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HOPE Commission

2021 REPORT AND 2022 GOALS

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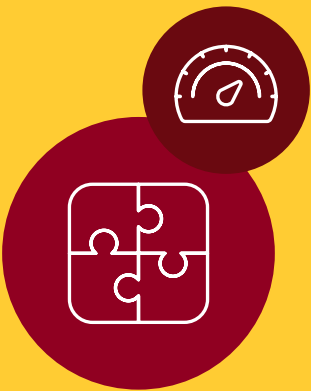
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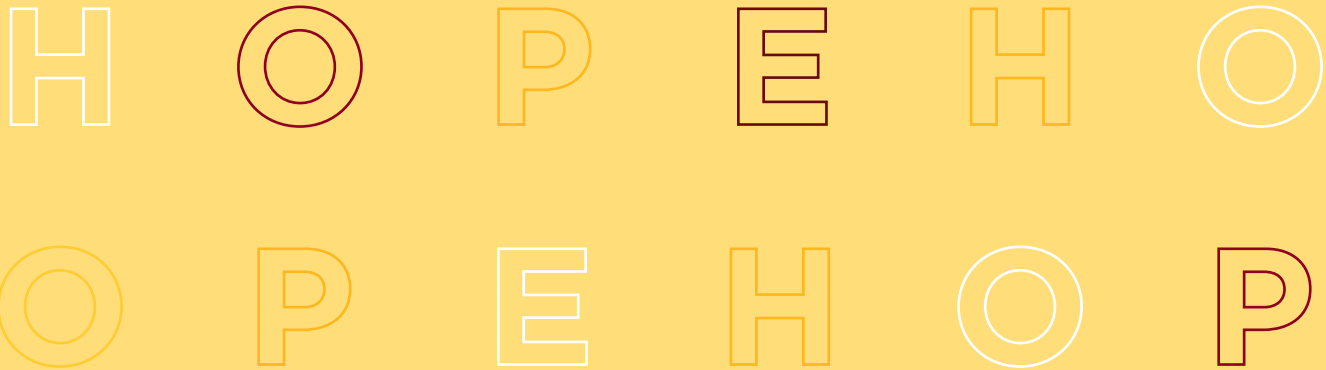
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The HOPE Commission is a multi-year transformational change effort of M Health Fairview to drive more equitable outcomes and inclusive environments and experiences for our patients, employees, and communities. Over the course of 2021, the HOPE Commission continued meeting biweekly to strategize, evaluate progress, and drive our work forward. We continued to partner with our key role leaders to develop goals and advance work plans. We facilitated connections across the three organizations to drive alignment on goals, elevate issues and opportunities, and help find synergies. We are grateful for the commitment, accountability, and drive of our ever expanding group of key role leaders in moving this work forward. This report highlights accomplishments to date as well as the next steps towards the ambitious 2025 vision.



Our Continuing Commitment

We are sharing the 2021 report from our HOPE Commission, a multi-year effort to drive more equitable outcomes, inclusive environments, and better experiences for our patients, employees, and communities.

As a healthcare organization, we cannot be complacent in the face of racial and ethnic disparities that lead to unequal access, treatment, or care. We seek to embed the values of diversity, equity, and inclusion throughout our organizations and in how we interact with each other and those who come to us for help.

As you will see from the report, beginning in the summer of 2020, our three HOPE Commissioners, Dr. Taj Mustapha, Diane Tran, and Dr. Chris Warlick, convened to design a strategy to drive this work forward. With engaged partners from across our organization, we conducted an internal audit to better understand all of our past and current initiatives; we reached out to our communities, especially those most impacted by inequity and underrepresentation; and we identified areas in need of improvement and ways to expand on successful work in progress.

In February 2021, the HOPE Commission released its first report and recommendations. Leaders across the M Health Fairview joint partnership were asked to develop 2021 targets and work plans based on these recommendations and aimed at achieving the Commission’s 2025 Vision.

The attached 2021 report highlights key initiatives over the past year, driven by accountable leaders and teams with support and alignment by the HOPE Commission, to set the foundation for achieving our vision. It also includes our high-level goals for 2022.

This report is a reminder to all of us that the M Health Fairview values of equity, diversity, and inclusion—of treating others the way we would want ourselves and our families to be treated—do not just exist at a corporate or organizational level, but must be reflected in all of us and our behavior, every day. We must be able to depend on one another for understanding, kindness, and respect, so that we can extend that compassion to our patients and communities.

We thank you for your efforts to ensure that we continue to become more diverse, inclusive, and equitable as a key part of how we achieve our goals of better care for all.

James Hereford
President and CEO,
Fairview Health Services

Jakub Tolar, MD, PhD
Dean of the Medical School
and University of Minnesota
Physicians Board Chair

Sources of HOPE

In the fall of 2020, the HOPE Commission held **32 virtual Listening and Learning Sessions** involving more than **1,500 employees** across the M Health Fairview system. The Commission sought to hear perspectives and ideas from our most impacted populations: Black, Indigenous, People of Color and frontline workers who care for underserved and marginalized communities. The Commission also conducted an online survey that garnered responses from more than **5,000 patients**, sharing their personal experiences with equity and inclusion at M Health Fairview.

The following themes were found from the data obtained from these engagement efforts and used to build 2021 work plans from accountable leaders across the M Health Fairview system:



1

THE IMPORTANCE OF A SAFE AND RESPECTFUL CULTURE FOR ALL

2

THE IMPORTANCE OF SUSTAINED ORGANIZATIONAL COMMITMENT AND RESOURCES: CHANGE THE ORGANIZATIONAL CULTURE AND PROVIDE INFRASTRUCTURE AND RESOURCES TO ACHIEVE THAT GOAL

3

THE IMPORTANCE OF MORE STAFF AND LEADERSHIP DIVERSITY AND REPRESENTATION

The HOPE Commission continues to build on this foundation and conducted a second round of Listening and Learning Sessions in the fall of 2021 with an emphasis on patient voices, including patients who are also employees. The aim was particularly to understand patient experiences and opportunities to improve our healthcare services through a health equity lens. The sessions were held in our groups to maximize patient input and engagement. This approach continues to be the core way the HOPE Commission is including the voices of our communities in our system transformation efforts.

