



2018 Community Benefit Report

Minnesota's hospitals: Supporting mental health and community wellness



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Minnesota hospitals' community contributions total \$5.2 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, underinsured or government-insured residents; community health services and initiatives; health education and wellness programs; and more.

In 2017, Minnesota hospitals provided nearly \$5.2 billion in contributions to their communities – an increase of 6.4 percent compared to 2016 – while providing care for 536,375 acute inpatient admissions and nearly 12.7 million outpatient registrations including 1.9 million emergency room visits.

As hospitals focus on improving the quality of patient care, reducing the cost of care and 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, along with community partners, 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 their communities.

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 help people to increase their physical activity, eat the right foods and manage their health.

Hospitals also serve thousands of patients experiencing mental illnesses 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 2017, the most recent year of available data.

Uncompensated care — \$691 million

Every day, hospitals provide health care services regardless of patients' ability to pay. In 2017, Minnesota hospitals provided \$691 million to patients who did not have health insurance or the means to pay for their care, an increase of 19.2 percent compared to 2016. 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.

Bad debt expense increased by 24.7 percent to \$467 million in 2017. In addition, charity care costs increased by 9 percent to \$224 million in 2017. The proliferation of high-deductible health plans may be contributing

The \$224 million in charity care provided by hospitals is equivalent to any one of the following:



194,201 FREE emergency department visits OR



1,864,018 FREE hospital physician clinic visits OR



1,398,013 FREE digital mammograms

to growth in bad debt. In addition, Minnesota’s uninsured rate rose to 6.3 percent in 2017, leaving approximately 349,000 Minnesotans without health insurance coverage.

With the 2017 repeal of the portion of the ACA that mandated individuals have insurance coverage, hospitals and health systems anticipate further increases in both charity care and bad debt in the future.

Services responding to specific community needs — \$502 million

Health screenings, health education, health fairs, immunization clinics, subsidized health services and other community outreach programs fall under this category, which totaled \$502 million in 2017.

Education and workforce development — \$446 million

Minnesota’s health care workforce cares for an increasingly diverse population, as well as an increasing percentage of residents over age 65. In 2017, Minnesota hospitals spent \$446 million to help train doctors, nurses and other highly skilled health care professionals to serve our residents.

Research — \$258 million

In 2017, Minnesota hospitals spent \$258 million on research to support the development of better medical treatments and to find cures for diseases.

Government underfunding — \$2.7 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 2017, such government underfunding to Minnesota hospitals was over \$2.7 billion, or 10.1 percent of hospitals’ operating expenses.

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 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.

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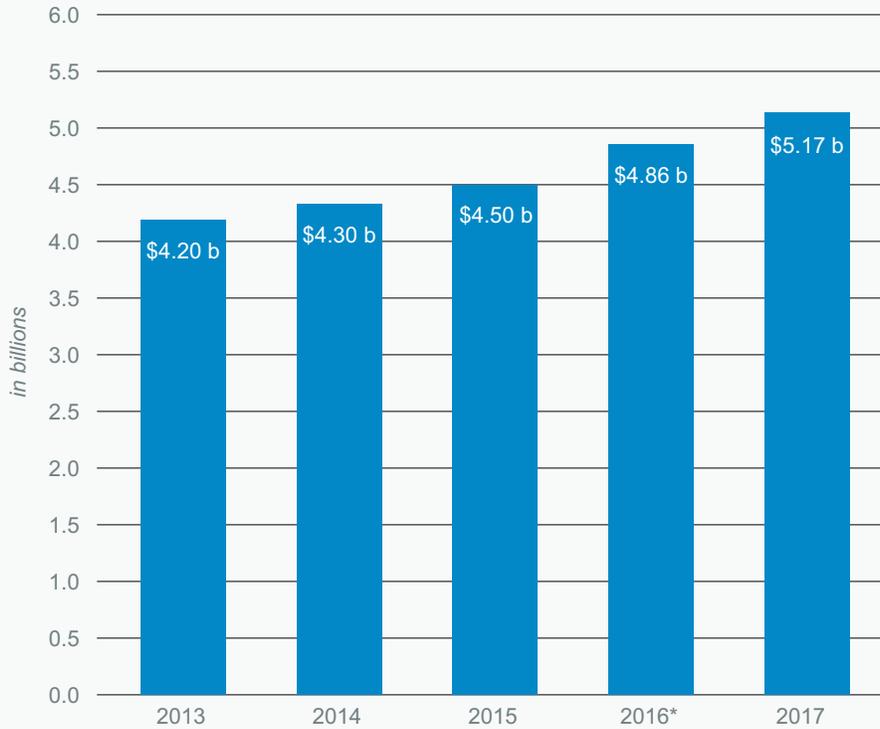
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Hospital community contributions

