

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

July 13, 2018

EDUCATIONAL EVENTS

HRET HIIN

HRET HIIN Readmissions Sepsis Fishbowl Series: Part 4
7/17/18 | 11:00 a.m.–12:00 p.m. CT

HRET HIIN | Hospital Acquired Pressure Injury (HAPI) Virtual Event

It Takes Two to Tango: Leadership and Front Lines Unite to Fight HAPI
7/17/18 | 1:00–2:00 p.m. CT

HRET HIIN | Rural CAH Virtual Event

Improving Rural Care Transitions: Finding and Filling Community Service Gaps
07/19/18 | 11:00 a.m.-12:00 p.m. CT

HRET HIIN QI Fellowship Office Hours #8

07/25/18 | 11:00 a.m.-12:00 p.m. CT

Innovate-ND Event

Hypoglycemia: It's More Than Low Blood Sugar

07/26/18 | 2:00-3:00 p.m. CT
No registration is necessary.
Click [here](#) to join the webinar.

Join the conference call:

1-800-251-5450
Passcode: 100-9369

HRET HIIN Readmissions Sepsis Fishbowl Series: Part 5
8/07/18 | 11:00 a.m.–12:00 p.m. CT

IMPORTANT DATES TO REMEMBER

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
07/31/18	Performance Data for June Discharges

QUALITY MILESTONES RECOGNITION

<p>COPPER Milestone: Tioga Medical Center</p>	<p>COPPER, BRONZE & SILVER Milestone: CHI St. Alexius – Devils Lake CHI Garrison Community Hospital CHI Mercy Health – Valley City Heart of America Medical Center – Rugby Pembina County Medical Center – Cavalier Sanford Hillsboro Medical Center St. Aloisius Medical Center – Harvey Unity Medical Center – Grafton Wishek Community Hospital</p>
<p>COPPER & BRONZE Milestone: Ashley Medical Center Carrington Health Center CHI Community Memorial Hospital – Turtle Lake Cooperstown Medical Center Jacobson Memorial Hospital – Elgin Kenmare Community Hospital Linton Hospital Mountrail County Medical Center – Stanley Nelson County Health System – McVile Southwest Healthcare Services – Bowman St. Luke's Hospital – Crosby Towner County Medical Center – Cando</p>	<p>COPPER, BRONZE, SILVER & GOLD Milestone: McKenzie County Healthcare System – Watford City Northwood Deaconess Health Center Presentation Medical Center – Rolla Sanford Mayville Medical Center St. Andrew's Health Center – Bottineau</p>
<p>COPPER, BRONZE, SILVER, GOLD & PLATINUM Milestone: Cavalier County Memorial Hospital – Langdon First Care Health Center – Park River Sakakawea Medical Center – Hazen</p>	

Information, registration links and recording links for **all** HRET HIIN upcoming and past virtual events can be found under the “Events” tab on www.hret-hiin.org.

Event Recordings

All event recordings are/will be available on-demand on the HRET HIIN website www.hret-hiin.org. Select the desired topic and scroll down to “Watch a Recent Data Event”.

HRET HIIN Physician Virtual Event
Opioid Safety and Introduction of Human Diagnosis Project
July 9, 2018

Anticoagulation Forum | Summer Webinars: Acute Venous Thrombosis: Thrombus Removal with Adjunctive Catheter-Directed Thrombolysis (ATTRACT Trial)
July 11, 2018

PfP – PFE Learning Event | Overcoming Barriers to Shift Change Huddles and Bedside Reporting
July 12, 2018

Partner Educational Events

Great Plains QIN
Improving End-of-Life Care: Eating the Elephant One Bite at a Time
07/19/18 | 2:00-3:30 p.m. CT
Click [here](#) to register.

Leading Together: New Paradigm for Health Care Training
July 17-18 | Denver, CO
November 7-8 | Charlotte, NC
Registration is now open for both trainings. Click [here](#).
Visit HRET HIIN [Physician Page](#) for more details.