73 
PATIENT SURVEYS COMPLETED

20

STAFF VOLUNTEER FACILITATORS AND NOTETAKERS



346
PATIENTS REGISTERED FOR LISTENING AND LEARNING SESSIONS

KEY THEMES FROM THESE SESSIONS WILL BE SHARED IN EARLY 2022

The HOPE Commission is eager to share an upcoming round of Listening and Learning Sessions that will be held in-person and offered to Limited English Proficiency (LEP) patients when gatherings are safely allowed again. These sessions will be led in Spanish, Hmong, Somali, and Karen in efforts to integrate the voices and experiences of all patients in our goals and work plans.

Employers

2021 PROGRESS REPORT



SUCCESS STORY

In 2021, we increased the number of our Employee Resource Groups (ERGs) from 5 to 7 groups. We were also able to expand participation across our system to include all employees.

Our current ERGs are:

- Pride Alliance Group for Equality (PAGE)
- Integrative Health
- Veterans Allies & Advocates (VAA)
- Cross-Cultural Leadership Network (CCLN)
- Asian Heritage Network (AHN)
- Black Initiative Network (BIN)
- FUSION (Facilitators of Unity and Strengtheners of Inclusivity of Nursing)



We are grateful for the role that many of our ERG members played in educating their colleagues about our workplace vaccine requirements. In addition, the ERGs advanced our work with the HRC Equality Index, facilitated the signing of the Employer Support of the Guard and Reserve's statement, helped Fairview join UMP in providing military leave pay, and piloted a program at UMMCH which provided dates for breaking daily fasts to patients and their families during the month of Ramadan.

2025

VISION

The M Health Fairview system will be the employers of choice for all those who believe in health equity and that healthcare systems can be a force for positive change, especially for Black, Indigenous, and People of Color (BIPOC) communities and other marginalized individuals. Employees will have courageous and caring conversations and be encouraged to bring and develop their full selves.

AREA	2021 PUBLISHED STRATEGIES/TACTICS	PROGRESS REPORT
Infrastructure	<ul style="list-style-type: none"> Evaluate hiring processes, job descriptions, qualifications for bias (all) 	<ul style="list-style-type: none"> All three employers have started reviewing job descriptions to ensure inclusive language and working with search committees and hiring managers to proactively include language around welcoming a diverse candidate pool. Hiring managers are participating in implicit bias training.
	<ul style="list-style-type: none"> Implement new sourcing and interviewing tools (UMMS increase, FV implement, UMP consider) 	<ul style="list-style-type: none"> All three employers are committed to identifying and presenting a diverse slate of candidates for open positions. Video interviewing is currently part of search and recruitment review at UMMS and being piloted with FV hiring managers. We are advancing earn and learn programs across the system.
	<ul style="list-style-type: none"> Launch Self Identification Campaign to clean workforce data and expand categories (all) 	<ul style="list-style-type: none"> Because it is essential for us to understand the representation of our employees, Self Identification campaigns were initiated at UMP and UMMS and on track for launch at FV in early 2022. All three employers will have ongoing efforts for employees to share this information, beginning at time of hire.
	<ul style="list-style-type: none"> Develop diversity, equity and inclusion metrics in leaders' workforce dashboard (all) Annual pay equity audit and action plan (all – UMMS to implement for staff) 	<ul style="list-style-type: none"> All three employers implemented a diversity, equity and inclusion (DEI) dashboard in 2021 and have plans to continue to utilize them to set organization-specific goals. All three employers have secured an external third party firm to conduct pay equity audits and will make adjustments accordingly in 2022.
Organizational Diversity	<ul style="list-style-type: none"> Employee Resource Group expansion (FV to include disability, Asian, others – UMP UMMS review and expand current state) 	<ul style="list-style-type: none"> All three employers had a collaborative effort to grow and engage team members across the system in Employee Resource Groups (ERG). Expanded from 5 to 7 ERGs.
	<ul style="list-style-type: none"> Evaluate areas of underrepresentation and set goals (all AA goals and internally established stretch goals, +UMMS/UMP AAMC data) 	<ul style="list-style-type: none"> All three employers have completed Affirmative Action (AA) Plans with identified areas of underutilization. Job categories showing underutilization will have specific goals for 2022 to close the gaps.
	<ul style="list-style-type: none"> Build diverse slates into succession planning (all) 	<ul style="list-style-type: none"> All three employers completed talent review and succession planning for executive leadership positions across the system. Review included focus on diversity of current leadership team and pipeline. Cross Cultural Leadership Network (CCLN) Employee Resource Group helping to define development pipelines for leaders that identify as BIPOC.
Culture of Support and Belonging	<ul style="list-style-type: none"> Reimagine our approach to conflict and create restorative employee relations processes that emphasize learning and support (all, governing framework may differ by employer) 	<ul style="list-style-type: none"> All three employers reviewed and aligned on employee relations process which emphasizes patient quality and safety and employee learnings and support as an outcome. Communication and leader training on the process to begin in 2022.
	<ul style="list-style-type: none"> Joint educational resource creation and curation (all) 	<ul style="list-style-type: none"> We did a comprehensive inventory of DEI education available within our organizations and DEI educational needs. In 2022, the focus will be on addressing educational needs and aligning education across the system.
	<ul style="list-style-type: none"> Establish IDI and leadership development in diversity, equity competency participation goals by year (all) 	<ul style="list-style-type: none"> Executive and medical school leaders, department chairs and medical directors participated in the Intercultural Development Inventory (IDI) in 2021. Leaders are accountable for individual development plans to build cultural competence.
	<ul style="list-style-type: none"> Incorporate diversity, equity and inclusion into education for all employees (E.g. Safety Always, UMN EOAA Diversity Ally) 	<ul style="list-style-type: none"> All three employers incorporated DEI education into employee and leader onboarding.



2022 GOALS

INFRASTRUCTURE

By December 31, 2022:

- All three employers will review job descriptions, qualifications and postings for bias and inclusivity.
- All three employers will have completed pay equity audits and address any needed changes.