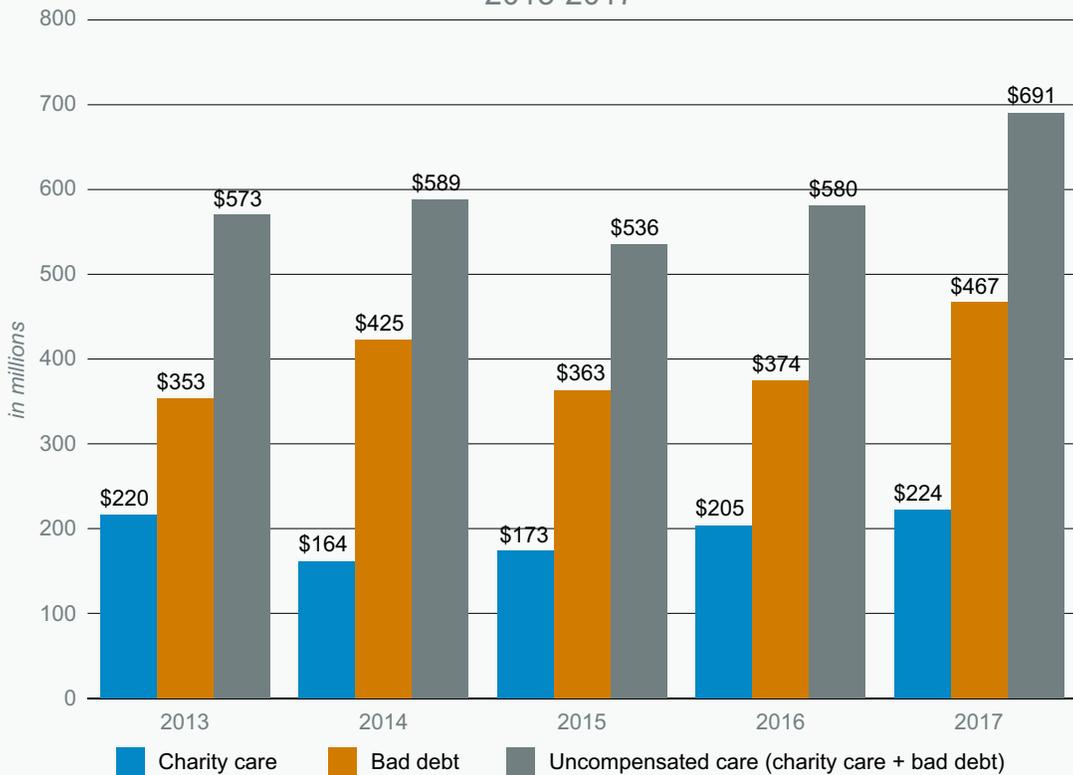
2013-2017



*Beginning with 2016 data, MHA's annual report includes relevant taxes and fees as a portion of total community contributions.

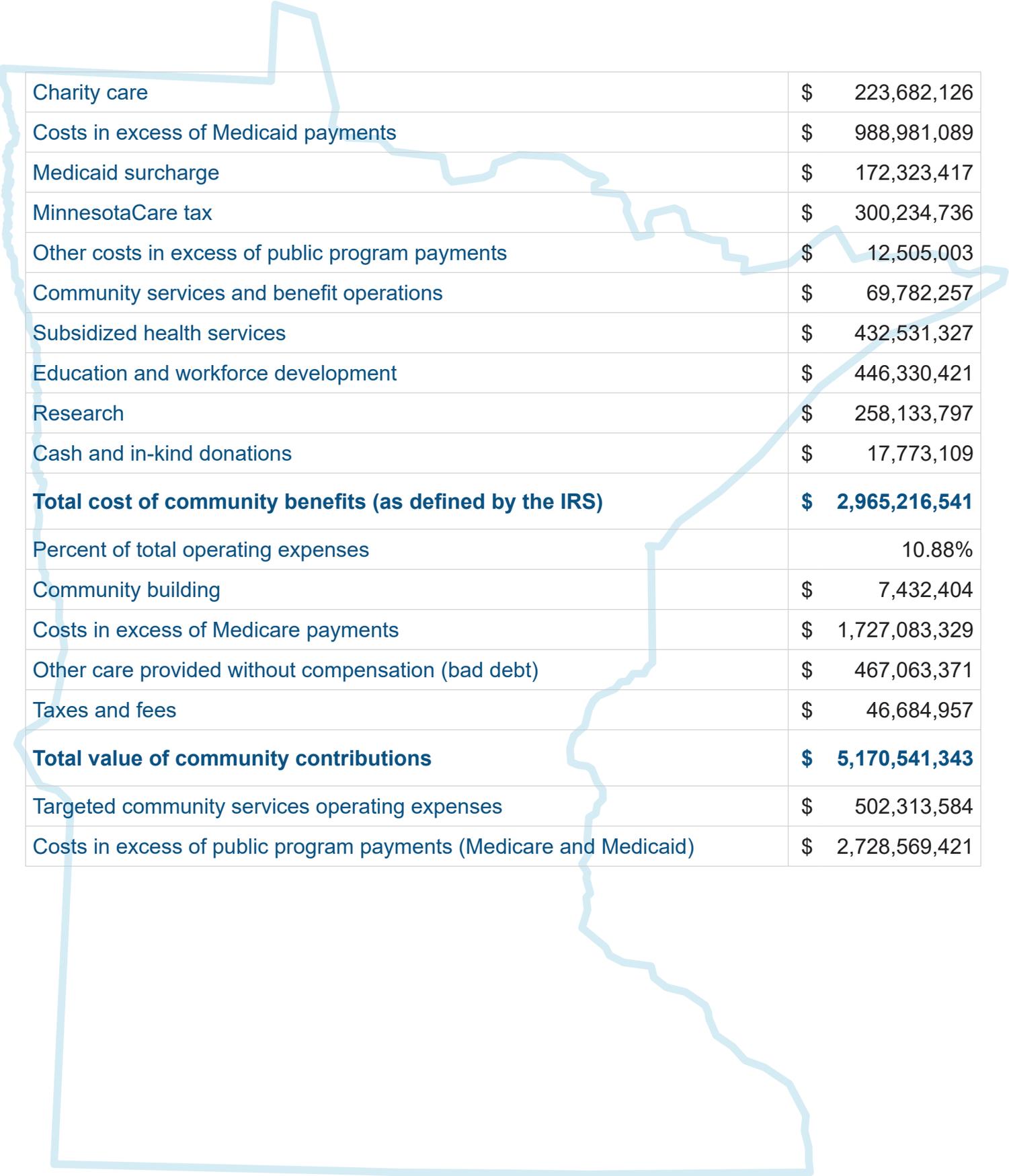
Charity care, bad debt and uncompensated care