Great Plains QIN
Community Antibiotic Stewardship Hot Topic: Antibiotic Stewardship



Kudos to Melissa Hodous, CHI St. Alexius Health - Devils Lake, and Sarah Gregg, St. Aloisius Medical Center, Harvey, for their [willingness to share and active](#) participation in the Hypoglycemia Sprint call on Monday, July 12. Please join the event Hypoglycemia: It's More than Low Blood Sugar on July 26 where they will share their lessons learned!

A special thank you to the Mayville HIIN Team for speaking up and generating great conversation and sharing ideas during the MT Hypoglycemia web events!

Congratulations to Unity Medical Center on achieving the Silver milestone! On sharing their Quality Performance with their board, Sandra Lessard said, “They found it very informative and had many questions. It led to a good discussion on quality of care vs. quantity of care and how it is related to reimbursement.”

Why You Do What You Do: Selfie Statement

AHA HRET HIIN's Selfie Statement Campaign highlights and celebrates health, social and personal care professionals by identifying and recognizing what motivates them to come to work every day and improve patient lives through their commitment to reducing harms. AHA HRET HIIN encourages you to start conversations with your peers about what motivates you to do the work that you do and beyond to build understanding and form deeper relationships. Please share your story by clicking [here](#). To review submitted selfie statements from across the country, click [here](#).



ADEs

Hypoglycemia: Next Big Opportunity for Improvement!

Fifty thousand plus or 8.1% of adults in ND have diabetes, with annual healthcare costs of \$12,000 – twice that of someone without diabetes. Caring for a patient with diabetes can be tricky as we consider how a current diagnosis, treatment, change in eating habits and reduced physical activity may impact blood sugar while hospitalized.

Hypoglycemia is a common side effect of diabetes therapy, resulting in a lack of adequate cerebral glucose supply, leading to a range of neurogenic and neuroglycopenic symptoms. Addressing the issue of hypoglycemia is a very important aspect of diabetic care. HIIN measure ADE 1b, Hypoglycemia in Inpatients Receiving Insulin or other Hypoglycemic Agents, captures the rates of diabetic patients who have a blood sugar fall below 50. In ND, we find that this is our next big opportunity for improvement.

as Part of your Quality Improvement Program
07/24/18 | 12:15-1:15 p.m. CT
Click [here](#) to register.

HealthInsight QIN Trauma-Informed Care in Nursing Homes

7/24/18 | 3:30-4:30 p.m. CT
[Registration Not Required]
To participate:

1. Click [here](#).
2. Locate the event you wish to join, click “Join Now” (located to the right of the event title).
3. Enter your name and email address as prompted.
4. Enter the password: **Trauma** (The automatic system set-up should start at this point. If a dialogue box appears, click run. Please note the automatic system set-up does take a few minutes to complete.)
5. Dial into the teleconference: **1 888-896-0862**. The access code is **46703968**.

