

Background:

Why Was the HOPE Commission Formed?

M Health Fairview (MHFV) is committed to building a system where all members of our community are treated with dignity and respect, and all patients receive the highest levels and quality of care. Yet we know that we are not meeting this standard for all of our employees, learners, and patients. While commitment to our ideal is necessary, by itself it isn't enough.

Action is needed. In the aftermath of George Floyd's death at the hands of the Minneapolis Police Department in May 2020, M Health Fairview's co-leaders created the HOPE (Healing, Opportunity, People and Equity) Commission. The purpose of the HOPE Commission is to recommend ways to transform M Health Fairview into an anti-racist and inclusive academic health system.

Our leaders recognize that healthcare institutions have an obligation to provide excellent and equitable healthcare to our patients and communities. Yet similar to other public institutions like law enforcement, we know we sometimes fail to meet this obligation effectively.

It has been proven in study after study that the experience of racism has very real health effects, and affects the quality of healthcare you receive. Whether it is an assumption about a person's medical condition or bias in the way they are treated in clinics, institutional inequity in the way we view our employees and our patients can lead to poorer health outcomes for Black, Indigenous, People of Color (BIPOC) and other marginalized groups.

There are three reasons M Health Fairview has chosen to challenge itself to be leaders in tackling racial inequities throughout their health system.

1. It's the right thing to do. If we are to meet our vision of driving a healthier future for all, this issue needs to be squarely addressed.
2. We will never truly have equitable health outcomes until we have a diverse workplace. We all carry bias. But these biases unchecked can lead to dramatically different, negative health outcomes for BIPOC and other people with marginalized identities. Numerous studies have shown that increased diversity in the healthcare workforce leads to improved health equity. Data continues to emerge to support these findings, and our understanding of how these two factors intersect continues to expand. Currently, we know that for marginalized populations, representational healthcare workforce diversity increases patient engagement, access, and the appropriateness of care.
3. The sheer size of the M Health Fairview system as the 4th largest employer in the State of Minnesota means that we have the ability to effect an immediate and positive change in marginalized communities simply by making our employee populations more diverse. If we employ values-based hiring, bring community voices into our institutional operations, and strategically provide services in conjunction with communities, we can directly address structural inequities. In addition to a diverse workforce making M Health Fairview more successful and profitable in the years to come, who we employ, how we employ them, and what paths we create for upward mobility within our organization can directly impact the health of our community.

The members of the HOPE Commission are: 1) **Taj Mustapha**, MD, an Assistant Professor of Internal Medicine and Pediatrics. Dr. Mustapha practices hospital medicine at M Health Fairview University of Minnesota Medical Center and is the Director of Clinical Coaching for the medical school; 2) **Diane Tran**, Senior Director, Community Engagement at M Health Fairview. She oversees community relations and collaborations, work that improves community health and health equity by addressing the social determinants of health; and 3) **Christopher Warlick**, MD, PHD, Associate Professor and Chair of the University of Minnesota Medical School's Department of Urology and co-director of the research core of the Center for Healthy African American Men through Partnerships (CHAAMPS).

The HOPE Commission, with the support of their executive champions and sponsors, has initiated a multi-year transformational change effort to drive more equitable outcomes and inclusive environments and experiences for our patients, employees, and communities. The Commission doesn't intend to fragment, replicate, or disregard past or present work underway across the system, but rather to build on those current efforts and coordinate them where possible, and to suggest new approaches where none currently exist. The HOPE Commission will not be expected to change the academic health system into an anti-racist and inclusive one on its own. Rather, the HOPE Commission has been charged to make recommendations for action that will empower the enterprise itself to make and sustain changes for the long run.