2013-2017



All totals are rounded

Minnesota hospitals' 2017 community contributions



Charity care	\$ 223,682,126
Costs in excess of Medicaid payments	\$ 988,981,089
Medicaid surcharge	\$ 172,323,417
MinnesotaCare tax	\$ 300,234,736
Other costs in excess of public program payments	\$ 12,505,003
Community services and benefit operations	\$ 69,782,257
Subsidized health services	\$ 432,531,327
Education and workforce development	\$ 446,330,421
Research	\$ 258,133,797
Cash and in-kind donations	\$ 17,773,109
Total cost of community benefits (as defined by the IRS)	\$ 2,965,216,541
Percent of total operating expenses	10.88%
Community building	\$ 7,432,404
Costs in excess of Medicare payments	\$ 1,727,083,329
Other care provided without compensation (bad debt)	\$ 467,063,371
Taxes and fees	\$ 46,684,957
Total value of community contributions	\$ 5,170,541,343
Targeted community services operating expenses	\$ 502,313,584
Costs in excess of public program payments (Medicare and Medicaid)	\$ 2,728,569,421

Reaching out to communities to reduce mental health stigma

Essentia Health is reaching out to the communities it serves to help people better understand mental illnesses and help reduce the stigma felt by those who experience it. Staff at three Essentia Health hospitals across northern Minnesota are partnering with other organizations to provide educational materials, organize community events and create speakers' bureaus.

In Duluth, Essentia Health St. Mary's Medical Center is part of Northland Healthy Minds, one of the largest coalitions in the state working to reduce the stigma of mental illnesses. More than 50 organizations are part of the effort. Northland Healthy Minds was created through a collaboration between two health systems in Duluth – Essentia Health and St. Luke's. The organizations work together on a shared Community Health Needs Assessment and implementing health improvement strategies for the benefit of the community.

The program trained more than 30 community ambassadors as part of the Make It OK mental health stigma reduction campaign and reached nearly 26,000 people through local employers. A series of community events during Mental Health Awareness Month in May 2018 reached around 1,200 people. The coalition also has offered mental health first aid classes and organized a mental health resources fair. Essentia Health has contributed \$20,000 and staff time.

In Brainerd, Essentia Health-St. Joseph's Medical Center partners with public health to lead Crow Wing Energized, a grassroots health and wellness movement. Community health survey results in 2017 found that more than 1 in 4 adults in Crow Wing County have a mental illness. On average, people wait 10 years to seek treatment for mental health issues, often due to stigma. Essentia Health began modeling stigma reduction by working with the Brainerd Dispatch and the Brainerd Lakes Chamber of Commerce to host a panel of community leaders who each shared their own stories of mental illness to an audience of 300, with an additional 5,000 people viewing the livestream.

More than 200 people have been trained as Make It OK mental health stigma reduction ambassadors, each

pledging to deliver two Make It Okay presentations throughout the community in the coming year. The training also has been offered to 1,300 Essentia Health employees and more than 400 Crow Wing County employees. Essentia has invested \$10,000 in the Make it OK program plus staff time. It has contributed \$2,100 for mental health first aid trainings and \$7,500 for programs on adverse childhood experiences. Another \$37,000 has supported resiliency-building efforts reaching 35,000 people in the past three years.

In Detroit Lakes, Essentia Health-St. Mary's is a leader in Becker County Energize, which earned a national award for its Mental Wellness Collaborative's outcomes. The community group organized training to improve awareness around mental health, helped change policies that resulted in a 23 percent reduction in emergency holds and better coordinate care for people with mental illnesses.

The group trained more than 300 people on mental health first aid, drew more than 100 people to a Stomp the Stigma awareness walk and more than 200 to DL Thriving, a youth-oriented mental wellness festival. It also provided training on adverse childhood events and youth mental well-being to more than 300 teachers and staff from three school districts, Head Start, the Boys and Girls Club as well as foster care and child care providers. A community photo contest and exhibit shared 26 stories. Essentia Health has contributed \$7,000 to these efforts.



Child Advocacy Center provides protection, justice, healing

The Central Minnesota Child Advocacy Center serves children when there is a concern of child abuse to help preserve the dignity and spirit of the child by supporting, advocating for and educating families.

CentraCare Health opened the Child Advocacy Center in September 2016 to help children who have been physically, sexually or emotionally abused. By working closely with law enforcement, child protection, county attorneys, advocates, mental health and medical professionals in one location, the health system can ensure children receive the proper care and support during and after a child abuse investigation.