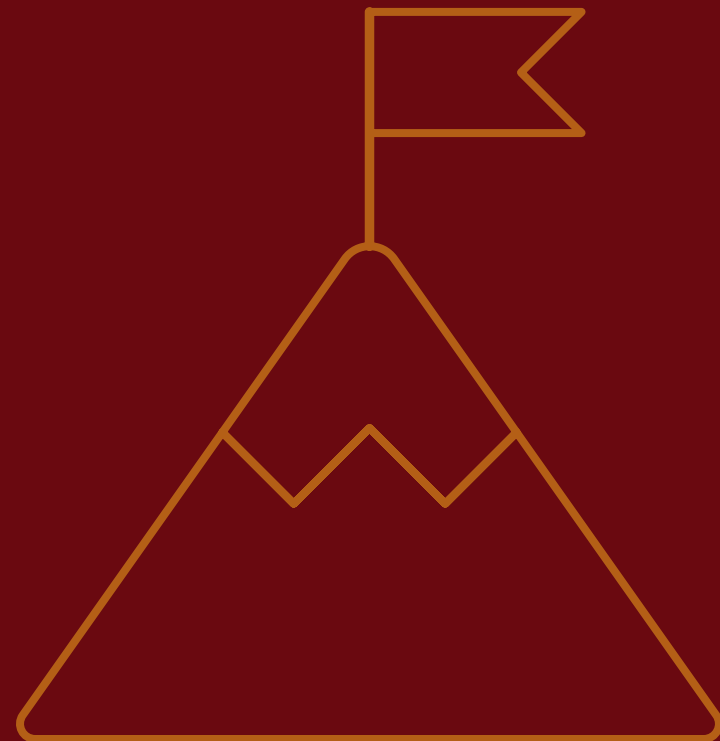
ORGANIZATIONAL DIVERSITY

By June 30, 2022:

- All three employers will continue to expand access and increase participation for Employee Resource Groups (ERGs).

By December 31, 2022:

- All three employers will continue to set goals and strategies to close gaps in areas of underrepresentation.



CULTURE OF SUPPORT AND BELONGING

By June 30, 2022:

- All three employers will increase Intercultural Development Inventory (IDI) participation among leadership groups delivered by an internal cohort of trained Qualified Administrator facilitators.

By December 31, 2022:

- All three employers will further develop inclusive leaders and employees by supporting DEI-specific learning experiences.

VALUE NEW PERSPECTIVES & IDEAS

By December 31, 2022:

- All three employers will expand opportunities to actively listen and hold open conversations about diversity, equity and inclusion.

Healthcare Provider

2021 PROGRESS REPORT



SUCCESS STORIES

Sociodemographic data improvement:

Updating patient sociodemographic data collection has been significant. In sum, we have developed standardized definitions for race (a social construct vs. biologic) and ethnicity for the system and have updated the categories and process by which we collect Race, Ethnicity, and/or Language (REL) and are finishing gender identity collection in order to be more inclusive and appropriate to the definitions. This will allow us to better understand the populations we serve, more accurately assess for disparities in health and healthcare outcomes, and allow patients to identify as they choose in order for us as a provider of healthcare to consider that as part of their care experience.

Considering REL in quality

outcome data: Modifications were made to the ambulatory care composite report in Power BI, which is a report that includes 20 quality healthcare outcomes in the ambulatory setting for both adult and pediatric patients and is focused on chronic disease management measures, like optimal diabetes care, asthma control, or hypertensive management, as well as preventive screening measures like mammography or colon cancer screening completion rates. The modifications specifically allow the data to be cut by race, ethnicity, and/or language in real time which then enables us to immediately identify where we have outcomes disparities across various populations and to consider what in the process is different, the root causes for the disparities, and/or population-based interventions to improve.

2025 VISION

The M Health Fairview system will be the preferred provider of healthcare, especially to Black, Indigenous, and People of Color (BIPOC) and other marginalized individuals, who know they will receive high-quality care and feel accepted, valued, and respected when receiving care.



