2015 Community Benefit Report

Minnesota’s hospitals: Supporting physical and mental health
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*Minnesota hospitals’ community contributions total $4.3 billion*

Minnesota’s hospitals and health systems are driven by a mission to provide high-quality health care that extends beyond the hospital’s walls. As nonprofits, Minnesota hospitals are dedicated to promoting and improving the health of local communities and their residents by providing a range of vital services to meet the unique needs of the communities they serve. These include free or discounted care for the uninsured, under-insured or government-insured residents; community health services and initiatives; health education and wellness programs; and more.

In 2014, Minnesota hospitals and health systems provided more than $4.3 billion in contributions to their communities – an increase of 4.6 percent compared to 2013 – while providing care for 532,858 inpatient admissions, more than 12 million outpatient registrations and more than 1.8 million emergency room visits.

As hospitals focus on improving the quality of patient care, reducing the cost of care and ultimately improving the health of Minnesotans, the delivery of health care is also changing. A decrease in inpatient hospital admissions means health systems are delivering more care in clinics and outpatient settings along with an increasing focus on prevention and improving health in the community.

As part of the Affordable Care Act (ACA), each charitable hospital assesses the health needs of its community, prioritizes those needs and develops a plan to address those needs in the years ahead. Through these Community Health Needs Assessments, hospitals are able to develop tailored approaches that are as unique and diverse as the communities themselves.

Hospitals understand they play a critical role in strengthening the health of Minnesota’s communities and are working to promote healthier lifestyles through programs designed to get people to increase their physical activity, eat the right foods and manage their health.

Hospitals also serve thousands of patients experiencing mental illness and other related conditions. From providing inpatient acute care to offering outpatient therapy to partnering with local community services, hospitals are involved at every level of mental health care delivery.

This report shares just a few examples of the many ways Minnesota’s hospitals are strengthening healthy communities. The report covers community benefit contributions made by Minnesota’s hospitals in 2014, the most recent year of available data.

**What are community benefits?**

Community benefits are health care-related services that Minnesota’s nonprofit hospitals provide – often with little or no compensation – to address critical needs in the community. These services include:

- Health services to vulnerable or underserved people
- Financial or in-kind support of public health programs
- Health education screening and prevention services
- Medical research projects
- Physician and other caregiver training initiatives

Minnesota’s hospitals provide these benefits through financial assistance, charity care and subsidies for services otherwise not available in the community, among other things.

**Put into perspective, the $164 million in charity care provided by hospitals is equivalent to the following:**

- **330,544 FREE** emergency department visits OR
- **1,623,263 FREE** hospital physician clinic visits OR
- **1,214,442 FREE** digital mammograms

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Overview

Uncompensated care — $589 million
Every day, hospitals provide health care services regardless of patients’ ability to pay. In 2014, Minnesota hospitals provided $589 million to patients who did not have health insurance or the means to pay for their care. In the past five years, uncompensated care has increased 19 percent. This uncompensated care includes “charity care” for patients from whom there is no expectation of payment and “bad debt,” the result of patients who could not or did not pay their share of the hospital bill. The overall cost of charity care decreased in 2014 due to ACA implementation as more Minnesotans secured health insurance, a priority long supported by MHA. The amount of bad debt increased, however, making uncompensated care a continuing concern for hospitals. The main driver of increasing bad debts is high-deductible health plan amounts owed by patients that go unpaid.

Research — $235 million
In 2014, Minnesota hospitals spent $235 million on research to support the development of better medical treatments and to find cures for diseases.

Government underfunding — $2.3 billion
When hospitals treat patients on Medicare or Medicaid, those government health care programs do not reimburse hospitals the full amount it costs the hospitals to provide the care. In 2014, such government underfunding to Minnesota hospitals exceeded $2.3 billion, or 10 percent of the hospitals’ operating expenses.

We hope the stories in this report will inspire you to support local hospitals so they can continue providing the critical community health care services that improve health, access to care and quality of life in our communities.
### Minnesota hospitals’ 2014 community contributions

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<td><strong>$4,348,975,877</strong></td>
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The city of Willmar in west central Minnesota has a large population of Hispanic and Somali immigrants who may speak a language other than English or may have cultural beliefs that do not align with preventative care. The ReYou Wellness Program at Rice Memorial Hospital is striving to bridge the barrier between Willmar’s diverse populations and the concept of community wellness.

ReYou began in 2013 as part of Allina Health’s “Healthy Community Partnership” grant program. To reach Willmar’s minority population, ReYou coordinators enlisted the help of Willmar’s Adult Basic Education (ABE) program, with a goal of connecting with adults who were enrolled in English as a Second Language (ESL) classes.

In 2014, ReYou offered four separate biometric screenings throughout the year to ABE students, reaching 54 people. The screening checked each person’s blood pressure, cholesterol, blood sugar and body mass index. With the assistance of interpreters, people who attended the biometric screenings were able to have their results explained to them in a comfortable environment. Suggestions were given as to how they could improve their health, and those with immediate needs were encouraged to follow up with their doctor as soon as possible.

