



2023 – 2025

Community Health
Needs Assessment

Implementation Plan
Health Services Plan

Approved by Hennepin Healthcare System Board: 4/26/2023.

Approved by Hennepin County Board of Commissioners: 6/6/2023.

Every three years, Hennepin Healthcare conducts a Community Health Needs Assessment (CHNA), then develops and executes an implementation plan to address priority health needs. Hennepin Healthcare follows guidance from the Internal Revenue Service (IRS) for nonprofit hospitals to complete this requirement. Additionally, Hennepin Healthcare has a unique requirement to create a Health Services Plan (HSP). Hennepin Healthcare meets this requirement, as well as the CHNA requirement, through a unified assessment and implementation plan.

This document serves as the 2023 – 2025 CHNA Implementation Plan – Health Services Plan. The companion document, 2022 Community Health Needs Assessment is available on the Hennepin Healthcare website.

2022 Community Health Needs Assessment Results

In October 2022, Hennepin Healthcare completed the 2022 Community Health Needs Assessment. The assessment process was guided by a core team comprised of community members and Hennepin Healthcare staff. The assessment process reviewed existing community data for the Hennepin Healthcare defined community. The process also gathered new, qualitative data through individual interviews and facilitated group conversations with public health leaders and community stakeholders broadly reflecting the diverse communities Hennepin Healthcare serves, including Black/African American, American Indian, Latinx, Somali/East African, and Hmong communities. Stakeholders included young and middle-aged adults, elders, individuals who identify as LGBTQ+, and parents of children with special needs. Interviews and group sessions were conducted in multiple languages either directly or through interpreters. Through a partnership with Hennepin Healthcare Research Institute (HHRI), an HHRI team analyzed data and identified key themes.

In October, the core team sponsored a day-long, community prioritization event where, using a consensus building process, participants reviewed the data themes and identified three top priority health needs along with two process recommendations for addressing the needs. Materials used for discussion were translated into multiple languages and there were simultaneous and consecutive interpreters present to support participants' language needs.

The prioritization process produced the following priority health needs listed in order of priority:

1. Need Number One: Access to Health and Safety as a Human Right:
 - a. Improve access to affordable care.
 - b. Demonstrate commitment to women's reproductive and comprehensive health care.
 - c. Address health and wellness issues related to people feeling chronically unsafe.

2. Need Number Two: Comprehensive, Equitable Education:
 - a. Address impacts of trauma and systemic racism in health care.
 - b. Provide more culturally tailored community health education (based locally with topics determined by community).
 - c. Engage in more two-way communication between Hennepin Healthcare and the community.

3. Need Number Three: Advocacy and Cultural Sensitivity
 - a. Hire more multi-lingual providers.
 - b. Have community, cultural elders on staff.
 - c. Improve navigation and coordination of care and access to information and resources.
 - d. Hire cultural navigators to help patients navigate the system and help advocate for individual needs.

Two process recommendations for addressing the needs:

1. Develop and sustain community partnerships to promote healthy communities.
2. Work in ways that build and nurture trust between Hennepin Healthcare and the communities it serves.

Developing a Three-year Implementation Plan to Meet the Identified Needs

With the priority health needs identified, the next step in the process was to develop a working framework to address each of the three priority health needs. As with the assessment phase, Hennepin again convened a core team of community and internal stakeholders to guide the process and outcome. The team consisted of eight Hennepin Healthcare staff from Population Health, Health Equity, and Pediatric departments, as well as eight community members reflective of the diverse cultural communities served by Hennepin Healthcare.

The core team's role was to oversee the process and execution of taking the top priority health needs identified through the CHNA and developing a three-year implementation plan of goals and actions. The team held weekly virtual meetings to move through the process, which included:

- Surveying Hennepin Healthcare leaders, providers, and staff (See Appendix A) to identify:
 - Existing and/or planned internal work aligned with implementation goals of addressing the community-identified top priority needs.
 - County, city, and community entities doing work aligned with implementation goals.
- Surveying community stakeholders (see Appendix B) to identify:
 - County, city, and community entities doing work aligned with implementation goals.
 - Surveys were available in multiple languages. Community members who completed and submitted the surveys were provided gift cards in recognition of their contribution.
- Creating a preliminary draft three-year implementation plan based on:
 - Information from the CHNA results.
 - Information about existing, aligned internal and community work.
 - Identification of gaps.
 - Identification of additional actions needed to address those gaps.
- Bringing the draft framework to the Hennepin Healthcare Executive Leadership Team (ELT) to review, provide input, and assess capacity to adopt and commit to the listed actions.
- Incorporating input from ELT to create the final 2023 – 2025 CHNA Implementation Plan.