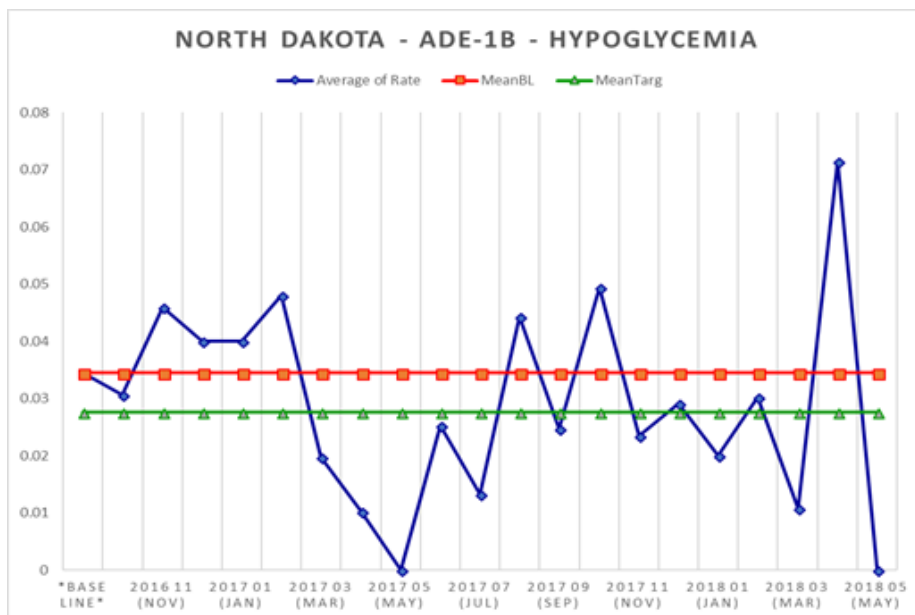
**ND Department of Health
Division of Special Health
Services
National Center for Quality
Assurance (NCQA) | Patient-
Centered Medical Home (PCMH)**
7/26/2018 | 1:00-3:00 p.m. CT
Click [here](#) to register.

**Great Plains QIN
The Opiate ‘Crisis’: Physician
Perspective and Opiate
Stewardship**
08/07/18 | 12:00-1:00 p.m. CT
Click [here](#) to register.

**Antibiotic Stewardship National
LAN Event | Reducing
Inappropriate Antibiotic
Prescribing in Outpatient
Settings using Behavioral
Interventions**
08/29/18 | 1:00-2:30 p.m. CT
Click [here](#) to register.

**First Steps® Advance Care
Planning Training Events**
Several First Steps® Advance
Care Planning Training events
have been scheduled for this
summer and fall in various
locations across North Dakota.

- August 1 – CHI St. Alexius,
Bismarck. Training provided



Please join us July 26 at 2 p.m. CT for **Hypoglycemia: It’s More Than Low Blood Sugar**, featuring Lisa Thorp, BSN, RN, CDE, as well as Melissa Hodous, CHI St. Alexius - Devils Lake, and Sarah Gregg, St. Aloisius Medical Center, Harvey, who will share their lessons learned from the Hypoglycemia Sprint. No registration is necessary. See the link in the HRET-HIIN Educational offerings section of this newsletter to participate.

Opioid Safety: Inpatient Prescribing Guidelines Released

07/03/18 HRET HIIN ADE List Serv post | HRET HIIN Opioid Harm Prevention Team

The Society of Hospital Medicine recently released guidelines for safe opioid prescribing for acute non-cancer pain in hospitalized adults. The article, published in the Journal of Hospital Medicine, can be found [here](#).

These guidelines reinforce the efforts of the HRET ADE prevention team and the ADE Change Package, found [here](#). Highlights of these guidelines include:

- Treat mild to moderate pain with nonopioids, including acetaminophen, and restrict opioid use to severe pain or pain that does not respond to nonopioids
- When opioids are necessary, combine with non-opioids and non-pharmacologic therapies to reduce opioid dosage
- Consider scheduling non-opioid therapy
- Use lowest effective opioid dose
- Avoid long acting opioids and immediate release transdermal fentanyl
- Use recognized opioid dose conversion guides
- Use lower doses in women, the elderly, and in patients with low body weight
- Avoid “stacking” with multiple opioids
- Beware of “layering” with other central nervous system and respiratory depressants

As you read through the Inpatient Prescribing Guidelines, consider what processes your hospital has in place to help clinicians and pharmacists avoid doing the “wrong thing.”

by Honoring Choices North Dakota.

- August 28 – Site to be determined, **Grand Forks**. Training provided by Hospice of the Red River Valley. (Online registration soon available)
- September 11 – CHI St. Alexis Health Center, **Williston**. Training provided by Honoring Choices North Dakota.
- September 11 – Sanford Health **Fargo**. Training provided by Sanford Health Fargo.