AREA	2021 PUBLISHED STRATEGIES/TACTICS	PROGRESS REPORT
Emphasis on Quality, Equity, and Safety	<ul style="list-style-type: none">System Health Equity Committee formed with active transdisciplinary participation	<ul style="list-style-type: none">Although this committee was formed prior to 2021, we were able to increase the membership, diversity and participation over the past year.
	<ul style="list-style-type: none">IHI Alliance Equity and Healthcare workgroup	<ul style="list-style-type: none">Active participation monthly with 2 projects. Completed the employee sociodemographic data dashboard and initiated the project for improving colon cancer screening rate disparities at Brooklyn Park Clinic.
	<ul style="list-style-type: none">Reduce healthcare disparities in quality healthcare outcomes (vaccination rates, other preventative screening) across various populations	<ul style="list-style-type: none">Project started in 2021 focused on improving the colon cancer screening rate disparities at Brooklyn Park Clinic. Community Advancment's Minnesota Immunization Networking Initiative (MINI) held 469 vaccination events with 80+ community partners, providing 38,069 COVID-19 vaccination doses (86% identified as BIPOC and 55% indicated that English is not their preferred language). Due to the ongoing pandemic, we were limited in our oral health program at the MINI clinics but we were able to serve 228 people at 4 clinics.
	<ul style="list-style-type: none">Vizient collaborative on Social Determinants of Health	<ul style="list-style-type: none">Data from Vizient has been reviewed.
	<ul style="list-style-type: none">Data visibility (to demonstrate disparities)	<ul style="list-style-type: none">Analytics built Power BI report to cut ACC data (ambulatory quality healthcare outcomes) by Race, Ethnicity, and Language (REL). We are sharing specific quality outcomes by specified populations (race, language, gender, etc) at meetings, including Quarterly Performance Webinars and with senior leadership.
	<ul style="list-style-type: none">Eliminate race as part of eGFR calculation by end of 2021	<ul style="list-style-type: none">We completed this with the Epic merger in July 2021. We will continue to track data and impact for next 3 years. Q1. What percent of "black" and "white" diabetic patients with an eGFR of 25 to <30 were on metformin in 2019, 2020, 2021, and 2022? Q2. What percent of "black" and "white" diabetic patients with an eGFR of 30 to <35 were on metformin in 2019, 2020, 2021, and 2022?
	<ul style="list-style-type: none">Improve patient sociodemographic data collection for REL/SOGI/SDoH by modifying and aligning categories, standardizing how/when patients are asked, and ensuring process to update ongoing (recognizing that self identity is fluid)	<ul style="list-style-type: none">We established a standard system definition of race and ethnicity, and updated and modified categories for identifying race to be more reflective of the population of Minnesota.
	<ul style="list-style-type: none">Build Just Culture employee/leader platform with Human Resources	<ul style="list-style-type: none">We developed a Just Culture algorithm as a shared mental model and we learned that the Restorative Justice model would need to be built in parallel with Just Culture.
	<ul style="list-style-type: none">COVID-19 vaccination disparity strategy using pop-up clinic model as well as MINI model to reach patients attributed to MHFV as well as community (non attributed)	<ul style="list-style-type: none">At the beginning of 2021, several COVID-19 community education videos were made in partnership with community organizations, demographically concordant providers, and the Community Advancement team to help address culturally-specific concerns as it relates to the vaccine. Specific communities included Somali, Karen, and African American/Black. Data about vaccine rates by race and language is reviewed monthly by the Executive Leadership Team (ELT). A dashboard was built to allow for easy data abstraction. Community Advancement's Minnesota Immunization Networking Initiative (MINI) clinics track data manually (see above for 2021 data). We set up community COVID-19 vaccination clinics at Smiley's and Bethesda Clinics.
	<ul style="list-style-type: none">Total cost of care initiative as part of strategy deployment	<ul style="list-style-type: none">We entered in conversations with one of our key payer partners about analyzing and improving our disparate patient populations. We agreed to focus on colon cancer screening and pediatric immunizations. To address issues related to socioeconomic disparities, we are partnering with the State in the initiative to improve well-child care for Medicaid patients.
	<ul style="list-style-type: none">Report Optimization	<ul style="list-style-type: none">We have been partnering with the HOPE Commission and key stakeholders to understand language around how to capture implicit/explicit bias in safety event reporting. Initial discussions were held regarding overall conduct issues and how to report/manage in the various reporting systems.
	<ul style="list-style-type: none">Institute standard practice of reviewing the role of implicit/explicit bias in Root Cause Analysis (RCA)	<ul style="list-style-type: none">Task force was created to understand current state with key stakeholders. The next step is to make recommendations for standard practice.



AREA	2021 PUBLISHED STRATEGIES/TACTICS	PROGRESS REPORT
Organizational Diversity	<ul style="list-style-type: none">Coordinate with Operations Team to create go-forward plan beyond 2021Evaluate spaces, services and policies for diversity, equity and inclusion (e.g. interpreter and translation capabilities, food choices, holidays)	<ul style="list-style-type: none">We used a Health Equity lens as part of creating goals for 2022 Strategy Deployment.We held initial discussions around building an infrastructure to evaluate and address these opportunities for the organization.
Community Collaboration	<ul style="list-style-type: none">Develop a process and workflow for gaining input from community advisory network in setting research priorities that address community needs, including Reliable Metrics/ Data/Infrastructure DevelopmentLeverage Community Advancement's Minnesota Immunization Networking Initiative (MINI) model to continue to impact health disparities (similar to deployment in vaccines)Work with foundation to build/ strengthen partnerships and strategize funding opportunities.Leverage existing relationships with public health leaders (i.e. Ramsey County) to expand servicesAlign charter for System Health Equity Committee to HOPE Commission goals	<ul style="list-style-type: none">We engaged community leaders, local public health, and other organizations in community conversations and data-gathering through Community Health Needs Assessment process to identify key issues and opportunities to support community health and advance health equity.We are continuing to track already utilized metrics to sustain presence in our diverse communities related to immunizations. The focus for 2022 will continue to be vaccinations and we will explore new opportunities in 2023.We are working with the University of Minnesota Foundation (UMF) to develop a fundraising case for the Community Advancement Fund to support initiatives and community partnerships focused on health equity, food insecurity, mental health and stress resilience, and other social determinants of health.We worked with Ramsey County, Minnesota Department of Health, and other municipal and federal public health and governmental entities to expand services to address equity and access to COVID-19 education, testing, and vaccines (including contracts with Community Advancement's MINI program with MDH and Ramsey County that have been extended into 2022). We also worked with local public health departments statewide to complete 2021-2023 Fairview Health Services triennial Community Health Needs Assessment.We have had consistent HOPE Commission participation on the system Health Equity Committee to support coordination with HOPE Commission initiatives, including Listening and Learning Sessions



2022 GOALS

EMPHASIS ON QUALITY, EQUITY, AND SAFETY

By September 30, 2022:

- We will re-evaluate purpose and function of the Health Equity Committee, including deliverables.

By November 30, 2022:

- We will do an analysis of ambulatory care composite and hospital acquired infections by race and language to evaluate health disparities.

By December 31, 2022:

- Reduce the colon cancer screening rate disparity by 50% between those patients who identify as African American/Black and those who identify as White by improving rates for those who are African American/Black at the Brooklyn Park Clinic (15% to 7.5%).
- We will establish the social risks we want to capture for all patients, standardize definition of these risks, and standardize workflow to collect the risks.
- We will build the restorative justice framework, partnered with the Just and Fair Culture, and will provide education around using these tools.
- We will focus on specific equity issues within colon cancer screening and pediatric immunizations.
- Update Compass reporting system to capture potential issues related to implicit/explicit bias. This will include allowing front-end users to capture if they felt implicit/explicit bias played a role in the safety event and Root Cause Analysis (RCA).
- We will partner with 3 ambulatory clinics that have disparities in their preventive screening Ambulatory Care Composite (ACC) metrics across populations by race, ethnicity, or language to improve the rate in the population disproportionately impacted.
- We will utilize a Health Equity Impact Analysis framework to evaluate and optimize interpreter services for patients with Limited English Proficiency.