From the data obtained at these biometric screenings, it became evident that women, especially Somali women, were not exercising on a regular basis. The most common reason given was that they did not have a comfortable setting where they could exercise.

To meet this need, ReYou started a free, women-only exercise class that was held in the City Auditorium, a convenient location within walking distance for many. Participants met once a week for one month and had fun letting loose in a comfortable, familiar environment. They enjoyed learning simple calisthenics, stretching and playing soccer – their favorite sport! The class has now concluded, but a medical student from the University of Minnesota is trying to model a similar class, in hopes of making it sustainable.

In addition to its large minority population, Willmar also faces another area of community health need. The city sits in Kandiyohi County, which has one of the largest populations of mentally and physically disabled individuals in the state of Minnesota. Oftentimes, these individuals struggle with weight gain due to side effects from their medications, such as exhaustion or decreased metabolism.

Westwinds is a group home in Willmar that houses up to 10 people experiencing mental health issues ranging from depression and anxiety to schizophrenia, eating disorders, and anger management issues. To help improve the quality of life for these individuals, ReYou health and wellness coach Amber Chevalier made biweekly group health coaching visits to the home. The group coaching visits focused on maintaining good eating habits (building a menu plan each week), regular exercise (which included finding a partner to be accountable with) and stress management (meditation, Tai Chi).

Today, the ReYou Wellness Program has extended this initiative to the inpatient mental health unit at Rice Memorial Hospital. The weekly session allows patients to learn wellness tactics that can help them better manage their mental health.
HCMC’s Mother-Baby Program supports mental health of new moms

With a mission to support families by strengthening the emotional health and parenting capacity of mothers, Hennepin County Medical Center’s (HCMC) Mother-Baby Program combines outpatient psychiatry services; a HopeLine triage and resource line; and a Day Hospital for pregnant women and mothers experiencing depression, anxiety or other emotional distress to offer support, hope and healing to mothers and families. HCMC supports the Mother-Baby Program by providing all its infrastructure costs, approximately $125,000 per year.

“Debilitating depression and anxiety can begin during or after pregnancy and can affect about one out of eight women,” said Dr. Helen Kim, medical director of the Mother-Baby Program. “Left untreated, perinatal psychiatric disorders can have negative effects on both maternal well-being and child development.”

The Mother-Baby Program’s Day Hospital was the first of its kind in Minnesota – and is only the fourth in the nation – to support moms with perinatal psychiatric disorders adjust to having a new baby in a structured day hospital model. The intensive outpatient mental health treatment program offers help for pregnant women and mothers of young children who are experiencing symptoms that make it difficult to function at home or at work, take care of themselves or their baby, or bond and connect with their baby.

The Day Hospital has seen dramatic success in helping moms get the support they need while bonding with their babies. Since opening in 2013, almost 200 pregnant and postpartum women with moderate to severe psychiatric illness have graduated from the program. This is encouraging news for families in the community – and it speaks to the program’s successful, nurturing approach to treatment.

“To support healthy brain development, babies and young children need to feel safe and secure in their relationship with their primary caregiver,” said Kim. “We emphasize this important connection, and it’s one of the reasons why mothers with babies younger than one year old are encouraged to bring their baby with them to the Day Hospital.”

Kim reported that participants screened before and after graduation showed statistically significant improvements in depression, anxiety, suicidal thoughts and maternal functioning. In addition, outcomes assessing the parent-child relationship also showed statistically significant improvements in mothers’ perception of their babies and their relationship with their babies.

“Improving mother-baby bonding leads to short- and long-term benefits for both moms and babies,” said Kim. “We serve as an upstream intervention aimed at improving developmental outcomes for young children by helping their moms provide the attuned, consistent and nurturing care developing babies need to thrive.”
HealthEast community paramedics support mental health care transitions

Field paramedics are trained to respond quickly to help people who need emergency medical care, and then move on to the next emergency. Communication and assessment are important parts of the job, but there isn’t much time to build relationships or follow patients’ progress to help ensure that they stay well.

In 2014, HealthEast Care System decided to apply the compassion and problem-solving skills of paramedics to a different type of work – helping mental health patients readjust to their home environment, manage their medications and get follow-up care after they are discharged from St. Joseph’s Hospital’s inpatient mental health unit. Six HealthEast paramedics completed more than 200 hours of clinical training and became state-certified community paramedics.

During the program’s first year, HealthEast Community Paramedicine worked with more than 100 patients. Social workers arrange for the paramedics to meet each patient before discharge and review treatment notes and discharge plans.

Since the program’s inception, preventable mental health readmissions have dropped and more than 30 medication errors have been prevented. Grant funding has enabled each patient to receive 12 home visits, which typically are scheduled in advance and decrease in frequency as the patient progresses. Patients can call for additional assistance between appointments and receive extra visits if needed.