A team of individuals with backgrounds in child abuse investigations work together to help ensure that children and their families get access to appropriate medical and mental health services right away. This multidisciplinary team approach places the child's interest first and ensures that they receive supportive care through the entire process.

The Child Advocacy Center is open weekdays to provide services to children and families when there is a concern of child abuse. All referrals come from local law enforcement or child protection. Services offered (regardless of the ability to pay) include:

- Forensic interviews: a trained interviewer will listen and obtain factual information from the child.

- Medical evaluations: trauma-informed medical evaluations completed at the CAC.
- Mental health services: trauma-focused mental health services and resources are available.
- Advocacy: an advocate will provide education, support and connect the family to local resources.

Each year CentraCare on average covers more than \$350,000 for these services, including advocacy services, facility space and staff. Since opening in 2016, the Child Advocacy Center provided care for 468 children who experienced abuse, of which 80 were under age 3. Additionally, 360 caregivers received advocacy services. There are a total of eight staff at the CAC and additional partners from more than two dozen agencies and partnering organizations.

“The need for the services provided at the Child Advocacy Center has quickly surpassed our expectations,” said Dr. Geri Jacobson, pediatrician for CentraCare Health and medical director of the Child Advocacy Center. “We know there are more children and families who will be referred to us for care.”



Teaming up for diabetes prevention

According to the American Diabetes Association (ADA), 30.3 million Americans are diabetic with 1.25 million being diagnosed with Type 1 diabetes as of 2015. As obesity rates continue to rise, with an estimated 84.1 million Americans being considered prediabetic, there is a need to raise awareness toward prevention efforts for Type 2 diabetes. Windom Area Hospital works alongside community organizations to increase awareness of the prevalence of Type 2 diabetes and promote community resources available to both diagnosed diabetics and those at risk for developing diabetes.

The idea to hold a local awareness event was brought to the Windom community in 2016 with an open call for stakeholders and businesses to offer resources for diabetics in the community. Windom Hy-Vee, River Valley Fitness, Windom Area Hospital, Windom Area Health & Fitness and the Lions Club of Windom answered the call and offered education and information to Hy-Vee shoppers. This event also featured free blood glucose screenings, samples of diabetic-friendly recipes, products and education about how to prevent and manage

diabetes. The first year was an overwhelming success, with an estimated 150 shoppers receiving blood glucose screenings and learning more about diabetes.

Three years later, community members can find the same organizations offering their expertise, tips and samples of diabetic-friendly recipes at Windom Hy-Vee on the first Saturday in November. Shoppers approach Hy-Vee dietitian Linda Carruthers as early as June to inquire about when the event will be held. Carruthers sees the value of collaboration in small communities. “This is a great opportunity to show the partnership between different organizations to provide very valuable information on diabetes to our community,” she said.

In 2018, approximately 100 blood glucose screenings were offered to shoppers upon entering the store, prompting robust conversation at individual stations throughout the store.

“It’s been a perfect event to reach out and connect with populations who are at increased risk for diabetes in our community that otherwise might not walk through our hospital doors,” said Priscilla Connick, Windom Area Hospital’s certified diabetic educator. “There’s been interest specifically from members of the Hispanic population in learning more about their increased risk factors and how they can incorporate simple lifestyle changes at home.”



Preventing brain injury, pediatric trauma through community education

When children or adolescents experience traumatic injuries, the results can be far-reaching and lifelong. Recognizing that many childhood injuries are preventable, Gillette Children's Specialty Healthcare participates in community activities throughout the year that raise awareness about proactive measures parents can take to keep their children safe.

Gillette has a long history of providing education and community outreach around pediatric trauma. The hospital sees children with all types and severities of brain injuries, from minor neurotrauma (concussion) to severe brain trauma. Care team members are passionate about communicating the importance of prevention in thoughtful and structured ways that effectively reach – and resonate with – children, adolescents and their parents.

For example, technicians in Gillette's Assistive Technology Department developed and fabricated a device that visually represents the importance of wearing a helmet when biking and during other potentially high-impact activities. The device is a palm-sized replica of a bike or ski helmet with space for an egg secured inside. Dropping the egg, sans helmet, represents the human brain without protection. Dropping the egg while secured inside the helmet protects it from cracking. The Egg Helmets are used to engage with members of the community during safety expos and public events.