ORGANIZATIONAL DIVERSITY

By May 31, 2022:

- We will co-develop, with our Community Advisory Committees, a Community Health Needs Assessment (CHNA) implementation plan to address prioritized community needs, including key community health equity impact metrics.

COMMUNITY COLLABORATION

By December 31, 2022:

- Minnesota Immunization Networking Initiative (MINI) will provide over 5,000 free flu immunizations in community and will continue to contract with State and local public health to provide low-barrier COVID-19 vaccinations.

CUSTOMER EXPERIENCE (CX) - NEW IN 2022

By March 31, 2022:

- Add Vietnamese and Arabic languages to our surveys. We are prioritizing the addition of Karen as well but that will occur later in the year as we work through translation with our survey vendor.

By June 30, 2022:

- Conduct current state analysis of community bias in our patient survey results to determine appropriate target and plan. If bias is found, the target will be to reduce appropriately in prioritized area(s). Results of any effort here will likely be realized in 2023, with plans established in Q3 and Q4 of 2022.
- Conduct current state analysis of survey bias in our current survey questions to determine appropriate target and plan. If bias is found, the target will be to reduce appropriately in prioritized surveys. Results of any effort here will likely be realized in 2023, with plans established in Q3 and Q4 of 2022.

By September 30, 2022:

- Conduct current state analysis of patient survey methods (phone, email, text) relative to our population demographics to determine gaps in outreach and create a plan to address prioritized gaps.
- Explore the connection between Customer Experience, People Engagement, and Quality and Safety data and conduct analysis to discover insights and opportunities to incorporate into 2023 planning.

Academics

2021 PROGRESS REPORT



SUCCESS STORIES

Just Culture approach to guiding our learners: We piloted and later established a permanent Resident Review Council to examine non-clinical issues in reported safety events involving learners. Research shows that how we judge appropriate behavior is highly prone to implicit bias, and that people of color are disproportionately reported for their behaviors. The Council's peer-review process uses a Just Culture approach to understand how cultural and communication differences factored into the reported events. For instance, if reported behavior by a female learner is also displayed by male colleagues, the Council's approach ensures all can be held to the same standard. Reports on the underlying causes of reported events improves our health system and gives our teams greater development opportunities.

Increasing representation in clinical trials: Having diverse populations participate in clinical trials is critical to discovering treatments that work for all of us. This year, collaborations between the health system and the University of Minnesota developed key systems to continuously improve our recruitment of diverse populations that increased representation in 2021. Best practice processes for equitable research recruitment and patient consent make it easier for non-English speakers to participate. Race and ethnicity category improvements to our electronic medical record system better represent the diverse communities we serve. Culturally sensitive research recruitment materials led to exceeding a trial sponsor's recruitment goals for the Latinx population in one study. Diverse populations were successfully recruited for our COVID-19 vaccine trials, meaning trial findings are generalizable across the populations we serve.

2025 VISION

The M Health Fairview system will have a national reputation as a place where innovations to increase inclusion, equity, and access are supported and championed. Trainees will be drawn here to learn how to eliminate healthcare disparities.





AREA	2021 PUBLISHED STRATEGIES/TACTICS	PROGRESS REPORT
Knowledge and Skill Gap	<ul style="list-style-type: none">Partner with University research leadership to design strategy to ensure appropriate use of race in research study design and analysis.Reliable Metrics/Data/Infrastructure Development: Catalogue the necessary competencies for research oversight structure members relative to anti-racism and health equity.Research oversight structures with at least one member with above specified expertise	<ul style="list-style-type: none">We had initial conversations to socialize this process with plans to continue to engage key stakeholders over the coming year.
	<ul style="list-style-type: none">Partner with leadership in the Medical School and wider UMN community to develop and offer online training modules for asynchronous learning of best practices in using race in research.Reliable Metrics/Data/Infrastructure Development: build in knowledge assessments to online modules with pre-testImpact Evaluation: Modules available by 12/31/2021UMN research support services provide expert protocol review and support to investigators to utilize best practice in use of race in researchExplore possibility of modifying Determination forms to include section: Does your study collect or analyze human race or ethnicity data? (Y/N) If yes (then provide information about how racial information will be collected and the purpose)Impact Evaluation: Develop structure to track how race is being used in research.	<ul style="list-style-type: none">The University of Minnesota Clinical Research Support Center, within Clinical and Translational Science Institute (CTSI), has been identified with the potential to provide the expertise and processes to help principal investigators incorporate best practice on use of race in research protocols.
	<ul style="list-style-type: none">Recruit and support an additional Learning Health System (LHS) scholar with health equity focusLHS Evidence-Based Medicine (EBM) team support for researchers/scholarsWorking Group between UMP, Medical School and Fairview will inventory current offerings and map them along Miller's pyramid and subject area, then distribute task of new curriculum development across entitiesReliable Metrics/Data/Infrastructure Development: Streamline methods of converting online offerings between organizations; develop central process to inventory training needs with input from care metrics, patient experience, HR, and employees/staff/faculty/learners; Select or develop care and performance metrics that would track with educational offeringsImpact Evaluation: Develop a structure to examine the relationship between preceptor diversity, equity and inclusion training and learner experience.	<ul style="list-style-type: none">Posting for the additional LHS scholar focused on Health Equity will occur by July 31, 2022.Secured funding for the Center for Learning Health System and launched in October 2021.Workgroup convened and refocused on inventory of offerings within each organization. Project is on hold but each of the entities are working on development.Learner Experience assessment tool developed with education experts within the Medical School. Deployment pilot completed and database development contract initiated with the Medical Education Outcomes Center. Learner experience survey includes appropriate self-reported demographic data including race and ethnicity. This will enable assessment of these factors as variables impacting learner experience.
Culture of Support and Belonging	<ul style="list-style-type: none">Clearly establish the processes for reviewing behavioral complaints by or from learners using a Just Culture approach. Council to develop workflows and provide a function model regarding review and engagement process.Reliable Metrics/Data/Infrastructure Development: Development of feedback loops between HR, Med Staff, and GME for events; tracking system of events along with characterization and recommendationsOutcomes include climate and mistreatment CLER surveys by learners, Impact includes tracking recruitment data from GME graduates by race/ ethnicity/gender categories	<ul style="list-style-type: none">Pilot council convened and completed work of developing workflows and reporting structure. Pilot completed and Formal council established to review behavioral complaints by and from learners.Tracking system developed. Working on developing feedback loops and expectations between Council and HR, Med Staff and GME Offices.UMN GME (Graduate Medical Education) has created three dashboards providing information on mistreatment and discrimination experienced by trainees and faculty in their programs and learning environments.