“We began with mental health because staff and patients told us they needed better transitions of care,” said Dr. Peter Tanghe, medical director of HealthEast Community Paramedicine. “Many of these patients don’t have much social interaction or family support. We are trained to handle their often complex medical needs.”

Jennifer Murphree, NREMT-CP, works one day a week as a community paramedic. She has been an emergency paramedic for more than five years. “I would love to do the community work full-time,” she said. “I enjoy being able to establish longer-term relationships with my patients.”

People experiencing their first serious bout of mental illness or who have not been ill for an extended period of time – such as new moms who experience postpartum depression – often respond well, Murphree said. It is sometimes difficult when patients “graduate,” she said, because the paramedics get to know them and their families so well.

“We help with anything they’re struggling with – from taking their medications properly to accessing food or transportation,” Murphree said. “We make a lot of calls to doctors and clinics to help coordinate medical care.”

Murphree believes community paramedicine work has made her a better 911 paramedic. “I understand the big picture of what’s happening and have a better understanding of mental health patients, and the stigma they often face,” she said.

“The program has been rejuvenating and transformative for us,” said Tanghe. “Emergency medical services have always been about responding and helping people at times of need. Community paramedicine recognizes the value of being proactive in this response.”

HealthEast Community Paramedicine is now moving on to its next arena of work, primary care. The paramedics recently began making home visits to patients of HealthEast Clinic – Roselawn in Maplewood.

“We’ll be working with people who have chronic conditions, acute conditions such as hypertension that require intense attention, or even home visits for vaccinations if it’s tough for a mother and her children to make it into the clinic,” Tanghe said. “Community paramedicine can’t meet every need, but it is a vital, cost-effective and patient-centered part of an integrated system.”
CentraCare Health’s BLEND walk-a-thons promote healthy eating and physical activity

BLEND (Better Living: Exercise and Nutrition Daily) is a central Minnesota collaborative made up of businesses, schools, health care organizations and families working to reverse childhood obesity. Funded by the CentraCare Health Foundation, this initiative focuses on promoting healthy eating and physical activity through improvements in policies, systems and environments.

As part of its sustainability focus, BLEND works with area schools to implement healthy fundraisers and has created the BLEND walk-a-thon as a healthy, active fundraising alternative. Rather than selling candy or cookies, students collect donations for their school and then participate in a day of celebration and physical activity.

BLEND walk-a-thons have proven to be wildly successful. In fact, since BLEND walk-a-thons were started in 2011:

- 22 schools have participated.
- These schools raised $800,910 ($534,094 at St. Cloud area schools).
- The program impacted 12,686 students and touched the lives of 32,710 people.

“Our walk-a-thons program has been a great way for BLEND and childhood health to get into schools. It’s a wonderful fundraising program and the schools retain 100 percent of the profits,” said John Inkster, BLEND coordinator for CentraCare Health. “When schools experience a successful walk-a-thon fundraiser, it helps open doors to the wellness committees for schools or school districts. This is where we can really impact change.”

BLEND walk-a-thons also:
- Support a healthy school food environment and wellness activities.
- Eliminate competitive food sales in fundraising.
- Build school spirit.
- Increase student participation.
- Require no contracts.
- Are hassle-free – no more fulfilling product orders.
- Do not require students to sell products and goods for manufacturers.

BLEND has developed a variety of resources to help schools begin programs within their districts. These successful fundraising activities have been an excellent way to partner with school districts on updating their school food, physical activity and wellness policies.

Photo provided by CentraCare Health
Grief touches the lives of children and families often – more than one out of every 20 children under age 15 in the U.S. will experience the death of one or both parents, according to the U.S. Census Bureau. The health consequences of unresolved grief can be profound, leading to a greater risk of depression, anxiety, problems in school and chemical dependency.

After the death of a loved one, children often feel isolated and alone – but not at the grief support groups and programs sponsored by Fairview’s Youth Grief Services. The program, a free community service, is one way Fairview Health Services responds to the need for mental health services and support in the communities it serves. Mental health emerged as a top need across every community Fairview serves in its 2015 Community Health Needs Assessment.

Founded in 2000, Youth Grief Services offers a full range of programming for children and the adults who love them. “The kids we serve range from 4 to 17 years old,” said Jenny Simmonds, Fairview’s Youth Grief Services program director. “The common thread uniting them all is they are grieving the loss of someone special.” In 2015, Youth Grief Services served 325 children and adults.

Regular grief support groups allow children to gather in groups by age for therapeutic activities that help them express their grief in healthy ways, while parents gather for support in a group of their own. At Camp Erin®-Twin Cities, traditional summer camp pastimes are joined by sharing circles, a memory board and other therapeutic activities facilitated by grief professionals and nearly 50 trained volunteers. Special events, such as an annual holiday coping event, provide ongoing opportunities for connection and support. In between programs, the program’s two staff members provide continual outreach, consultation and education with individuals, schools, faith communities and other groups.