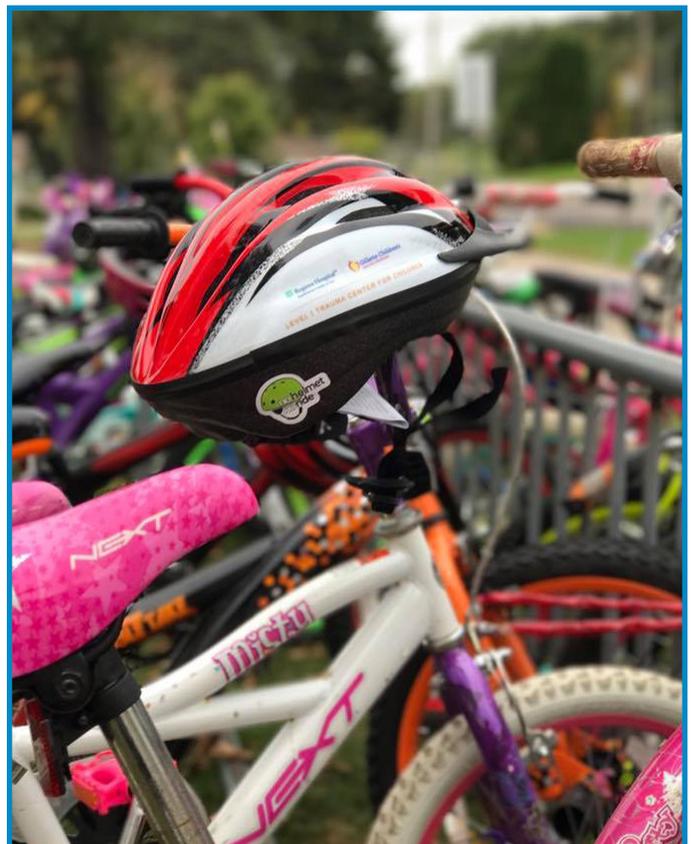
Engaging young people with games and prizes is a key tactic to increase awareness. Gillette created a spinning wheel game featuring true/false safety-related questions. Participants spin the wheel and answer a themed question about brain injury prevention.

To reach as many people as possible in a space where they are likely to be engaged and thinking about health and wellness, the hospital sponsors or participates in several events throughout the year. In 2017, Gillette invested more than \$35,000 in safety-related activities, including:

- Baby and Kid Expo Safety Education: Between 500 and 700 individuals attended this event at the

Mankato Civic Center, which highlighted brain injury prevention, car seat and water safety, and related topics.

- No Helmet, No Ride Collaborative: Gillette and Regions Hospital co-sponsored the awareness activities of No Helmet, No Ride, a nonprofit founded by the mother of a traumatic brain injury patient. The organization promotes helmet use generally and particularly among adolescents.
- LaborCare Safety Education: This annual safety event, geared toward blue-collar workers, took place at U.S. Bank Stadium in Minneapolis in 2017. It attracts more than 2,000 attendees each year.
- Como Zoo Safety Safari: Gillette was a sponsor and participant in this event, put on by the Minnesota chapter of safekids.org. Kids received a passport that was stamped at safety stations throughout the zoo. Gillette's booth highlighted brain injury prevention and featured a real-life car seat to help parents understand the appropriate age for a five-point harness, booster seat and other car safety seats.



Mayo Clinic provides funding to boost community housing efforts in Rochester

Mayo Clinic has helped to form the Coalition for Rochester Area Housing with a funding commitment of \$4 million over 2018 and 2019. The coalition to address local housing needs is a collaboration among the Rochester Area Foundation, Olmsted County, the city of Rochester and Mayo Clinic.

The coalition will use these and additional funds raised to create and preserve affordable housing in the Rochester area by supporting efforts suggested by the community.

These efforts include:

- Identifying and prioritizing opportunities to address regional affordable housing goals
- Developing projects that test innovative housing solutions
- Distributing resources to create or preserve affordable housing in the Rochester area
- Ensuring participation and involvement from major stakeholders and funders
- Encouraging ongoing fundraising from the community

Affordable housing has been a long-term challenge for the growing Rochester community. Over the years, Mayo Clinic has been a key supporter to local efforts, including the First Homes Initiative and, more recently, through the Olmsted Housing Initiative.

“Serving our community is a core value for Mayo Clinic,” said Jeff Bolton, chief administrative officer, Mayo Clinic. “Mayo has a long history of working with our community to address affordable housing. We are proud to work with the Rochester Area Foundation, the city, county and the many others committed to finding long-term solutions to meet this challenge.”

“We expect that, in the coming months, many more organizations, companies and nonprofits will sign on to the charter to join us in this effort,” said Jennifer Woodford, executive director, Rochester Area Foundation.

The coalition plans to work closely with local nonprofits, housing experts and community members with housing challenges. Addressing housing needs through the coalition also affects community health priorities, such as mental health and financial stress, and helps those in the community live healthier lives.

In May 2018, the coalition announced its first award in the amount of \$320,000 to support the construction of 40 units of two- and three-bedroom housing units for the Jeremiah Program to provide safe, stable and affordable housing, educational assistance, early childhood education and life skills to low-income single mothers and their children.



Embedded social workers connect people in crisis with care

Police are called to a home where a teenage boy is described as being threatening and aggressive. Did the boy meet requirements to be taken to the hospital? In the past, police might have transported him just to be safe, in what could turn out to be an unnecessary and expensive ER visit. But now, when the St. Paul Police Department (SPPD) responds to a mental health crisis, they get to bring along some extra expertise.

Regions Hospital and People Incorporated, a mental health services nonprofit, are each supplying a full-time social worker to the police department's new Mental Health Unit to help connect people in crisis with the care they need and significantly reduce mental health crisis-related arrests and repeat calls for service.

"We'll hook people up with case managers, community behavioral health hospitals, all kinds of different services," said Kara Haroldson, the Regions social worker assigned full-time to the program.

The program was created after SPPD discovered that a high percentage of mental health calls resulted in officers bringing callers to the hospital emergency department for mental health evaluations. Now embedded social workers join the police on their calls to provide a clinical assessment and help determine appropriate mental health care needs and resources.

