



Minnesota Hospital Association

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October 12, 2020

Rep. Rena Moran
Co-chair, Select Committee on Racial Justice
Rep. Ruth Richardson
Co-chair, Select Committee on Racial Justice

Dear Rep. Moran and Rep. Richardson:

Thank you, Rep. Moran and Rep. Richardson, for your leadership on this committee. The Minnesota Hospital Association and our members truly appreciate the meeting we held with Rep. Richardson a few weeks ago. We also appreciate the invitation to participate in meetings that Rep. Noor has held to look at concerns raised by the Somali community.

Minnesota's hospitals and health systems serve and are part of increasingly diverse communities. They are committed to meeting the changing needs of their communities and to ensuring that every individual receives the highest quality of care.

MHA and its members are on a journey toward equity and inclusion. Hospitals and health systems regularly conduct community health needs assessments in partnership with their communities to respond to the needs of their communities. Hospitals and health systems are also working to identify important social influencers of health, including economic resources, educational attainment, food security, transportation, environment and housing, that can be addressed in partnership with our communities so that every Minnesotan can achieve optimal health.

Our members are working to increase the diversity of our workforce and provide training for cultural competency and anti-racism.

In addition, hospitals and health systems are making efforts to align quality improvement goals with disparities solutions to reduce health inequities. MHA has developed resources to help hospitals and health systems identify, address and eliminate health care disparities. Hospitals and health systems gather input on their strategies to ensure equitable care from community partners, national best practices and, most importantly, from our patients and family members through patient and family advisory councils.

Since 2015, hospitals and health systems have collected race, ethnicity and language (REL) data from patients when they receive care. A full 100% of MHA member hospitals and health systems share their REL data with MHA – with identifying information removed – so that data-led health care equity and quality improvement work can be conducted at a statewide level. Hospitals and health systems use this data to identify health disparities affecting their patient populations and use quality improvement tools and techniques to address these disparities. This data also helps ensure that hospitals and health systems are equipped to provide patients the resources they need, including interpreter services, culturally responsive care, multilingual patient information materials, health care staff who have cultural competence and more.

Using this data, MHA works with members to identify disparities and outcomes and target responses appropriately. For example, if the MHA Perinatal Committee sees a disparity in obstetric hemorrhage in a specific community based on REL data, the committee can help identify and address barriers to care to help reduce the disparity. REL data is also used to look at the variation in readmissions based on language spoken. MHA has a robust analytics team and expects to identify ongoing needs to assist our hospitals and health systems with key findings and tools to address disparities.

As integral parts of their communities, hospitals and health systems stand ready to partner with you on these important issues for the diverse populations we serve. Minnesota's hospitals and health systems are committed to improving the health and lives of all Minnesotans. We truly appreciate your ongoing efforts and MHA looks forward to this journey together.

Respectfully,

A handwritten signature in black ink that reads "Mary Krinkie". The signature is written in a cursive, flowing style.

Mary Krinkie
Vice President of Government Relations