AREA	2021 PUBLISHED STRATEGIES/TACTICS	PROGRESS REPORT
Community Collaboration	<ul style="list-style-type: none">Co-create processes for study participant recruitment within local communities.	<ul style="list-style-type: none">Considerable experience accrued by MHFV Research Recruitment Team in support of COVID-19 research trials. Remote consent with non-English speaking participants identified as a significant barrier. Partnered with the Clinical and Translational Science Institute recruitment core team in an A3 Workshop in Quarter 4 of 2021 with an anticipated completion in Quarter 1 of 2022. Several new projects were identified during the process that will continue with a focus on targeted recruitment for studies using Electronic Health Records (EHR) resources.
	<ul style="list-style-type: none">Explore opportunities for partnership in this work with the newly formed Center for Antiracism Research for Health EquityReliable Metrics/Data/Infrastructure Development: Develop technical tools to support research consenting for non-English research participants.Work with internal and external experts on designing communication tools and presenting research opportunities to marginalized community members.	<ul style="list-style-type: none">This continues to be a conversation with the Learning Health System as the partner in the collaboration.MHFV Research Recruitment Team has piloted a tool to report this data and have used it in the current cardiology study.We worked with Community Advancement and Interpreter Services to develop a system to support the Research Recruitment Team in a current industry-sponsored study specifically with Latinx and African-American participant goals. In August 2021, the Special Projects team initiated a new research protocol with a requirement to enroll a specific number of Latinx patients. We engaged with Community Advancement to modify the research recruitment materials to be culturally sensitive to the Latinx community. We sent MyChart messages directly to Latinx patients with an enrollment rate of ~15%, meeting the study protocol race/ethnicity target.
	<ul style="list-style-type: none">Update research recruitment software to track the self-reported race of each patient enrolled by the MHFV recruitment office by 6/1/2021.Practice-Based Research Network (PBRN) practice facilitator network includes clinics in underserved and/or marginalized racial and ethnic communities.Create at least 2 new research recruitment tools designed specifically for racially and ethnically marginalized community members by 10/1/2021.Present at least 1 research study in new location designed for racially and ethnically marginalized community members by 12/31/2021.Create a research recruitment report based on self-reported race data for presentation to the Chief Academic Office by 12/31/2021.	<ul style="list-style-type: none">The software was updated after the single electronic health record project. We can now track race, ethnicity and gender.The PBRN proposal, in partnership with the Department of Family Medicine and Community Health, is under review (final stages) with funding secured. It includes Broadway, Smiley's, Phalen, and Bethesda Clinics and will expand into several Minnesota Federally Qualified Health Centers.We worked with Community Advancement to tailor culturally sensitive research materials for Latinx and African-American communities. In September 2021, we worked with the Community Advancement team to modify a research recruitment letter that was culturally sensitive for the Latinx community, also helping to address community concerns about research. The letter was translated into Spanish and received IRB approval. This letter will be included in future research recruitment processes that target the Latinx patient population.SURPASS trial (diabetes medication in patients with cardiovascular disease) presented to the clinics in the "Mississippi Region," including the Riverside Clinic.Completed and in use.
Hiring Practices/ Workforce Planning/ Organizational Diversity	<ul style="list-style-type: none">Audit existing education partners & diversity of their students placed in our healthcare system, with the goal of identifying gaps.Add race/ethnicity/self-identified gender questions to MHFV student onboarding process within our learner management system.By 10/31/21, determine 2021 student placement diversity baseline within our system and set student placement diversity goal for 2022.	<ul style="list-style-type: none">Completed in 2021.Completed in 2021.We have a baseline and are now working on setting the overall diversity goal as well as strategies for achieving it.



2022 GOALS

KNOWLEDGE AND SKILL GAP

By March 31, 2022:

- Finalize the document outlining the shared mental model of necessary competencies for research oversight structure members relative to anti-racism and health equity.

By July 31, 2022:

- Post for an additional Learning Health System (LHS) scholar focused on Health Equity.

By November 30, 2022:

- Complete 3 panel discussions with broad and diverse expert and stakeholder participation to outline best practices in use of race/ethnicity in research and guide next steps.

By December 31, 2022:

- Catalogue member competencies and identify any structures that do not have the competencies necessary (as defined in the document above).
- Update the required Responsible Conduct of Research modules to include best practices for use of race in research and appropriate anti-racist education.
- There will be Clinic Research Support Center (CRSC) consultation available to support investigators in best practices in use of race in research.
- Current offerings for health equity and workplace inclusion curriculum will be inventoried and mapped across all entities as well as new curriculum development distributed among all entities.

COMMUNITY COLLABORATION

By March 31, 2022:

- Finalize processes for Center for Learning Health System rapid evaluation projects.

By June 30, 2022:

- Establish a formal, long-term process for the witness signature for non-English speaking research consent conversations.

CULTURE OF SUPPORT AND BELONGING

By December 31, 2022:

- Maintain at least an 83% rating (4.15/5) of the clinical learning environment by learners as measured by Tier 5 Strategy Deployment.



Corporate Citizen

2021 PROGRESS REPORT



SUCCESS STORY

Advancing our Anchor Mission:

In 2021, key leaders within each of the Fairview Anchor initiative areas developed the 2025 A3 Strategy, entitled “HOPE Anchor Institution Approach to Achieve Health Equity through Community Wealth Building.” Leaders from Human Resources Talent Acquisition and Total Rewards, Finance Supply Chain, Construction, and Treasury, as well as Community Advancement and Community Engagement developed the A3 strategies and goals including: Inclusive Hiring and Talent Development; Inclusive, Sustainable and Local Purchasing; Place-Based Investing; and Serving & Leading Locally.