Building the Implementation Plan

To build an implementation plan that includes specific goals and actions to address the community defined top priority health needs, the core team reviewed community inputs into the CHNA and prioritization process. They created a preliminary outline that identified key categories and types of work needed to address the top three needs. Key questions at this phase included:

- What work is already happening at Hennepin Healthcare to address the identified needs?
- What work is already happening in the communities Hennepin Healthcare serve to address these needs?
- What resources are currently available to address these needs?
- What new work and/or resources are needed to further address these needs?

Identifying Existing Resources and Work at Hennepin Healthcare Aligned with Implementation Goals:

As a first step of answering questions about existing work, the core team surveyed Hennepin Healthcare employees to identify work that was either already happening and/or was approved and planned for the near future that aligned with the implementation goals of addressing the community identified top priority health needs. The resulting list of work included:

- Work that was focused directly on addressing one or more of the priority health needs.
- Work that was limited in scope but could serve as a model to create a broader impact.
- Work that was implemented but that needed review and revision to better address one or more needs.

The core team included relevant existing and planned work in the implementation plan. Actions are worded in terms like *continue*, *expand*, *grow*, and *review and revise*.

Appendix C lists current work that was identified by employees as being aligned with the implementation goals.

Identifying Existing County, City, and Community Resources and Entities Doing Work Aligned with

Implementation Goals:

To gather information about existing community-based work aligned with the implementation goals:

- The employee survey included questions asking if employees were aware of work being done in the community to address identified needs. If so, they were asked to provide the name of the community entity doing the work.
- Community stakeholders were surveyed to identify county, city, and community entities currently doing work that was aligned with the implementation goals.

Appendix D lists county, city, and community entities employees and community stakeholders identified as doing work aligned with the implementation goals. This list provides a pool of potential partners and co-collaborators for the implementation work.

Actions included in the implementation plan meant to be done in partnership are worded in terms like *partner with*, *support*, and *in collaboration with*.

Addressing Gaps in Existing Resources and Adding New Actions to Complete the Implementation Framework

As the core team worked to create the implementation plan, the primary gaps that stood out were not necessarily about lack of specific resources. Rather, the gaps identified included:

- Gaps between existing resources and easily accessible, culturally relevant information about existing Compresources and how to access them.
- Gaps between existing preventative health education and having that education readily available in easy to access, close to home locations.
- Gaps between existing health care professional-designed and led health education and community informed, culturally tailored, co-designed education.

- Gaps between existing healthcare system services/resources and community/patient knowledge about how best to access and navigate through those systems to connect with the services/resources.
- Gaps between provider and staff desire to provide unbiased, trauma responsive, equitable care and the needed knowledge and tools to accomplish and sustain that goal.

Awareness of the above variety of gaps informed the types of actions included in the implementation plan. Emphasis was placed on actions designed to bridge or close the above gaps. To better meet the community identified top priority health needs, the core team added new actions that could help bridge or close these gaps.

Using community input about top priority health needs detailed in the CHNA, adding actions based on existing and planned work both at Hennepin Healthcare and in the community, incorporating awareness of existing gaps, and adding targeted new work, the core team created an initial full draft of the implementation plan.

Assessing Hennepin Healthcare's Organizational Capacity and Capability

The initial full draft of the implementation framework was presented to Hennepin Healthcare's Executive Leadership Team (ELT) for review and input, and to assess organizational capacity and capability to adopt and commit to the actions listed in the plan. Each bullet point (action) was color coded to indicate work that was already happening, work that was already approved and planned for the near future, and work that represented new efforts. This approach gave ELT visibilities to the range of action needed to move on priority health issues as identified by our community.

ELT acknowledged the importance of the implementation work to address the community identified top priority health needs and supported moving forward with the overall implementation plan.

Adapting Implementation Actions to Fit a Health Care System's Capacity to Bring About Change

During the needs assessment process, community participants expressed a desire for direct solutions to identified issues. In considering what role a health system can play in addressing community needs, the core team gave careful thought to the capacity of a health system to bring about change and included actions that fell within that capacity. Some issues are systemic and require broad coalitions to effect change. Other issues may fall more into the control of others to impact. For example, transportation barriers were cited as a key problem for accessing affordable health care. Minnesota Medicaid includes a transportation benefit that can cover the cost of transportation to and from health care services for some individuals. Other health plan coverage types do not pay for non-emergency transportation to care. Even with a covered benefit, some patients covered by Medicaid may still experience barriers to accessing transportation. Hennepin Healthcare does not have the capacity to address all transportation barriers directly. However, it does have the capacity to study the barriers more closely and use the results to advocate for policies and practices that reduce barriers.