The links for registration and more information are available on the Honoring Choices North Dakota [Upcoming Facilitator Training Sessions](#) webpage.

SAVE THE DATE

Quality Health Associates of North Dakota 2018 Quality Forum

08/23/18 | Bismarck, ND
Click [here](#) for more information.

Healthcare Worker Immunizations | Return on Investment

08/30/18 | 12:00-1:00 p.m. CT

NDHA Annual Convention and Tradeshow

10/09/18-10/11/18

ND Cardiac & Stroke Conference

10/24/18-10/25/18

NATIONAL PATIENT SAFETY FOUNDATION WEBCASTS

The National Patient Safety Foundation (NPSF) now offers complimentary access to past NPSF webcasts. Check back often to see what is available. [Visit the NPSF Webcast Archive](#) website and follow the instructions on your screen.

Two Project ECHO Opportunities Available Addressing the Opioid Use Disorder and Pain Management

Great Plains Quality Innovation Network invites you to participate in Project ECHO. Project ECHO (Extension for Community Healthcare Outcomes) uses free web-based video conferencing technology to offer mentoring.

In North Dakota, the University of North Dakota School of Medicine and Health Sciences launched Project ECHO to address the opioid epidemic by connecting specialists at academic or specialty health center “hub sites” with community-based primary care teams. It’s not too late to participate. Please see the attached ND ECHO flyer for details. More information is available [here](#).

In Kansas, the University of Kansas Medical Center is using Project ECHO for a collaborative web-based educational community of practice titled “Pain Management 2018 ECHO”. This series will be offered for the first four Fridays in August from noon-1:00 pm CST. Register [here](#).

New Resource from Deprescribe.org

Watch [the video](#) to learn how the Bruyère team developed each of the evidence-based deprescribing guidelines.

This video helps viewers understand:

- The rationale for evidence-based deprescribing guidelines
- The process used for developing the deprescribing guidelines
- The steps that a health care professional and patient need to go through to make and carry out safe deprescribing processes.

Rising Numbers of Deaths Involving Fentanyl and Fentanyl Analogs, Including Carfentanyl, and Increased Usage and Mixing with Non-opioids

This Health Alert Network (HAN) Update is to alert public health departments, health care professionals, first responders, and medical examiners and coroners to important new developments in the evolving opioid overdose epidemic, which increasingly involves illicitly manufactured fentanyl and an array of potent fentanyl analogs (i.e., compounds that are chemically related to fentanyl). It is the second update to the original health advisory, [HAN 384](#), issued October 26, 2015, which alerted the public to the increase in unintentional overdose fatalities involving fentanyl in multiple states, primarily driven by illicitly manufactured fentanyl. The first update to this health advisory was released on August 25, 2016 ([HAN 395](#)), describing the sharp increase in the availability of counterfeit pills containing varying amounts of fentanyl and fentanyl analogs, the continued increase of overdose deaths involving fentanyl across a growing number of states, and the widening array of fentanyl analogs being mixed with heroin or sold as heroin. Click [here](#) to learn more.

Revisions to NPSG on Reducing Harm from Anticoagulant Therapy

The Joint Commission is interested in your feedback on revisions being made to requirements in National Patient Safety Goal (NPSG) 03.05.01 on reducing harm from anticoagulant therapy. Comments will be gathered through **July 31, 2018**. Learn more [here](#).

CARE CONSULTATION



Care Consultation is an important program for professionals who are working with individuals with memory loss. The program is designed to provide disease education, support, and care planning for all aspects of memory loss. As a professional who receives care consultation, you will receive individualized assistance to support your clients, their family care partners and other members of your staff in effectively managing memory loss symptoms and issues.