The Treasury team will bring an updated investment policy to the February Fairview board meeting to include place-based investing and they have begun exploring potential projects, such as affordable housing projects. The supply chain team is reviewing systems to understand our current minority-/women-owned business spend and give us the ability to identify and contract with new vendors. Additionally, our Talent Acquisition team continues to work with local cultural workforce development organizations to source diverse local talent and the Community Engagement team continues to build meaningful and impactful relationships in our communities.

2025 VISION

The M Health Fairview partnership will have trust with marginalized communities, who know that we are an attuned learning system that openly strives to achieve health equity and shares power to create healthy, resilient communities. Together, we will intentionally apply our long-term, place-based economic power and human capital in partnership with the community to mutually benefit the long-term wellbeing of both.



AREA	2021 PUBLISHED STRATEGIES/TACTICS	PROGRESS REPORT
Purchasing for People and Place (Inclusive, sustainable, local purchasing)	<ul style="list-style-type: none">Leverage Anchor Institution work, including existing benchmarks and dashboards to create ongoing measurements of progress.Invite at least 5 new Minority and Women owned Business Enterprise (MWBE) vendors to participate in the Request for Proposal (RFP) process.	<ul style="list-style-type: none">We developed a dashboard with draft data in alignment with national benchmarks.We have identified a resource for tracking and reporting data. We developed the 2022 plan and metrics.
Invest for Inclusive Impact (Fairview Only) (Place-based Investing)	<ul style="list-style-type: none">Partner with Board to develop types and levels of investmentsCreate menu of opportunities to evaluateReach out to area health organizations, align on 'ask' and next steps	<ul style="list-style-type: none">We had initial discussions with the Fairview Finance Committee and drafted an investment policy for the approval of a 1% asset allocation at the February 2022 Finance Committee meeting.We started exploration of potential investment partners and projects.We have worked with Healthcare Anchor Network, a national organization, to establish best practices related to investing for inclusive impact.
Advocate for Equity	<ul style="list-style-type: none">Continue to add Fairview Health Services/ M Health Fairview name and resources to community efforts at the Capitol and with key community organizations	<ul style="list-style-type: none">We signed on to several opportunities in 2021 and will continue to explore more opportunities which will be tracked on a comprehensive list.
Effect Environmental Justice and Health Equity (Fairview Only - UMP/ Medical School processes managed by UMN)	<ul style="list-style-type: none">Set baseline, establish goals and step-ups that take us to 2025Identify industry best practices	<ul style="list-style-type: none">We have identified areas for opportunity and are further working on goal development.We have worked with Healthcare Anchor Network, a national organization, to identify best practices.
Community Collaboration	<ul style="list-style-type: none">Leverage sponsorship dollars to underscore and reflect key organizational values, partnerships in community	<ul style="list-style-type: none">We are applying diversity, equity and inclusion (DEI) criteria as part of our sponsorship review process.
Assume National Leadership	<ul style="list-style-type: none">The Fairview Board of Directors established a task force in January 2021 and formalized it into a new Health Equity Committee as of August 2021.Leadership inventory using validated assessment tool	<ul style="list-style-type: none">We published the HOPE Commission Report and Recommendations in February 2021. These were used by Key Role Leaders to develop 2021 Work Plans which were published in April 2021. Ongoing updates will be published annually.The Fairview Board of Directors and M Health Fairview senior leadership completed the Intercultural Development Inventory (IDI) in Spring 2021 and are working on individual development plans. The IDI tool will continue to be used throughout the system over the coming years.
Board Members Reflect Community	<ul style="list-style-type: none">Establishment of FHS Board diversity, equity and inclusion task force. (Fairview Only)Targeted recruitment to increase Board representation of underrepresented groups. (Fairview Only)	<ul style="list-style-type: none">The Fairview Board of Directors established a task force in January 2021 and formalized it into a new Health Equity Committee as of August 2021.We added new Board members in February 2021 with ongoing recruitment efforts underway.
Courageous Leadership Promoting Values-Aligned Change	<ul style="list-style-type: none">Engage Executive Leadership Team (ELT) and Fairview Board to implement process, determine best practices nationally, finalize by end of 2021	<ul style="list-style-type: none">The Board and ELT are developing a comprehensive education plan to be implemented in 2022.M Health Fairview was recognized by Twin Cities Business as an inaugural 2021 Community Impact Award recipient for its corporate leadership solving social problems. The award recognizes organizations that work with local nonprofits to make a significant difference in Minnesota.



2022 GOALS

PURCHASING FOR PEOPLE AND PLACE (INCLUSIVE, SUSTAINABLE, LOCAL PURCHASING)

By September 30, 2022:

- Processes will be in place to identify, track, and report Minority and Women-owned Business Enterprises (MWBE) and local businesses.

By December 31, 2022:

- Identify sourcing opportunities that will include MWBE and local suppliers and service providers.

INVEST FOR INCLUSIVE IMPACT (FAIRVIEW ONLY) (PLACE-BASED INVESTING)

By February 28, 2022:

- Fairview's updated investment policy will be endorsed by Fairview Board of Directors to include a commitment of 1% allocation of investible assets for place-based investing.

By December 31, 2022:

- Fairview will have criteria in place for low-risk, no-risk investment opportunities.
- Fairview will have an aligned place-based investing commitment in place as a national leader.

EFFECT ENVIRONMENTAL JUSTICE AND HEALTH EQUITY (FAIRVIEW ONLY - UMP/MEDICAL SCHOOL PROCESSES MANAGED BY UMN)

By December 31, 2022:

- Implement provisions for sustainable environments by identifying 4 sustainable purchasing initiatives.
- Environmental sustainability strategies will be aligned with national benchmarks.

ASSUME NATIONAL LEADERSHIP

By December 31, 2022:

- We are invited to present on HOPE Commission work for at least one national event.

BOARD MEMBERS REFLECT COMMUNITY

- As Board seats open, we will continue to seek racial, ethnic, gender, and LGBTQIA+ diversity.