Needs Not Being Addressed by the Implementation Plan

The community health needs assessment prioritization event began with consideration of ten key themes based on community interviews and facilitated community group discussions: 1) access to affordable care, 2) addressing impacts of COVID-19 on mental wellbeing and access to care, 3) building trust, 4) community centered care, 5) community members caring for themselves and others, 6) culturally responsive care, 7) access to holistic care, 8) addressing long term impacts of systemic racism and white supremacy, 9) meeting basic needs, and 10) neighborhood and emotional safety. See Appendix E for more details about these themes.

Through the prioritization consensus building process, core concepts from most of these themes were incorporated into the final selection of top priority health needs. Key themes that were not included in the final set of priorities were:

- Specifically addressing impacts of COVID-19,
- Increasing access to holistic care, and
- Meeting basic needs like food and housing.

Because the prioritization process resulted in higher priority being placed on addressing the other key themes, the implementation plan does not include specific actions to address these three themes. However, Hennepin Healthcare has ongoing and planned processes and programs for patients to address basic needs such as food and housing.

2023 – 2025 CHNA Implementation Plan Frameworks

The core team created separate implementation frameworks for each of the top three priority health needs identified through the CHNA. Taken together, the three frameworks form the 2023 – 2025 CHNA Implementation Plan.

Need One: Accessibility to Health and Safety as a Human Right

Goals:

- Empower patients and community members to achieve their best health and well-being.
- Empower and equip providers and staff to treat all patients in ways that include whole person, culturally responsive and emotionally safe care.

To build and foster trust, CHNA Implementation work will prioritize working collaboratively with the communities we serve through two-way conversations, partnerships, co-creation, and transparency.

Access to affordable care, particularly for populations with frequent use of medical care.	Commitment to reproductive and comprehensive health care for everyone regardless of age.	Partner with others to address health and well-being impacts of chronically fearing for one's safety.
<p><u>Collaborate with county, city, and community entities to improve access to financial resources:</u></p> <p>Explore and implement approaches that increase access and connection to information and financial resources. Ongoing approaches include:</p> <ul style="list-style-type: none"> • Developing easily accessible written and web-based multilingual resource guides to help people access insurance options and other financial support programs. • Expanding access to financial advocates. • Partnering with community entities to create community resource hubs. • Creating a single point of contact to help individuals navigate to the care they need. <p><u>Transportation:</u></p> <ul style="list-style-type: none"> • Study transportation barriers that impact health access for seniors, families with special needs, pregnant individuals, and other populations serviced by Hennepin Healthcare. • Share study findings and recommendations for reducing transportation barriers with government, payors, and other entities that determine coverage and policies. 	<p><u>Advocacy:</u></p> <ul style="list-style-type: none"> • Advocate at all governmental levels to support legislation and policy that ensures the right to reproductive health. <p><u>Transparency:</u></p> <ul style="list-style-type: none"> • Be transparent about HHS's support of and actions for preserving the right to access full reproductive health care, including abortions for our patients. <p><u>Community education:</u></p> <ul style="list-style-type: none"> • In collaboration with county, city, and other community entities, support community education opportunities regarding reproductive health for individuals and families of all ages. 	<p><u>Advocacy and partnerships:</u></p> <ul style="list-style-type: none"> • Advocate for laws that target gun and other violence reduction efforts. • Partner with and support county, city, and community entities focused on reducing all forms of violence, including domestic violence and police brutality. <p><u>Community education and support:</u></p> <ul style="list-style-type: none"> • Partner with community entities to support community-based education regarding: <ul style="list-style-type: none"> ○ Impacts of fear-based stress on health and well-being. ○ Approaches to reducing negative impacts of stress. <p><u>Internal trainings:</u></p> <ul style="list-style-type: none"> • Review, revise, and expand training for front line staff in de-escalation skills. • Support competency training for medical professionals and staff caring for patients identifying as LGBTQ. <p><u>Campus re-design:</u></p> <ul style="list-style-type: none"> • Throughout the campus and in individual clinics include signage, posters, and artwork that explicitly welcomes all people inclusive of race, culture, language, sexual orientation, gender identity, and age.