Past participants speak about the comfort and support their families received from the program. “From participating in grief support groups to attending Camp Erin®-Twin Cities weekend camp, my sons were surrounded by healing opportunities. And I was humbled by the change I saw in my children,” said grateful mother Stephanie Taylor, who lost her husband unexpectedly. “They learned to feel their emotions. They learned that it was okay to cry and be sad. But they also learned that it was okay to smile and laugh – that their lives could continue even without their dad.”

“For every family that we are able to support in their time of need through Youth Grief Services, we are creating a pathway to hope, healing and a healthy future,” said Simmonds.
Saint Elizabeth’s Medical Center works to improve community health

Saint Elizabeth’s Medical Center reaches out to the community to meet local health needs and support community wellness. In partnership with Wabasha County Public Health, the hospital has identified four priority areas:

- Prevention and wellness: Emphasis on healthy eating and active living
- Senior health: Emphasis on fall prevention and chronic disease management
- Mental health: Emphasis on improving access to local mental health services and providers
- Oral health: Emphasis on improving access to dental services for low-income population.

In the area of prevention and wellness, Saint Elizabeth’s Medical Center collaborated with Wabasha, Plainview, Elgin and Millville to help over 800 children and their families enhance healthy habits. Through elementary school activities, community events, primary care provider engagement and workplace programming, families benefited from improved lifestyles by eating five or more servings of fruits and vegetables daily, reducing screen time (TV, computer, phone) to less than two hours per day, being active one hour or more a day and replacing sugary drinks with water and low-fat milk.

The hospital also promoted efforts to increase consumption of healthy foods. Partnerships with farmers and vendors at the Wabasha Farmers’ Market improved access to local foods in schools and restaurants. Wabasha-Kellogg Schools shopped at the farmers’ market and passed on local goodness to their students. School staff had the opportunity to obtain Community Supported Agriculture (CSA) boxes brimming with seasonal fruits and vegetables. Low-income residents received free produce at the farmers’ market through a voucher system supported by Wabasha Area Community Resource Center and Saint Elizabeth’s Medical Center.

Saint Elizabeth’s Medical Center also worked to help educate the community about healthy eating. Fifteen food shelf volunteers participated in a workshop facilitated by the University of Minnesota Extension Office that provided education and resources to help make healthy eating an easier choice for their clients. Workshops were also held to teach residents how to buy and prepare fresh-from-the-garden produce. With grant funding, the hospital partnered with the Wabasha Farmers’ Market to implement Order Up Healthy, a restaurant initiative that aims to make healthy eating the easy choice when dining out.

To support senior health, Saint Elizabeth’s Medical Center equipped and trained facilitators to teach evidence-based support and education programs to help older adults reduce their health risks and live better with chronic diseases. Dozens of area seniors are living better with chronic diseases and reducing falls by attending community classes such as Living Well With Chronic Conditions, Matter of Balance (MOB) and Tools for Caregivers.

Saint Elizabeth’s Medical Center worked with local partners to support both mental health and oral health. In the mental health arena, the hospital, Wabasha County Public Health and regional partners collaborated to assist in opening a new family counseling center in Wabasha, establishing a new crisis response hotline and mobile team, and recruiting more mental health nurse practitioners in the county to improve access to mental health services. To promote oral health, grant funding to a local dental office improved access to dental services for low-income families.

While the journey to improving community health is ongoing, partners feel good about the role each is playing in achieving community health improvement goals.
Regions Hospital makes serving veterans a priority

As of September 2014, Minnesota’s veteran population was nearly 370,000. Almost three-quarters of those veterans were active during wartime and, as a result of recent foreign conflicts, many men and women return home struggling with mental health issues. Regions Hospital in Saint Paul has made it a priority to both serve veterans and meet the demand for treating mental illness in the community.

In 2012, Regions Hospital opened a new inpatient mental health facility with 100 private rooms in an environment designed to help mental health patients heal, including veterans.

“From the day we opened, these beds have been full. This facility reflects our commitment to fighting the stigma surrounding mental illness and the importance of mental health to our community,” said Chris Boese, RN, BS, NE-BC, vice president of patient care services.

In June 2014, Regions Hospital launched the Lee and Penny Anderson HeroCare program. A HeroCare advocate was hired to meet with each veteran who was brought to the mental health facility. Partnering with the Veterans Administration and the U.S. military, the advocate works with veterans experiencing mental illness, substance abuse, homelessness and other issues.

“The rules have changed over the years,” said HeroCare advocate Christine Dawson. “Many veterans don’t realize there are benefits that they have earned, that they are entitled to.”

Within a few months of launch, the demand was much larger than expected. HeroCare was prepared to assist 60 veterans in its first year, but final numbers were nearly triple the estimate. Dawson also found that the need expanded beyond just mental health.

“In 2015, we are on pace to help 135 veterans experiencing mental illness and an additional 285 veterans across the hospital,” Dawson said. “Knowing that our team is making a difference for those who have served their country is an honor and a privilege.”