In the case of the teenage boy, the social worker was able to help provide access to mental health services. "We came back a day later and referred him to a community behavioral health service and set them up so he was able to get therapy in the home," said Haroldson. "We were also able to provide education for his mother on what it takes for her son to be hospitalized."

Since the program is new, quantitative information is not yet available to measure its effectiveness. Qualitatively, Haroldson says she has seen many ER visits avoided because there was a mental health expert on the scene. And she's enjoying the field work after working with inpatients.

"Being back in the community is fun," she said. "You build a different rapport and different relationships than you get in the hospital."

Regions leaders hope the program will expand in the future and eventually become a new standard of community care.

Sanford fitness programs keep generations of community members healthy, mobile

Two programs sponsored by Sanford Health in rural southwestern Minnesota enhance the fitness and health of community members across generations.

In Tracy and Westbrook, physical health and mental health are often two top concerns identified during community health needs assessments – not just for adults, but for children as well.

Sanford Tracy Medical Center and Sanford Westbrook Medical Center used *Sanfordfit*, a health activation program, to address this concern. Starting in January 2017, Sanford Tracy and Sanford Westbrook completed a 19-week *Sanfordfit* program with fourth-grade classes at Tracy Area Elementary School and Westbrook Walnut Grove Elementary School. In 2017, the *Sanfordfit* program taught 74 fourth-grade students about the importance of a healthy lifestyle. In 2018, the program reached 64 fourth-graders.

Two Sanford Tracy and Sanford Westbrook staff members met with the fourth-grade physical education classes once a week for 25 minutes each. Through fun activities, challenges and games, the students learned about making good, healthy choices regarding their food, move (exercise), mood (mental health) and recharge (sleep/rest). The students took home weekly challenge cards to complete and have parents or guardians sign. The students earned prizes by completing the challenge cards while also exposing their families to fit.

To evaluate the 2018 program year, the students completed a fitClub test in January and again in May. The students increased their correct answers by more than 24 percent (Tracy) and 23 percent (Westbrook) from the first test to the last. Each week, the staff could see the students engaging and absorbing the information through the fun activities.

The community of Canby identified a problem of older individuals experiencing falls. Sanford Canby Medical Center addressed the issue by launching

Steady Steps, a class featuring general fitness and mobility, balance training, fall prevention and how to fall. In total, the community benefit reached 126 contact hours over the course of eight weeks.

Led by a physical therapist, the class was geared toward those with a fear of falling, those who had fallen in the past and those who wanted to be proactive in their health and wellness. A group of 12 active participants ranged in age from 68 to 90, with an average age of 80.

Sixteen sessions were offered, focused on flexibility, posture and core stability, strength and balance. Each class had a session recap handout with exercises for participants to complete at home. The first session included some basic balance and mobility testing. This test was repeated at the last session, with results provided for participants to reference.

Participants successfully navigated an obstacle course that was increasingly challenging every week, practiced actually falling (to a low surface) and getting back up, did homework and learned new health literacy and safety tips each week.

Both *Sanfordfit* and Steady Steps received positive feedback from participants and improved health and fitness in their communities.



Matching clinical care with cultural values

When the Karen people were forced to flee their homes in Burma, a large population began to resettle in Minnesota. Like the experience of so many refugees, a difficult transition lie ahead. While adjusting to a new culture and managing the emotional and physical trauma of war, many new Americans are at a higher risk for mental health and chemical dependency issues.

Providers at HealthEast, part of Fairview Health Services, serve the largest Karen population in the Twin Cities. They recognized that American treatment programs were being lost in translation and decided to do something about it.

“Karen patients came to me looking for help to find a treatment program,” said Dr. Shana Sniffen, HealthEast Clinics – Roselawn. “Yet, the substance use treatment system wasn’t working for them, so we had to fix the system.”

So, in 2013, Dr. Sniffen and Karen community leaders founded the Karen Chemical Dependency Collaboration (KCDC). The community-driven collaboration includes Karen community members, interpreters, faith leaders, law enforcement and corrections officers, and health care professionals.

The goal of KCDC is to address issues related to mental health and substance use in culturally appropriate ways. The collaboration seeks to provide resources to the community and empower members to respond to these issues while adapting to U.S. systems, as well as helping U.S. systems adapt to working better with various cultural communities.

For example, KCDC developed a culturally specific outpatient substance use treatment program at HealthEast. Additionally, KCDC is working on system-level changes to make addiction care services accessible and effective for people who do not speak English.

KCDC has also trained Karen pastors and faith leaders to facilitate treatment referrals and build community supports. They developed the first Karen-AA group in the Twin Cities, created a bilingual Karen and English resource website (www.TohMoo.org) and trained Karen interpreters to use mental health and substance use terminology.

In 2017-18, five part-time staff, along with HealthEast Mental Health and Addiction Care staff, helped more than 650 people through treatment and support groups, community education and accessing resources on

TohMoo.org. KCDC also provided education to 150 mental health professionals and providers, and published an academic paper about the program. This important work is possible thanks to \$300,000 in grants, including funds from the HealthEast Foundation. Through these efforts, KCDC continues to work to meet the increasing needs of the Karen people for mental health and recovery support in the Twin Cities.