Need Two: Comprehensive, Equitable Education

Goals:

- *Equip all Hennepin Health Care leaders, providers, and staff with opportunities to better understand the history and ongoing legacy of systemic racism and to apply new insights to reduce racial bias in policies, practice, and interpersonal interactions.*
- *Empower community members to achieve their best levels of physical and mental/emotional health through community-based, community-driven education.*

To build and foster trust, CHNA Implementation work will prioritize working collaboratively with the communities we serve through two-way conversations, partnerships, co-creation, and transparency.

<p>Address impact of trauma and systemic racism through training, coaching/mentorship, and accountability.</p>	<p>Provide more culturally tailored, community-driven education in community settings.</p>
<p><u>Training:</u></p> <p>Trauma-responsive care:</p> <ul style="list-style-type: none"> • Continue and expand focus of existing trauma-informed care trainings to include applying concepts to policies and practices. <p>Systemic Racism:</p> <ul style="list-style-type: none"> • Complete and extend full implementation of The Compass Program (a year-long+ anti-racist training initiative) to equip all Hennepin Healthcare employees with knowledge and tools needed to address systemic racism and reduce health inequities. <p><u>Coaching/Mentorship:</u></p> <ul style="list-style-type: none"> • Continue Diversity, Equity, and Inclusion (DEI) Executive Coaching to support Hennepin Healthcare’s goal of becoming an anti-racist organization. 	<p><u>Engage with diverse communities to understand and respond to community-defined education needs/wishes:</u></p> <ul style="list-style-type: none"> • Establish community groups led by cultural navigators, in part, to better understand community definitions of “health” and “being healthy”. • Partner with community entities to support existing and/or co-create new health educational opportunities <u>in community settings</u> that address requested topics such as culturally responsive approaches to: <ul style="list-style-type: none"> ○ Healthy nutrition. ○ Active lifestyles. ○ Health literacy and self-advocacy. • Partner with community entities to address stigma about mental/emotional health especially among men. <ul style="list-style-type: none"> ○ Work in partnership with community, providers, and health systems to develop approaches that improve ease of access to culturally responsive mental health supports and services.

Need Three: Advocacy and Cultural Sensitivity

Goal:

- *Improve system wide advocacy and culturally responsive navigation, coordination of care, and access to information and resources.*

To build and foster trust, CHNA Implementation work will prioritize working collaboratively with the communities we serve through two-way conversations, partnerships, co-creation, and transparency.

Prioritize cultural responsiveness within Hennepin Healthcare's approach to providing care and supporting the health of our community.

- To increase greater access to culturally responsive provider/patient communication, hire more providers and front-line staff who are culturally and linguistically representative of the communities Hennepin Healthcare serves.
- Support and grow the cultural navigator program to help patients navigate the system and advocate for individual needs.
- Prioritize engaging community, cultural elders (through possible employment and/or contracts) to better meet the needs of patients.

Potential Resources and Collaborative Partnerships to Support Implementation Work

In November 2022, Hennepin Healthcare adopted the results of the 2022 CHNA, committing itself to taking actions to address the identified top priority health needs. Hennepin Healthcare has already and will continue to make resources available to support the work detailed in the 2023 – 2025 CHNA Implementation Plan. In addition, Hennepin Healthcare has a long history of working in collaborative partnerships with county and city agencies, local health plans, community organizations, and community groups. Whenever possible, Hennepin Healthcare will create and/or join existing partnerships to address the identified needs. See Appendix D for a list of potential partners.

Acknowledgments

The Community Health Needs Assessment Implementation Plan was made possible by the dedication and hard work of the following members of the core team:

Community Members:

- Jennifer Bertram
- Brett Buckner
- Wali Dirie
- Christine Hauschildt
- Helen Jackson Lockett-El
- Adriana Jeffrey
- Silvio Kavistan
- Pakou Xiong

Staff Members:

- Sheyanga Beecher, Medical Director Mobile Pediatrics Unit, Pediatrics
- Sidney Johnson, Cultural Navigator – African American, Health Equity
- Gracen McDougall, Cultural Navigator – American Indian, Health Equity
- Mohamed Mohamed, Cultural Navigator – Somali male, Health Equity
- Ifra Noor - Cultural Navigator – Somali female, Health Equity
- Ashley Toledano-Solis, Cultural Navigator – Latinx, Health Equity

The CHNA Implementation Plan was developed under the direction of Amy Harris, Director of Population Health, and Danielle Robertshaw, M.D., Senior Medical Director, Population Health

The process was facilitated and supported by Pat Schaffner, Community Health Programs Liaison, and Aida Strom, Health Equity Community Engagement Program Manager.