With the additional workload, HeroCare has expanded to include an additional advocate and a peer specialist. On Veterans Day, this team greeted veterans with a cupcake and a “Challenge Coin,” which echoes the military tradition of handing out medallions for specific achievements.
Sanford Health activates healthy behaviors across the community

Presented by Sanford Health, fit (www.sanfordfit.org) is an effective and engaging system of resources developed to provide a community service that captivates children’s excitement, arms them with knowledge they need to make healthy choices, then activates them to make a habit of healthy choices.

Prompted by the desire to activate healthy habits in children, fit offers a whole-child approach to health promotion that reaches not only the child, but also the parents and the network of caregivers that influence the child. fit goes beyond the traditional health topics of nutrition and exercise with an approach that includes:

- RECHARGE (sleep and rest) and MOOD (willingness to make healthy choices)
- FOOD (nutrition choices) and MOVE (physical activity)

The program highlights having proper motivation and enough energy to be able to choose healthy foods and to be physically active.

fit offers free resources, developed through partnerships with health and education professionals, to activate children’s healthy habits. Programs are well-matched to a child’s developmental level, interests and different community settings:

- fitCare (early childhood): A four-part, eight-hour program to teach caregivers why, what and how to educate young children about healthy choices. Includes tips, tools and resources to activate children and educate parents to make fit choices.
- fit4Schools (elementary age): Weekly health activation topics, presented as 5-10 minute daily modules, are designed to captivate, educate and activate healthy behavior choices. Additional lesson plans and units can be downloaded for classroom use.
- fitClub (after-school programs): A 10-session program that teaches girls and boys ages 8-11 the importance of healthy lifestyle choices through energetic, interactive lessons and games.
- fit online (all ages): fit website that includes a series of medically reviewed, quality content developed in partnership with WebMD that is geared to parents, caregivers, teens, elementary-age children and preschoolers.

More than 1,200 students and 800 caregivers have participated in these programs since 2013. Evaluations show an increase in knowledge and healthy practices:

- Before and after knowledge assessments of over 800 caregivers participating in fitCare training indicated an overall knowledge gain of 1.32 points on a 10-point scale.
- Formative evaluations conducted with schools between 2013 and 2015 demonstrated an impact on both students and educators. Educators reported an increase in their students actively making healthy choices and being more involved in promoting healthy behaviors. One respondent said, “I find it’s easy to get some little snippets in when we are lining up, getting ready for lunch. We just talk about, ‘How was your mood today, what did you do today, what did you do for your mood or to recharge?’”
- Over 200 girls participated in fitClub during 2014-15. Post-program surveys indicated a decrease in screen time usage and an increase in making healthier choices after-school, when participants were bored or tired.
There is so much pressure for teens to be their best in school, at home, online, during after-school activities, in their social life – just about everywhere. Reducing stress is not always about changing your life; sometimes it's about changing the way you deal with it. That’s why Allina Health created Change to Chill™ (www.changetochill.org), a free online resource to help teens get perspective on what matters.

Change to Chill™ is a community health improvement initiative designed to help teens stress less and live a more balanced life. The online, mobile-friendly resource launched in November 2014 and provides free, easy-to-use information about stress – what it is, what can trigger it and how to best manage it.

To date, 15,000 users have interacted with content on the Change to Chill™ website, and content and images from the website are effective on social media, reaching more than 300,000 people to date. Online, teens can:

- Watch, listen and learn about stress and its triggers, meditation, ways to focus, guided imagery and more.
- Chill and win: Teens can enter the Chiller Challenge to win cool prizes and have their "Chiller" posted on the website. Chillers are visuals that help us slow down and step back from stress.
- Help others Change to Chill: Access train-the-trainer modules and activities to help others find balance.
- Videos: Press play on a variety of videos that offer stress reduction tips and examples for everybody.

“Mental wellness was identified as a priority in our recent Community Health Needs Assessment,” said Susan Nygaard, RN, manager of community health improvement. “Change to Chill is one resource we can provide to fill a gaping need in the community. The program is a prevention resource for teens. We want to teach them positive ways to react to stress so they can live a healthy and balanced life.”

While the program is geared toward teens, adults can use the site to benefit as well. Sharing information about Change to Chill™ is a great way to start a conversation with teens.
Mayo Clinic Health System’s health literacy project connects Somali community with care providers

Through the Somali Health Literacy Project, Mayo Clinic Health System is building strong relationships and trust while supporting community health and wellness. The health system launched the project, also known as the Somali Community Health Outreach program, in the St. Peter community in June 2015. The purpose of the project is to improve health literacy in Somali families; provide the Somali community with a better understanding of wellness and health; and create meaningful connections leading to affordable, accessible family medical care.

The Somali Health Literacy Project offers educational meetings on the first Friday of every month. An average of 10 to 15 Somali residents attend each session to learn about a variety of health topics. In addition to Somali residents, others from the community attend the meetings, including Nicollet County Public Health staff and nursing and support staff from the St. Peter Clinic.