Mayo Clinic Health System offers women’s health and wellness program

Since 2008, Mayo Clinic Health System has offered an annual women’s health program designed to educate women on health prevention and wellness. In 2018, Mayo Clinic Health System hosted a Women’s Health and Well-Being Symposium at locations in Albert Lea, Owatonna and Red Wing.

To design the program, a regional committee composed of Community Engagement and Public Affairs staff from Albert Lea, Owatonna and Red Wing came together to identify symposium topics in alignment with Community Health Needs Assessment findings. The program focused on mental health, including mental illness and issues stemming from drug addiction, and promoted resiliency and strategies for managing physical pain induced by stressful situations.

The committee partnered with Mayo Clinic Health System care providers who are experts in the field of mental health related to addiction, pain management and resilience. Approximately 25 staff and volunteers, in addition to the speakers, helped to make the three events successful in each location. Over 300 women attended the free events and heard how resiliency can positively impact mental and physical health, and how drug addiction can impact all aspects of life.

Sarah Stinson, a licensed professional counselor and facilitator in Stress Management and Resiliency Training (SMART) at Mayo Clinic Health System, shared strategies on how to manage stress by expressing silent gratitude and positive thinking. To reinforce these strategies, guests received “The Mayo Clinic Guide to Stress-Free Living” by Dr. Amit Sood.

Dr. Tyler Oesterle, a psychiatrist at Mayo Clinic Health System – Fountain Centers in Albert Lea, discussed unique mental health issues women experience from addiction and Carol Gardner, a certified women’s health physical therapist, provided techniques for calming physical pain induced by stressful situations. Guests were provided educational material that addressed signs of drug addiction and the road to recovery, plus habits for healthy living and fulfillment.

In a survey, attendee shared that their top three learnings were mindfulness, pain management and gratitude. In addition, the survey suggested future symposium topics such as the aging process, healthy diet and mental health focused on depression. The financial investment of \$24,000 made an impact on the health and wellness of the communities. Participants appreciated the event and look forward to the 2019 Women’s Health and Well-Being Symposium.





Region 1 community contributions

Community Care (Charity Care)	\$4,076,376
Medicaid (Unreimbursed + Surcharge)	\$28,387,040
Other Community Benefit Programs and Activities	\$22,077,299
Total Cost of Community Benefit Programs (as defined by the IRS)	\$54,540,715
% of Total Operating Expense	9.67%
Community Building	\$554,388
Costs in Excess of Medicare	\$22,311,878
Other Care Provided Without Compensation (Bad Debt)	\$10,253,840
Taxes and Fees	\$842,053
Total Value of Community Contributions	\$87,948,486

* "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 building; and other community benefit costs.

Region 1 hospitals

CHI LakeWood Health, Baudette; Essentia Health St. Mary's Hospital-Detroit Lakes; Essentia Health-Ada; Essentia Health-Fosston; Kittson Memorial Healthcare Center, Hallock; LifeCare Medical Center, Roseau; Mahnomon Health Center; North Valley Health Center, Warren; RiverView Health, Crookston; Sanford Bagley Medical Center; Sanford Behavioral Health Center, Thief River Falls; Sanford Bemidji Medical Center; Sanford Thief River Falls Medical Center



Region 2 community contributions

Community Care (Charity Care)	\$13,133,689
Medicaid (Unreimbursed + Surcharge)	\$93,106,037
Other Community Benefit Programs and Activities	\$45,971,013
Total Cost of Community Benefit Programs (as defined by the IRS)	\$152,210,739
% of Total Operating Expense	8.33%
Community Building	\$2,095,857
Costs in Excess of Medicare	\$147,310,258
Other Care Provided Without Compensation (Bad Debt)	\$32,685,730
Taxes and Fees	\$2,113,149
Total Value of Community Contributions	\$334,319,876

* "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 building; and other community benefit costs.

Region 2 hospitals

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



Region 3 community contributions

Community Care (Charity Care)	\$24,011,839
Medicaid (Unreimbursed + Surcharge)	\$99,681,662
Other Community Benefit Programs and Activities	\$63,272,011
Total Cost of Community Benefit Programs (as defined by the IRS)	\$186,965,512
% of Total Operating Expense	7.93%
Community Building	\$1,308,085
Costs in Excess of Medicare	\$77,547,322
Other Care Provided Without Compensation (Bad Debt)	\$41,578,870
Taxes and Fees	\$2,280,043
Total Value of Community Contributions	\$308,371,747

* "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 building; and other community benefit costs.

Region 3 hospitals

Alomere Health, Alexandria; Buffalo Hospital; Cambridge Medical Center; CentraCare Health - Long Prairie; CentraCare Health - Melrose; CentraCare Health - Monticello; CentraCare Health - Paynesville; CentraCare Health - Sauk Centre; CHI St. Francis Health, Breckenridge; CHI St. Gabriel's Health, Little Falls; CHI St. Joseph's Health, Park Rapids; Cuyuna Regional Medical Center, Crosby; Essentia Health-St. Joseph's Medical Center, Brainerd; Fairview Lakes Medical Center, 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 and Clinics, Litchfield; Mille Lacs Health System, Onamia; Perham Health; Prairie Ridge Hospital and Health Services, Elbow Lake; Sanford Wheaton Medical Center; St. Cloud Hospital; Stevens Community Medical Center, Morris; Tri-County Health Care, Wadena



Region 4 community contributions

Community Care (Charity Care)	\$128,926,959
Medicaid (Unreimbursed + Surcharge)	\$612,508,507
Other Community Benefit Programs and Activities	\$429,246,999
Total Cost of Community Benefit Programs (as defined by the IRS)	\$1,170,682,465
% of Total Operating Expense	8.40%
Community Building	\$455,743
Costs in Excess of Medicare	\$656,489,860
Other Care Provided Without Compensation (Bad Debt)	\$290,117,461
Taxes and Fees	\$15,442,182
Total Value of Community Contributions	\$2,132,731,968

* "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 building; and other community benefit costs.