Additional staff support was provided by Isabella Bennett, Population Health Administrative Intern, and Ma Lee Cha, Service Line Marketing Specialist.

Appendix A:

CHNA Implementation Planning Employee Survey

The information below was pulled from an online Survey Monkey which all Hennepin Healthcare employees were invited to complete.

Survey Questions:

1. Employee respondents were asked in separate questions if they were aware of work being done and/or planned at Hennepin Healthcare to:

- a. Address affordability of care?
- b. Ensure access to women's reproductive and comprehensive health care?
- c. Address the physical and mental health impacts of people regularly feeling unsafe?
- d. Address the impacts of trauma and systemic racism?
- e. Sponsor or provide community-based education?
- f. Co-design programs with staff and community working together?
- g. Intentionally increase staff who culturally and linguistically reflect the patients Hennepin Healthcare serves?
- h. Have community, cultural elders on staff?
- i. Improve navigation and coordination of care?
- j. Have cultural navigators on staff?

For each question, if the reply was "NO", respondents were taken directly to the next question. If the reply was "YES", respondents were asked to provide the following information:

- Department(s) involved:
- Nature of the work:
- Contact name, email, phone:

2. Employee respondents were also asked if they were aware of work being done in the community to:

- a. Address affordability of care?
- b. Ensure access to women's reproductive and comprehensive health care?
- c. Address the physical and mental health impacts of people regularly feeling unsafe?
- d. Provide public information about the impacts of trauma and systemic racism?

For each question, if the reply was "NO", respondents were taken directly to the next question. If the reply was "YES", respondents were asked to provide the following information:

- Organization name(s):
- Nature of the work:
- Contact name, email address, phone, website:

3. Finally, employee respondents were asked to indicate if they would like to be involved with implementation work to address the community identified priority health needs.

Appendix B:

CHNA Implementation Planning Community Survey

Introduction to the survey:

Every three years, non-profit hospitals are required to conduct a community health needs assessment (CHNA) to determine the top priority health needs according to the geographic and cultural communities the hospitals serve. Hospitals are then required to create a three-year implementation plan to address the top community identified needs.

Hennepin Healthcare is requesting your help! We completed our most recent CHNA in 2022 and are now working on the implementation plan. We are seeking information about current and/or planned work happening in the community that aligns with the top needs that we could support and/or collaborate with. Your input is very important!

Top Priority Health Needs identified in 2022:

1. Accessibility to Health and Safety as a Human Right.
2. Comprehensive, Equitable Education.
3. Advocacy and Cultural Sensitivity

More details were provided with each individual question.

Survey Questions:

1. **Community respondents were asked in separate questions if they were aware of work being done in Minneapolis and/or one or more of the Minneapolis suburban communities to:**
 - a. Improve access to affordable care for seniors?
 - b. Improve access to affordable care for children with chronic conditions and/or special needs?
 - c. Improve access to affordable care for individuals needing mental health care?
 - d. Improve access to affordable care for individuals experiencing homelessness?
 - e. Ensure that everyone regardless of age has access to reproductive and comprehensive health care?
 - f. Address concerns about neighborhood safety?
 - g. Address concerns about police violence towards people of color, particularly Black individuals?
 - h. Improve access to emotionally safe physical and mental health care for children, adolescents, and adults who identify as LGBTQ?
 - i. Address individual and/or community trauma?
 - j. Address systemic racism?
 - k. Offer health and wellness education in response to community requests and needs?
 - l. Improve individuals' awareness of and ability to connect to the care they need?
 - m. Improve coordination of health care services for individuals with multiple health care needs?

For each question, if the reply was “NO”, respondents were taken directly to the next question. If the reply was “YES”, respondents were asked to provide the following information:

- Organization/group name(s):
- Community leader(s) engaged with this topic:
- Geographic communities served:
- Cultural communities served:
- Brief description of the work:
- Contact information:

NOTE: the following definitions were included to assist respondents in providing the requested information:

- **Community-based:** organized and taking place locally, in community.
- **Organizations/groups** = any community, neighborhood, advocacy, faith-based, or non-profit groups that are focused on meeting local community needs.
- **Community leader** = a member of a community recognized by others as being able to identify or represent the interests of that community.
- **Geographic focus of work:** where the work takes place.
- **Cultural community:** A group of people who share a common race, ethnicity, religion, language, sexual orientation, gender identity, life experience (e.g., refugees), set of beliefs, traditions, views of the world, geographic location (e.g., specific neighborhood), or other characteristics.
- **Cultural communities served:** indicate if work is specific to certain cultural communities.
- **Contact info:** any information that will help us follow up with the organizations, groups, or leaders.