The meetings are both fun and informative and include an interchange of knowledge and encouragement. All in attendance share their experiences, helping to bridge the cultural gap by expounding on differences and embracing the similarities. A Somali spokesperson and organizer for the event interprets the information so that all participants can understand one another. Somali-speaking participants have helped English-speaking participants learn words and phrases in Somali, including “I love you,” and “My friend.”

Early sessions focused on defining what health means and navigating the health care system as a patient. Other sessions examined specific health issues such as preventative health, diabetes and mental health. Meetings highlighting cancer screenings, asthma, immunizations and heart disease are planned for upcoming months.

Dr. Victoria Zbikowski, a resident physician with the University of Minnesota Family Medicine Residency in Mankato, presents the material at each meeting as part of the ongoing project. She is supported by a disparity work group comprised of Mayo Clinic Health System staff in the southwest region of the state. Members of the team include Dr. Nadia Malik, a family medicine physician from St. Peter; Chris Daly, director of health equity, Mankato; Margie Hanson, RN, nurse manager, St. Peter; and Jennifer Quiring, clinic manager, St. Peter.

In the meetings, Somali members learn words and phrases in English, such as talking about their family, friends, and health issues, and Somali-speaking participants have helped English-speaking participants learn words and phrases in Somali, including "I love you," and "My friend."
# Region 1
## Community Contributions

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<td><strong>Total value of community contributions</strong></td>
<td>$62,839,648</td>
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CHI LakeWood Health, Baudette; Community Behavioral Health Hospital - Bemidji; Essentia Health St. Mary’s Hospital-Detroit Lakes; Essentia Health-Ada; Essentia Health-Fosston; Kittson Memorial Healthcare Center, Hallock; LifeCare Medical Center, Roseau; Mahnomen Health Center; North Valley Health Center, Warren; RiverView Health, Crookston; Sanford Bagley Medical Center; Sanford Bemidji Medical Center; Sanford Thief River Falls Medical Center

* "Other community benefit programs and activities" comprises the following: MinnesotaCare provider tax; other public programs below cost; community services; subsidized health services; education and workforce development; research; cash and in-kind donations; community buildings; and other community benefit costs.
**Region 2 community contributions**

Charity care........................................................................................................... $ 12,089,716

Medicaid (costs in excess of payments + surcharge)........ $ 88,180,707

*Other community benefit programs and activities............... $ 44,837,451

**Total cost of community benefits**
(as defined by the IRS)......................... $ 145,107,874

Percent of total operating expenses.............................. 9.03%

Community building................................................................. $ 1,275,141

Costs in excess of Medicare payments............................... $ 130,928,493

Other care provided without compensation (bad debt)....... $ 62,736,279

**Total value of community contributions** ..................... $ 340,047,786

Bigfork Valley Hospital; Community Memorial Hospital, Cloquet; Cook County North Shore Hospital, Grand Marais; Cook Hospital & C&NC; Ely-Bloomenson Community Hospital; Essentia Health Northern Pines, Aurora; Essentia Health-Deer River; Essentia Health-Duluth; Essentia Health-Sandstone; Essentia Health-St. Mary’s Medical Center, Duluth; Essentia Health-Virginia; Fairview Range Medical Center, Hibbing; Grand Itasca Clinic and Hospital, Grand Rapids; Lake View Memorial Hospital, Two Harbors; Mercy Hospital, Moose Lake; Rainy Lake Medical Center, International Falls; Riverwood Healthcare Center, Aitkin; St. Luke’s Hospital, Duluth

* "Other community benefit programs and activities" comprises the following: MinnesotaCare provider tax; other public programs below cost; community services; subsidized health services; education and workforce development; research; cash and in-kind donations; community buildings; and other community benefit costs.
Region 3
community contributions

Charity care ................................................................. $ 18,096,377
Medicaid (costs in excess of payments + surcharge)........ $ 103,140,363
*Other community benefit programs and activities........... $ 61,011,224

Total cost of community benefits
(as defined by the IRS) ........................................... $ 182,247,965

Percent of total operating expenses ....................... 7.25%
Community building ................................................ $ 619,656
Costs in excess of Medicare payments .................... $ 58,337,991
Other care provided without compensation (bad debt) ....... $ 53,883,024