COURAGEOUS LEADERSHIP PROMOTING VALUES-ALIGNED CHANGE

By March 31, 2022:

- There will be a comprehensive education plan outlined for Senior Leaders and the Fairview Board.



Initiatives Across All Areas

2021 PROGRESS REPORT



AREA	2021 PUBLISHED STRATEGIES/TACTICS	PROGRESS REPORT
Hiring Practices/ Workforce Planning/ Organizational Diversity	<ul style="list-style-type: none">Engage community leaders from early-childhood educators, youth organizations, after-school programs, and existing college and healthcare sciences schools pipeline programs to form a working group to devise a holistic and supported pipeline	<ul style="list-style-type: none">We have strengthened and built additional partnerships and we need continued focus on strategic efforts to devise a holistic and supported pipeline.
	<ul style="list-style-type: none">Modify student placement priorities to include diversity goals and HR pipeline initiatives.	<ul style="list-style-type: none">We have incorporated this process into student placement priorities.
	<ul style="list-style-type: none">Identify education programs to increase the diversity of students within our system and either create new partnerships or strengthen partnership with these programs.	<ul style="list-style-type: none">We have identified these programs and are working to strengthen the relationships. We are continuing to review new potential partnerships.
	<ul style="list-style-type: none">Assess need and approach to scholarship support for underrepresented health sciences students. We anticipate this effort to be in partnership with the Medical School as well as community advisors, academic participants, and University of Minnesota Foundation fundraising support.	<ul style="list-style-type: none">Stakeholder groups and additional leaders have been identified and recruited to help lead these efforts going forward.
	<ul style="list-style-type: none">Partner with HR to explore development of paid internship opportunities for underrepresented health sciences students within the healthcare system to expose them to potential career opportunities within MHFV.	<ul style="list-style-type: none">Initial discussions with leadership in Talent Acquisition planned; this work is ongoing. Timelines were extended due to strain on HR resources with pandemic related staffing-shortages.
	<ul style="list-style-type: none">Impact Evaluation: By 12/31/21, identify scholarship targets for fundraising efforts in 2022, and identify number and locations of paid internship opportunities to be offered in 2022.	<ul style="list-style-type: none">This work is ongoing. Timelines were extended due to strain on HR resources with pandemic related staffing-shortages.

AREA	2021 PUBLISHED STRATEGIES/TACTICS	PROGRESS REPORT
Community Collaboration	<ul style="list-style-type: none">Inventory existing community engagement efforts including pipeline relationships, research community advisory boards, Customer Experience efforts and Community Advancement.	<ul style="list-style-type: none">We conducted a scan in Fall 2021 to understand community engagement resources and activities across the health system.
	<ul style="list-style-type: none">Develop a working group representative of key areas of focus to map community engagement opportunities and gaps	<ul style="list-style-type: none">We utilized the Community Health Needs Assessment (CHNA) process to engage internal staff and departments and external community members and organizations to identify community needs and opportunities. In partnership with the hospital Community Advisory Committees and the system Community Advisory Council, we developed and published the CHNA reports in December 2021.
	<ul style="list-style-type: none">Propose infrastructure necessary to optimize community collaboration across key areas of focus.	<ul style="list-style-type: none">We formalized working relationships between Community Advancement and the new system Patient and Family Advisory Council managed by Customer Experience and the Research Recruitment department, in order to incorporate community voice and expand community partnerships.
Workforce Infrastructure	<ul style="list-style-type: none">Participate in an effort led by UMN/UMP/FHS HR to assess current tuition reimbursement and loan deferral/forgiveness options for Underrepresented in Medicine (URM) trainees and UMP/UMN/FHS employed workers.	<ul style="list-style-type: none">Did not meet deadline in 2021. Bring together work group to determine process and timeline.
	<ul style="list-style-type: none">Participate in an effort led by UMN/UMP/FHS HR/ Legal to understand additional tuition reimbursement and deferred/forgiveness loan options we could potentially offer URM trainees and URM new recruits.	<ul style="list-style-type: none">Did not meet deadline in 2021. Bring together work group to determine process and timeline.
	<ul style="list-style-type: none">Participate in effort led by FHS and UMN leadership/ finance regarding projected costs and funding mechanisms for these tuition/loan options	<ul style="list-style-type: none">Did not meet deadline in 2021. Bring together work group to determine process and timeline.
	<ul style="list-style-type: none">Impact Evaluation: By 8/31/21, identify potential tuition/loan options for URM trainees/URM new recruitments to increase diversity recruitment/ retention efforts, and present these options to leadership for consideration for 2022 benefit year.	<ul style="list-style-type: none">Did not meet deadline in 2021. Bring together work group to determine process and timeline.
Courageous Leadership Promoting Values- Aligned Change	<ul style="list-style-type: none">Developing dashboard and report to be housed on HOPE Commission website	<ul style="list-style-type: none">We have developed 2022 goals in this report that can serve as a dashboard for 2022 and beyond.
Right-Size for Transformational Change	<ul style="list-style-type: none">Exploration and development of mechanism aligned with HOPE Commission and executive sponsors	<ul style="list-style-type: none">We are implementing staffing changes as the first step in this process to ensure institutional supports for advancing this work.



2022 GOALS

COURAGEOUS LEADERSHIP PROMOTING VALUES-ALIGNED CHANGE

By December 31, 2022:

- Develop a dashboard to track equity goals.

RIGHT-SIZE FOR TRANSFORMATIONAL CHANGE

By March 31, 2022:

- Hire a System Director for Equity Initiatives to facilitate initiatives across multiple key areas.
- Hire a Health Equity Consultant within Quality and Safety.

By December 31, 2022:

- Hire a Restorative Justice Coordinator to design both conflict resolution processes and stakeholder engagement processes that are trauma-informed and justice centered.
- Hire an Equity Project Manager to provide equity expertise to relevant projects at the intersection of DEI, healthcare equity and health equity.
- Hire a Health Equity Analyst to provide measurement and analytic expertise to inform prioritization and development of improvement projects.





HOPE Commission

2021 REPORT AND 2022 GOALS