Additional definition for question related to trauma:

- **Individual trauma:** event(s) an individual has experienced that was emotionally painful or distressing and that can have long-term impacts on health and wellbeing.
- **Community trauma:** the accumulation of trauma experienced by community members including an event that directly impacts a few people but has widespread traumatic impact across a community or communities.

Additional definition for question related to systemic racism:

- **Systemic racism:** Racism that is deeply imbedded in laws, policies, common practices, and large systems (like education, healthcare, etc.) and that perpetuate widespread unfair treatment of people of color.

2. Community respondents were also asked the following questions:

- a. In the needs assessment, community participants identified a need for more direct communication between community and the hospital leadership. What types of communication would you like to see? Check all that apply.
- Regular open meetings where community members can express their concerns and/or ideas.
 - More opportunities for community members to participate with hospital leaders/staff on committees working to solve problems and/or design new programs.
 - Community surveys seeking input related to specific programs.
 - Not applicable.
 - Other suggestions (please specify):
- b. What would having more providers, as well as leaders and staff, who reflect the cultures and speak the language(s) of communities the hospital serves mean to you and/or the communities you are connected to?
- c. What would having community, cultural elders available to patients and families in the hospital mean to you and/or the communities you are connected to?
- d. What would having cultural navigators available to patients and families in the hospital mean to you and/or the communities you are connected to?
- e. What does “*working in partnership*” mean to you?

3. Finally, community respondents were asked:

- Their preferred ways of finding out about future opportunities of involvement with the implementation work.
- Whether they would like to receive periodic updates about implementation work progress.

NOTE: Community respondents who completed and submitted the survey were sent gift cards in recognition of their contributions to the planning process.

Appendix C:

Employee Identified Current and/or Planned Hennepin Healthcare Work Aligned with Implementation Goals

Internal Work at Hennepin Healthcare	Focus	Need # 1: Accessibility to Health & Safety	Need # 2: Comprehensive & Equitable Education	Need # 3: Advocacy & Cultural Sensitivity
Behavior Emergency Response Team (BERT)	Phys/Mental Health & Feeling Safe	X		
Black & Latino Youth w/ Stethoscopes	Investment in more diverse provider/staff representation			X
Breast Cancer/Cancer Center Navigators	Nav./Coordination of Care			X
Case Managers	Nav./Coordination of Care			X
Critical Incident Management Team	Phys/Mental Health & Feeling Safe	X		
Community Advisory Board	Ongoing two-way conversations	X	X	X
Compass Program (training and mentorship program required of all Hennepin Healthcare Employees)	Trauma & Systemic Racism		X	
Congestive Heart Failure Well-Being Center	Co-designing programs		X	
Courageous Conversations (required for all employees)	Trauma & Systemic Racism		X	
Cultural Navigator Team	Cult. Navigators on Staff			X
Diversity, Equity, and Inclusion coaching	Trauma & Systemic Racism		X	X
DEXA Program (digital education for patients)	Nav./Coordination of Care		X	X
Doula on Call program – Labor and Delivery	Access to Reproductive, Comprehensive Health	X		

Internal Work at Hennepin Healthcare	Focus	Need # 1: Accessibility to Health & Safety	Need # 2: Comprehensive & Equitable Education	Need # 3: Advocacy & Cultural Sensitivity
East Lake Clinic Trauma responsive structure and policies	Trauma & Systemic Racism		X	X
Emergency Department Diversity Committee	Cultural/Linguistic Representation in Staff			X
Employee Psychiatric Care - Red Leaf	Phys/Mental Health & Feeling Safe	X		
Financial Assistance Programs	Affordable Care	X		
Health Equity Community Outreach	Ongoing two-way conversations and co-designing programs		X	X
Hennepin Healthcare Employee Collectives	Supporting Cultural/Linguistic Representation in Staff			X
Historical Trauma Classes	Trauma & Systemic Racism		X	
HOPE Program, phlebotomy education	Community-based Ed.		X	
Hospital Nurse Coordinators	Nav./Coordination of Care			X
Medical abortion services update	Access to Reproductive, Comprehensive Health	X		
Next Step Program (Inpatient/follow up support for patients hospitalized with violent injuries)	Phys/Mental Health & Feeling Safe	X		
OBGYN/Advocacy	Access to Reproductive, Comprehensive Health	X		X
Oncology/Cancer Center Financial Advocate	Affordable Care – through use of financial advocates	X		
Oncology Social Workers and Mental Health support	Phys/Mental Health & Feeling Safe	X		