This project is supported by funding through the North Dakota Department of Human Services, Aging Services Division.

alz.org 24/7 Helpline: 1.800.272.3900

RESOURCES

LISTSERV®

[Sign up](#) and help meet our goal of approximately 1,000 subscribers per LISERSERV® topic. These platforms enable peer-sharing and are used to promote virtual events and highlight innovative topic-specific strategies to reduce harm. New subscribers are added on the first day of each week.

On the Web

The HRET HIIN website is a one-stop-shop for all HRET HIIN information and events! Check it out at www.hret-hiin.org.

Social Media

Follow the HRET HIIN on Twitter [@HRETtweets!](#) Here they'll be promoting virtual events, highlighting recruitment numbers, state partners and hospitals! Retweet, reply or like their posts and share your HIIN journey using #WhyImHIIN.

You can also join the HRET-HIIN on Facebook and LinkedIn. Follow

ANTIBIOTIC STEWARDSHIP

FDA Updates Warnings for Fluoroquinolone Antibiotics on Risks of Mental Health and Low Blood Sugar Adverse Reactions

The U.S. Food and Drug Administration today is requiring safety labeling changes for a class of antibiotics called fluoroquinolones to strengthen the warnings about the risks of mental health side effects and serious blood sugar disturbances, and make these warnings more consistent across the labeling for all fluoroquinolones taken by mouth or given by injection.

“The use of fluoroquinolones has a place in the treatment of serious bacterial infections—such as certain types of bacterial pneumonia—where the benefits of these drugs outweigh the risks, and they should remain available as a therapeutic option. The FDA remains committed to keeping the risk information about these products current and comprehensive to ensure that health care providers and patients consider the risks and benefits of fluoroquinolones and make an informed decision about their use,” said Edward Cox, M.D., director of the Office of Antimicrobial Products in the FDA’s Center for Drug Evaluation and Research. Click [here](#) to continue reading.

Antibiotics And Your Dentist—CDC Urges You To Be Antibiotics Aware

The Centers for Disease Control and Prevention (CDC) encourages the public to [Be Antibiotics Aware](#) by talking with their dentists about when antibiotics are needed for their oral health. While antibiotics have a role to play, they should only be used when needed. Any time antibiotics are used, they can cause side effects and lead to antibiotic resistance. Click [here](#) to read the full article.

Join AHRQ’s Free Antibiotic Stewardship Program

AHRQ, in conjunction with the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality and NORC at The University of Chicago, has developed a free, 12-month Antibiotic Stewardship Program—The AHRQ Safety Program for Improving Antibiotic Use—to provide the resources and training that facilities need to run a robust antibiotic stewardship program. Beginning in December 2018, the program will provide participating long-term care facilities with antibiotic use guidelines, expert coaching, online education, improvement tools, patient education materials, and more to help prevent harms associated with antibiotics, such as Clostridium difficile. Participants also have the opportunity to earn continuing education credits. To learn more please [register](#) for a one-hour webinar to learn how participation can benefit your residents and facility.

HEALTHCARE-ASSOCIATED INFECTIONS

Can ED Specific Indwelling UC Criteria Help Providers and Clinicians Avoid Unnecessary Placements?

06/28/18 HRET HIIN Infections List Serv post | HRET HIIN CAUTI Team

Attention Emergency Department Safety Champions – We have a CAUTI tip for you!

the instructions for joining by clicking on the correlating icon on the right-hand side of the page when you log onto the HRET HIIN website (www.hret-hiin.org)

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Lose the Tube is a toolkit designed to help hospitals reduce unnecessary urinary catheters, based upon the **Canadian Society of Hospital Medicine’s Choosing Wisely Recommendations**.

The toolkit provides guidance for **emergency departments** focused on restricting insertions with specific recommendations for inclusion and exclusion criteria and two categories in which clinicians should attempt or consider an alternative to an indwelling catheter. The protocol is grounded in the Healthcare Infection Control Practices Advisory Committee (**HICPAC**) recommendations and provides added value by addressing common ED patient populations. See page 20 of the toolkit to access all four categories of IUC placement [here](#).