Region 4 hospitals

Abbott Northwestern Hospital, Minneapolis; Bethesda Hospital, Saint Paul; Children's Minnesota, Minneapolis/St. Paul; Fairview Ridges Hospital, Burnsville; Fairview Southdale Hospital, Edina; Gillette Children's Specialty Healthcare, Saint Paul; Hennepin Healthcare, Minneapolis; Lakeview Hospital, Stillwater; Maple Grove Hospital; Mercy Hospital, Coon Rapids; North Memorial Health Hospital, Robbinsdale; Park Nicollet Methodist Hospital, Saint Louis Park; Phillips Eye Institute, Minneapolis; Regina Hospital, Hastings; Regions Hospital, Saint Paul; Ridgeview Medical Center, Waconia; Shriners Healthcare for Children, Minneapolis; St. Francis Regional Medical Center, Shakopee; St. John's Hospital, Maplewood; St. Joseph's Hospital, Saint Paul; United Hospital, Saint Paul; University of Minnesota Medical Center, Minneapolis; Woodwinds Health Campus, Woodbury



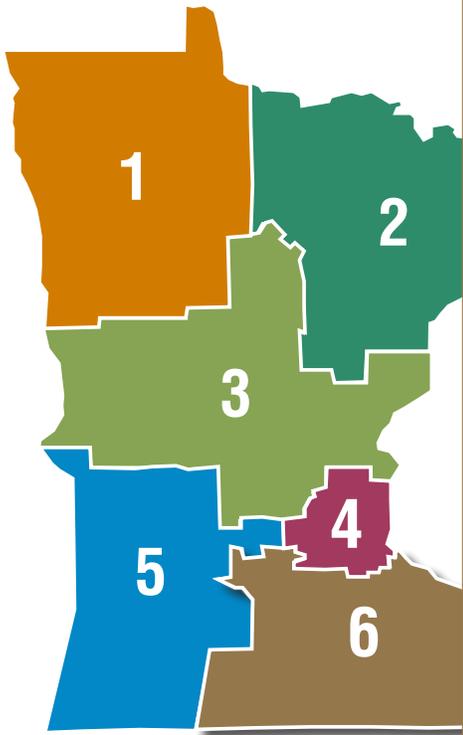
Region 5 community contributions

Community Care (Charity Care)	\$5,640,200
Medicaid (Unreimbursed + Surcharge)	\$34,159,392
Other Community Benefit Programs and Activities	\$22,169,911
Total Cost of Community Benefit Programs (as defined by the IRS)	\$61,969,503
% of Total Operating Expense	8.11%
Community Building	\$435,987
Costs in Excess of Medicare	\$43,351,368
Other Care Provided Without Compensation (Bad Debt)	\$10,673,922
Taxes and Fees	\$1,389,098
Total Value of Community Contributions	\$117,383,891

* "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 building; and other community benefit costs.

Region 5 hospitals

Appleton Area Health Services; Avera Marshall Regional Medical Center; Avera Tyler; Carris Health - Redwood, Redwood Falls; Carris Health - Rice Memorial Hospital, Willmar; Chippewa County-Montevideo Hospital; Essentia Health-Graceville; Glencoe Regional Health Services; Granite Falls Health; Hendricks Community Hospital Association; Hutchinson Health; Johnson Memorial Health Services, Dawson; Madelia Community Hospital Inc.; Madison Healthcare Services; Mayo Clinic Health System in Springfield; Murray County Medical Center, Slayton; Ortonville Area Health Services; Pipestone County Medical Center; RC Hospital & Clinics, Olivia; 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 Health Services; Windom Area Hospital



Region 6 community contributions

Community Care (Charity Care)	\$47,893,063
Medicaid (Unreimbursed + Surcharge)	\$293,461,868
Other Community Benefit Programs and Activities	\$961,985,821
Total Cost of Community Benefit Programs (as defined by the IRS)	\$1,303,340,752
% of Total Operating Expense	17.45%
Community Building	\$2,582,344
Costs in Excess of Medicare	\$780,072,643
Other Care Provided Without Compensation (Bad Debt)	\$81,753,548
Taxes and Fees	\$24,618,432
Total Value of Community Contributions	\$2,189,785,375

* "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 building; and other community benefit costs.

Region 6 hospitals

District One Hospital, Faribault; Mayo Clinic Health System - Albert Lea and 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 Hospital – Rochester; New Ulm Medical Center; Northfield Hospital; Olmsted Medical Center, Rochester; Owatonna Hospital; Ridgeview Le Sueur Medical Center; 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

Glossary

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 patients are available through state (AG agreement) and federal (IRS 501r) guidelines, as well as individual hospitals' charity care/financial assistance policies.

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.