Internal Work at Hennepin Healthcare	Focus	Need # 1: Accessibility to Health & Safety	Need # 2: Comprehensive & Equitable Education	Need # 3: Advocacy & Cultural Sensitivity
Open Arms High-Risk Pregnancy project (hospital – community partnership)	Access to Reproductive, Comprehensive Health	X		
OPR Muslim Spiritual Support in Psychiatry (hospital – community partnership)	Culturally responsive services			X
Partnerships to hold cancer screening, prevention, & education events	Community-based Ed.	X	X	
Persons of Color Job Fairs	Cultural/Linguistic Representation in Staff			X
Population Health	Co-designing culturally responsive programs: 1. prenatal/childbirth education for Black and American Indian families 2. psychiatric model of care for Muslim patients	X	X	X
Price Transparency	Affordable Care	X		
Recruiting/Retention Initiatives	Cultural/Linguistic Representation in Staff			X
Redleaf Center	Access to Reproductive, Comprehensive Health	X		
Revenue Cycle Department	Affordable Care	X		
SAGE Breast and Cervical Center Screening at no charge	Affordable Care	X		
Social Determinants of Health Working Group	Co-designing programs	X	X	
Social Navigators (pilot with Hennepin Health members)	Nav./Coordination of Care	X		

Internal Work at Hennepin Healthcare	Focus	Need # 1: Accessibility to Health & Safety	Need # 2: Comprehensive & Equitable Education	Need # 3: Advocacy & Cultural Sensitivity
Talent Garden (events, internships, mentorships)	Investment in Cultural/Linguistic Representation in Staff			X
Trauma-Informed Care Training (TIC)	Trauma & Systemic Racism	X	X	
Welcome Services	Nav./Coordination of Care			X
Women's Health and Wellness Clinic	Access to Reproductive, Comprehensive Health	X		

Appendix D:

Potential Implementation Partners: Government and Community Entities Doing Work Aligned with Implementation Goals

The following government and community entities were identified by community members and Hennepin Healthcare staff as doing work aligned with one or more of the priority health needs. Hennepin Healthcare will explore partnership opportunities with these and other entities.

Name of Community Entity	Focus of relevant work	Need # 1: Accessibility to Health & Safety	Need # 2: Comprehensive & Equitable Education	Need # 3: Advocacy & Cultural Sensitivity
A Mother's Love	Navigation and Coordination of Care	X		X
African Career, Education, & Resources Inc. (ACER)	Trauma & Systemic Racism		X	
Annex Teen Clinic	Access to Reproductive, Comprehensive Health	X		
Asian Media Access, Inc.	Community-based Education	X	X	
Birth Equity Community Council (BECC)	Access to Reproductive, Comprehensive Health	X		X
Canopy Mental Health & Consulting	Physical/Mental Health & Feeling Safe	X		
Canvas Health	Affordable Care	X		
CAPI USA	Trauma & Systemic Racism		X	
City of Brooklyn Park Violence Prevention	Trauma & Systemic Racism	X	X	
City of Minneapolis	Physical/Mental Health & Feeling Safe	X		
City of Minneapolis Behavioral Crisis Response	Physical/Mental Health & Feeling Safe	X		
CLUES - Comunidades Latinas Unidas en Servicio	Community-based Education	X	X	
Community-University Health Care Center (CUHCC)	Access to Reproductive, Comprehensive Health	X		
Dakota Child and	Affordable Care	X	X	