As you review this toolkit consider the following...

- Have you developed emergency department specific IUC placement criteria?
- If yes, would you please share your criteria and how it was developed?
- If you don’t have ED specific criteria, do you think adherence would increase if your ED providers and clinicians agreed upon very specific inclusion and exclusion criteria?

The table below provides criteria for placement as well as conditions for which an IUC should not be placed.

Lose the Tube ED Protocol for Placement of Indwelling Urinary Catheters (IUC):

Critical Diagnosis Requiring Urgent IUC Placement	Conditions in Which IUC Risks Outweigh Benefits – Do not place IUC
<ul style="list-style-type: none"> ▪ Critical illness requiring hourly I&O monitoring ▪ Acutely ventilated patients ▪ Acute pulmonary edema/CHF exacerbation requiring NIPPV ▪ Burns greater than 20% Total Body Surface Area ▪ Major trauma (per ATLS protocol) ▪ Orthopedic injuries requiring immobilization (pelvis, spine) ▪ Hip fracture ▪ Spinal cord injury ▪ Acute urinary retention 	<ul style="list-style-type: none"> ▪ Delirium ▪ Dementia ▪ Incontinence ▪ Bed-bound ▪ Measuring post-void residual ▪ Obtaining urine sample ▪ UTI ▪ Alcohol intoxication ▪ Morbid obesity ▪ Patient / family request ▪ Convenience

FALLS

The Triple Crown of Safe Mobility: Engaging Nurses, Patients and Families

07/05/2018 HRET HIIN State Partners List Serve post | HRET HIIN Falls and Immobility Injury Prevention Team

The recording of a recent HRET HIIN Falls Virtual Event, **The Triple Crown of Safe Mobility: Engaging Nurses, Patients and Families**, is available [here](#). Participants chatted that the content was valuable and wanted to share with more members of their falls or safe mobility teams.

The event kicked off with a brief review of three key drivers of fall injury prevention:

1. Identifying high risk, vulnerable populations
2. Prevention of delirium and functional decline through mobilization
3. Engagement of patients and families in a partnership for safe mobility

Three hospitals were highlighted. Lisa Thompson CJCP-CPHRM-CPHQ-QMC, from Lea Regional Hospital shared her organization's success with a **safety watch program** which provides escalated supervision for patients needing every 15-minute checks and the use of fall mats. Lisa reported that since implementing fall mats in 2012, not a single patient has been seriously injured when the **fall mats** were in place. Watch this one minute [video](#) demonstrating fall mat efficacy.

Mercedes Fleming, RN, from Catholic Medical Center, shared the details the recent implementation of her nurse-driven **Mobility is Medicine** program. She shared successes and findings from implementation. A key success factor was data collection using a mobility dashboard to track daily mobilization progress by department.

The event wrapped up with Meryl Montgomery, RN, MSN, CLSSBB and Mary Robertson sharing Navicent Health's Patient Safety Volunteer (PSV) Program. This pilot program uses PSVs to round on high fall risk patients to monitor and correct any safety measures in the environment, provide fall safety education using teach back, provide comfort and diversional activity, and monitor the patient's state of mind. The pilot resulted in nearly 50% reduction in falls with the target population in month one and 100% reduction in month two. Mary, a PSV, shared her experience as a volunteer and Meryl described the volunteers' recruitment, training, and job responsibilities.

Gather your falls or mobility team and watch this valuable event recording.

National Fall Injury Prevention Day is September 22, 2018: How Will You Contribute?

As posted on 07/04/18 HRET HIIN Hospital Wide List Serv | Pat Quigley

In 2016, falls was the third leading cause of unintended injury death for the entire US population, and the number one cause of unintentional injury death in elders 65 and older (CDC). Falls remains the leading cause of non-fatal falls and injuries in this population.