Total value of community contributions ............... $ 293,482,006

Buffalo Hospital; Cambridge Medical Center; CentraCare Health - Long Prairie;
CentraCare Health - Melrose; CentraCare Health - Monticello; CentraCare Health - Paynesville;
CentraCare Health - Sauk Centre; CHI Albany Area Health; CHI St. Francis Health, Breckenridge;
CHI St. Gabriel’s Health, Little Falls; CHI St. Joseph’s Health, Park Rapids;
Community Behavioral Health Hospital - Alexandria; Community Behavioral Health Hospital - Annandale;
Community Behavioral Health Hospital - Baxter; Community Behavioral Health Hospital - Fergus Falls;
Cuyuna Regional Medical Center, Crosby;
Douglas County Hospital, Alexandria; Essentia Health-St. Joseph’s Medical Center, Brainerd;
Fairview Lakes Health Services, Wyoming; Fairview Northland Medical Center, Princeton;
FirstLight Health System, Mora; Glacial Ridge Health System, Glenwood;
Lake Region Healthcare, Fergus Falls; Lakewood Health System, Staples; Meeker Memorial Hospital, Litchfield;
Mille Lacs Health System, Onamia; Perham Health; Prairie Ridge Hospital and Health Services, Elbow Lake;
Sanford Wheaton Medical Center; St. Cloud Hospital; St. Cloud VA Health Care System; Stevens Community Medical Center, Morris; Tri-County Health Care, Wadena

* “Other community benefit programs and activities” comprises the following: MinnesotaCare provider tax; other public programs below cost; community services; subsidized health services; education and workforce development; research; cash and in-kind donations; community buildings; and other community benefit costs.
Region 4
community contributions

Charity care ................................................................. $ 86,832,140
Medicaid (costs in excess of payments + surcharge) ........ $ 480,946,700
*Other community benefit programs and activities ........... $ 431,821,356

Total cost of community benefits (as defined by the IRS) ........................................ $ 999,600,196

Percent of total operating expenses .................................. 9.38%
Community building ......................................................... $ 890,516
Costs in excess of Medicare payments ............................. $ 393,605,739
Other care provided without compensation (bad debt) ...... $ 172,714,161

Total value of community contributions ......................... $ 1,568,417,241

Abbott Northwestern Hospital, Minneapolis; Anoka Metro Regional Treatment Center; Bethesda Hospital, Saint Paul; Children’s Hospitals and Clinics of Minnesota, Minneapolis; Fairview Ridges Hospital, Burnsville; Fairview Southdale Hospital, Edina; Gillette Children’s Specialty Healthcare, Saint Paul; Hennepin County Medical Center, Minneapolis; Lakeview Hospital, Stillwater; Maple Grove Hospital; Mercy Hospital, Coon Rapids; Minneapolis VA Health Care System; North Memorial Medical Center, Robbinsdale; Park Nicollet Methodist Hospital, Saint Louis Park; Phillips Eye Institute, Minneapolis; PrairieCare, Maple Grove; Regina Hospital, Hastings; Regions Hospital, Saint Paul; Ridgeview Medical Center, Waconia; Shriners Hospitals for Children, Minneapolis; St. Francis Regional Medical Center, Shakopee; St. John’s Hospital, Maplewood; St. Joseph’s Hospital, Saint Paul; United Hospital, Saint Paul; Unity Hospital, Fridley; University of Minnesota Medical Center, Fairview, Minneapolis; Woodwinds Health Campus, Woodbury

* "Other community benefit programs and activities" comprises the following: MinnesotaCare provider tax; other public programs below cost; community services; subsidized health services; education and workforce development; research; cash and in-kind donations; community buildings; and other community benefit costs.
Region 5
community contributions

Charity care ................................................................. $ 4,224,751
Medicaid (costs in excess of payments + surcharge)........ $ 29,702,580
*Other community benefit programs and activities .......... $ 24,783,167

**Total cost of community benefits**
(as defined by the IRS)................................................. $ 58,710,498

Percent of total operating expenses ................................ 8.24%
Community building ....................................................... $ 250,357
Costs in excess of Medicare payments ............................. $ 29,024,476
Other care provided without compensation (bad debt) ...... $ 14,909,654

**Total value of community contributions** ................. $ 102,894,984

Appleton Area Health Services; Avera Marshall Regional Medical Center; Chippewa County-Montevideo Hospital; Essentia Health-Graceville; Glencoe Regional Health Services; Granite Falls Municipal Hospital & Manor; Hendricks Community Hospital Association; Hutchinson Health; Johnson Memorial Health Services, Dawson; Madelia Community Hospital; Madison Hospital; Mayo Clinic Health System in Springfield; Murray County Medical Center, Slayton; Ortonville Area Health Services; Pipestone County Medical Center; RC Hospital & Clinics, Olivia; Redwood Area Hospital, Redwood Falls; Rice Memorial Hospital, Willmar; Sanford Canby Medical Center; Sanford Jackson Medical Center; Sanford Luverne Medical Center; Sanford Tracy Medical Center; Sanford Westbrook Medical Center; Sanford Worthington Medical Center; Sleepy Eye Medical Center; Swift County-Benson Hospital; Tyler Healthcare Center/Avera; Windom Area Hospital

* "Other community benefit programs and activities" comprises the following: MinnesotaCare provider tax; other public programs below cost; community services; subsidized health services; education and workforce development; research; cash and in-kind donations; community buildings; and other community benefit costs.
### Region 6