Name of Community Entity	Focus of relevant work	Need # 1: Accessibility to Health & Safety	Need # 2: Comprehensive & Equitable Education	Need # 3: Advocacy & Cultural Sensitivity
Family Clinic				
Minnesota Department of Human Services - Medicaid Division	Affordable Care	X		
Encouraging Leaders	Physical/Mental Health & Feeling Safe		X	
Faith Community Nurse Network Twin Cities	Community-based Education		X	
Family Tree Clinic	Access to Reproductive, Comprehensive Health	X		
Family Wise Services	Access to Reproductive, Comprehensive Health	X		
Gender Justice	Access to Reproductive, Comprehensive Health	X		X
Good Rx	Affordable Care	X		
Hennepin County Health and Human Services	Affordable Care	X		
Hennepin County Community Health Improvement Partnership group	Phys/Mental Health & Feeling Safe	X		
Hmong Shaman and Herb Center	Community-based Ed.			X
Lao Assistance Center	Physical/Mental Health & Feeling Safe	X		
Meals on Wheels	Physical/Mental Health & Feeling Safe	X		
MN Dept. of Health (MDH)	Trauma & Systemic Racism	X	X	
MN Trauma Project	Trauma & Systemic Racism		X	
MPLS Public Schools	Physical/Mental Health & Feeling Safe	X		
MPLS Violence Prevention Team	Physical/Mental Health & Feeling Safe	X		
NAMI Minnesota (National Alliance on Mental Health)	Physical/Mental Health & Feeling Safe		X	X
NARM Training Institute	Physical/Mental Health & Feeling Safe	X	X	

Name of Community Entity	Focus of relevant work	Need # 1: Accessibility to Health & Safety	Need # 2: Comprehensive & Equitable Education	Need # 3: Advocacy & Cultural Sensitivity
Next Step Program	Physical/Mental Health & Feeling Safe	X		
Northpoint Health & Wellness	Community-based Education			
National Association of Social Workers (NASW) MN	Trauma & Systemic Racism		X	
Phillips Neighborhood Clinic	Affordable Care	X		
Planned Parenthood	Access to Reproductive, Comprehensive Health	X		
Power of People Institute	Trauma & Systemic Racism		X	
Prairie Care Community Response Team	Physical/Mental Health & Feeling Safe	X		
Project Sweetie Pie	Community-based Education	X		X
PROP (People Reaching Out to People)	Physical/Mental Health & Feeling Safe	X	X	
Rainbow Health	Physical/Mental Health & Feeling Safe	X		
Red Door Clinic	Access to Reproductive, Comprehensive Health	X		
Minneapolis Free Clinics	Affordable Care	X		
Southside Harm Reduction Services	Physical/Mental Health & Feeling Safe	X		
St. Mary's Clinic	Affordable Care	X		
Take Action MN	Affordable Care	X		X
Transforming Trauma MN	Trauma & Systemic Racism		X	
Transgender Map	Physical/Mental Health & Feeling Safe	X		
Tubman	Phys/Mental Health & Feeling Safe	X		
Westminster Presbyterian Church	Community-based Education		X	
YWCA	Trauma & Systemic Racism		X	X
Zintkala Luta	Trauma & Systemic Racism		X	X

Appendix E:

Top Ten CHNA Themes Based on Community Interviews and Small Group Conversations

The following ten themes were brought to the CHNA community prioritization event for further review, discussion, and to serve as a base for creating a list of top priority community health needs.

<p>Access to Affordable Care:</p> <ul style="list-style-type: none"> • Physical Health • Mental Health – widespread • Dental Care 	<p>Address Impacts of COVID-19:</p> <ul style="list-style-type: none"> • Isolation, loneliness, losses • Reduced access to care • Economic impacts
<p>Building Trust:</p> <ul style="list-style-type: none"> • HENNEPIN HEALTHCARE active in communities • Active partnerships 	<p>Community Centered Care:</p> <ul style="list-style-type: none"> • Community-driven solutions • Shared decision making
<p>Communities Care of Themselves and One Another:</p> <ul style="list-style-type: none"> • Support existing efforts • Collaborate 	<p>Culturally Responsive Care:</p> <ul style="list-style-type: none"> • Providers reflective of communities • Care honoring culture • Cultural navigators
<p>Holistic Care:</p> <ul style="list-style-type: none"> • Whole person – mind, body, spirit • Broader treatment options • Empowerment to care for self and others 	<p>Long Term Impacts of Systemic Racism and White Supremacy on BIPOC (Black, Indigenous, and People of Color) Communities:</p> <ul style="list-style-type: none"> • Education • Trauma Informed Care
<p>Meeting Basic Needs:</p> <ul style="list-style-type: none"> • Healthy food • Affordable housing • Clean environments, air, and water 	<p>Safety:</p> <ul style="list-style-type: none"> • Emotional safety – can I be myself without judgement or harm? • Safety in neighborhoods