In a 2015 survey of older adults who reported falling in the last year, 52.1% reported falling once in the last year, 21.3% fell twice, and 24.1% fell three times or more. Still, only one third of older adults will seek medical care after a fall (Bergen et al). Let us focus our collective efforts to prevent falls and injuries in older adults.

For the last decade, National Falls Awareness Day has been held the first day of the Fall Season. The purpose of this designation is to raise awareness about how to prevent falls through national, state, and local partnerships.

National Falls Awareness Day is September 22, 2018. CDC and the National Council on Aging ([NCOA](#)) are dedicated to helping older adults manage their fall risks and keep them independent longer. Your

opportunity exists NOW to plan and participate in National Fall Awareness Day. Access the [NCOA 2018 Fall Prevention Awareness Day Toolkit](#) for handouts, videos and other promotional materials. The CDC [Project STEADI](#) has materials and resources tailored to primary care and community settings that can be disseminated during Fall Awareness Day.

References

CDC 10 leading causes of injury deaths by age group highlighting unintentional injury deaths—United

States 2016: <https://www.cdc.gov/injury/images/lc-charts/leading-causes-of-death-highlighting-unintentional-2016-1040w800h.gif>

accessed Jun 24, 2018

Florence, C.S., Bergen, G., Atherly A., Burns, E.R., Stevens, J.A., & Drake, C. (2018). Medical costs of fatal and nonfatal falls in older adults. *Journal of the American Geriatric Society*. DOI: 10.1111/jgs.15304

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HEALTH DISPARITIES RESOURCES | JULY 2018

ICD-10 Allows Non-Physician Documentation of Social Determinants

[Health IT Analytics | ICD-10 Allows Non-Physician Documentation of Social Determinants](#)

Recent guidance around ICD-10 states that non-physician documentation is an appropriate source for coding the social determinants of health. Providers may use notes from any member of the care team, including social workers, nurses, case managers, and discharge planners, as evidence for coding for potential health hazards posed by social, economic, or psychological concerns not typically included in clinical diagnoses.

Are Love and Empathy the Keys to Health Equity?

[IHI Blog | Are Love and Empathy the Keys to Health Equity?](#)

Vidant Health Chief Experience Officer Julie Kennedy Oehlert describes how Vidant Health — a health system in eastern North Carolina that serves a third of the state — is focusing on increasing the equity of their workforce to help attain health equity for their community.

Disability and Health Data at Your Fingertips

[CDC | Disability and Health Data at Your Fingertips](#)

There are important health differences between people with and without disabilities. Do you know what they are in your state? Disability and Health Data System (DHDS) can help you find out.

Pride in Putting Patients First

[CMS Health Equity Blog | Pride in Putting Patients First \(Cara James\)](#)

An important part of putting patients first is empowering them to make the decisions that are best for them, while also supporting efforts across the

country to improve the quality, accessibility, and affordability of patient-centered care.

The Case for Health Literacy – Moving from Equality to Liberation

[National Academy of Medicine | The Case for Health Literacy - Moving from Equality to Liberation](#)

The majority of health literacy research focuses on providing support to patients and strengthening individual health literacy skills. The work is much needed and important but places the responsibility to increase health literacy solely on those who are mistreated by a complex system of policies, procedures, and institutions.

MISCELLANEOUS

Minority Mental Health Awareness Month

Mental health conditions do not discriminate based on race, color, gender or identity. Anyone can experience the challenges of mental illness regardless of their background. However, background and identity can make access to mental health treatment much more difficult. The National Alliance on Mental Illness (NAMI) is promoting National Minority Mental Health Awareness Month to shed light on the unique struggles that underrepresented groups face in regard to mental illness in the United States. To learn more and participate click [here](#).

Mental Health America is also raising awareness and promoting National Minority Mental Health Month with the theme "#MyStoryMyWay". The organization will be focusing on how diverse communities perceive, narrate, communicate, and address mental health issues. To learn more and participate click [here](#).