#### Community Contributions

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity care</td>
<td>$39,360,349</td>
</tr>
<tr>
<td>Medicaid (costs in excess of payments + surcharge)</td>
<td>$185,154,540</td>
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<tr>
<td><em>Other community benefit programs and activities</em></td>
<td>$785,970,856</td>
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<tr>
<td><strong>Total cost of community benefits</strong></td>
<td><strong>$1,010,485,745</strong></td>
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<tr>
<td>Percent of total operating expenses</td>
<td>15.61%</td>
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<tr>
<td>Community building</td>
<td>$2,089,517</td>
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<tr>
<td>Costs in excess of Medicare payments</td>
<td>$863,151,879</td>
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<tr>
<td>Other care provided without compensation (bad debt)</td>
<td>$105,567,071</td>
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<tr>
<td><strong>Total value of community contributions</strong></td>
<td><strong>$1,981,294,212</strong></td>
</tr>
</tbody>
</table>

Community Behavioral Health Hospital - Rochester; Community Behavioral Health Hospital - St. Peter; District One Hospital, Faribault; Mayo Clinic Health System - Albert Lea and Austin (Albert Lea); Mayo Clinic Health System - Albert Lea and Austin (Austin); Mayo Clinic Health System in Cannon Falls; Mayo Clinic Health System in Fairmont; Mayo Clinic Health System in Lake City; Mayo Clinic Health System in Mankato; Mayo Clinic Health System in New Prague; Mayo Clinic Health System in Red Wing; Mayo Clinic Health System in St. James; Mayo Clinic Health System in Waseca; Mayo Clinic Rochester Hospital – Methodist Campus and Saint Marys Campus; Minnesota Valley Health Center, Le Sueur; New Ulm Medical Center; Northfield Hospital; Olmsted Medical Center, Rochester; Owatonna Hospital; Ridgeview Sibley Medical Center, Arlington; River’s Edge Hospital & Clinic, Saint Peter; Saint Elizabeth’s Medical Center, Wabasha; United Hospital District, Blue Earth; Winona Health Services

* "Other community benefit programs and activities" comprises the following: MinnesotaCare provider tax; other public programs below cost; community services; subsidized health services; education and workforce development; research; cash and in-kind donations; community buildings; and other community benefit costs.
Cash and in-kind donations Money, food, equipment, supplies or services donated by the hospital to individuals, other nonprofits or the community at large.

Charitable organizations Organizations that help the poor or underprivileged, advance education or science, lessen the burdens of government, decrease neighborhood tensions, or combat community deterioration.

Charity care The cost incurred by a hospital in providing free or discounted health care to low-income people who qualify according to the hospital’s policies.

Community benefits Programs or activities that provide treatment and/or promote health and healing and tend to generate little profit or lose money; respond to needs of low income or underserved people; provide services that would not be provided or would need to be provided by the government or other nonprofits if the decision was based on financial terms; respond to public health needs; or involve education or research that furthers community health.

Community building Costs that the hospital incurs to support programs or activities intended to improve the overall community’s strength and security. Typical activities include addressing homelessness and poverty, supporting economic development or environmental protection efforts, or improving public spaces through revitalization, art, streets or lighting, or graffiti removal.

Community services Services such as community health education, support groups, transportation, smoking or weight-loss programs that are provided by a hospital for little or no fees to improve community health.

Costs in excess of Medicaid payments The financial loss suffered by hospitals resulting from the difference between payments received from Medicaid and the cost of care provided to low-income and medically indigent Medicaid enrollees.

Costs in excess of Medicare payments The financial loss suffered by hospitals resulting from the difference between payments received from Medicare and the cost of care provided to Medicare enrollees.

Discounts offered to uninsured patients Discounts from charges for hospital services provided to uninsured Minnesota residents who earn less than $125,000 per year.

Education and workforce development Unpaid costs associated with providing clinical training, internships, residencies and scholarships for tomorrow’s health care workforce.

Medicaid surcharge A tax paid by hospitals to the State of Minnesota to help pay for Medicaid coverage for low-income and medically indigent residents.

MinnesotaCare tax A tax on all hospital services paid to the State of Minnesota to help pay for MinnesotaCare insurance coverage for low-income and medically indigent residents.

Other care provided without compensation (bad debt) Charges for care provided to patients who neither pay their share of the hospital bill nor complete the steps necessary to receive charity care or public insurance.

Other community benefit costs Administrative costs, including staff, for implementing, managing and documenting community benefit activities and programs.

Other costs in excess of public program payments The financial loss suffered by hospitals resulting from the difference between payments received from public programs for those in need of support and the cost of care provided to those enrollees.

Research Unreimbursed costs associated with clinical and community health research, including reducing disparities in health care and preventing illness, which results in knowledge that is shared beyond the hospital.

Subsidized health services Health care, such as emergency and trauma, behavioral health or renal dialysis services, provided at a financial loss because they meet community needs or, if not provided by the hospital, would be unavailable in the community or would become the responsibility of government or another nonprofit.

Taxes and fees Property taxes, fees in lieu of taxes and other fees or surcharges paid by hospitals to local or state government.