. Less likely to be trusted by providers when they report pain. Less likely to be sent for additional testing."

– Key Health Informant

RACIAL DISPARITIES IN HEALTH: PREVENTIVE CARE

Objective: Examine policies, programs, and initiatives to increase preventative care for our BIPOC community

Strategies (Specific Action Steps)	Partners	Resources Needed	Metrics	Responsible Program(s)	Timeline
Create a list of best practices and potential partners to increase preventive health care for BIPOC residents	Cultural Wellness Center, DEI Community Partnership committee		List of strategies and partners	DEI/ Community Health	Years 2 & 3
Develop relationships with both internal and external partners to address preventive health care disparities	Cultural Wellness Center	Key Informant Interviewer	Number of participants in community events/ activities	DEI/ Community Health	Years 2 & 3
Utilize a racial equity tool to develop a community engagement plan to include the community's voice in all aspects of research and developing recommendations for improvement	Cultural Wellness Center		List of recommen-dations	DEI/ Community Health	Years 2 & 3

"Imagine that English is your second language. You come from a country with a very different culture around health. You get a 15-minute appointment with a primary care provider and you're having to try to explain in limited English what the problem is and hope that it's being understood. And then you have to hope that you understand what the doctor is recommending and how to navigate the system to follow up and get the services or medication you need."

– Key Health Informant

RACIAL DISPARITIES IN HEALTH: CULTURAL COMPETENCY

Objective: Improve NMH team members' cultural competency

Strategies (Specific Action Steps)	Partners	Resources Needed	Metrics	Responsible Program(s)	Timeline
Cultural Competency Training, incorporate into mandatory annual training	ThirdSphere, Allies Academy, Human Resources L&D		Number of team members trained	DEI/ Community Health	Years 1, 2 & 3
Develop and implement a communications plan and messaging about health disparities	Beehive	Funding for materials to be distributed at events and within the clinics	Number of communica-tions	MarComm & DEI/ Community Health	Years 2 & 3
Implicit bias training in support of MN's Dignity in Pregnancy and Childbirth Act	MDH		Number of team mem-bers trained	Labor & Delivery & Patient Care	Years 1, 2 & 3
Being an Effective Leader in the 21st Century: The Role of Unconscious Bias and the Power of Awareness Based Decision Making training for all leaders	ThirdSphere, Human Resources L&D		Number of team mem-bers trained	DEI/ Community Health	Year 1 or 2

"We can take great care of people when they're in the hospital. Then at discharge, we make these recommendations about what they should do – what to eat, etc. But we don't check to see if they have access. Or that they know how to incorporate the recommendations within their cultural needs."

– Key Health Informant

Summary

The priority issues that have been selected are critical health issues for our community. We know it will take time and considerable energy and action to make improvements in these areas. We also believe it is imperative that we start now and commit to addressing these issues for a number of years. Maple Grove Hospital has adopted the results of the 2022 CHNA and puts forth this CHIP for the years 2023-2025. We know it will take longer than three years to make measurable differences in such significant issues that are grounded in systemic racism, atrocious policy decisions, and hurtful historical actions but are committed to focused action now.

We also know it will take more than North Memorial Health to make systemic changes in these issues. Collaboration with our community is essential to this work. While some strategic initiatives will be solely implemented within North Memorial Health, many will be implemented in partnership with other community organizations. We commit to working in partnership with current partners and continue to develop new partnerships to address the two issues. We believe that our ongoing and meaningful community engagement efforts will significantly improve North Memorial Health efforts to address community health and outcomes, in addition to improving patient experiences. An annual report will be given to the hospital Community Engagement Advisory Team and the hospital Board at the end of each year. At that time, changes or improvements to the CHIP will be made and approved.