FY 2019
Community Benefit Report
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Despite historic financial pressures, community contributions of Minnesota’s hospitals, health systems total $3.3 billion

Community benefits are health care-related services that Minnesota’s nonprofit hospitals and health systems 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, nurse and highly skilled health care professional training initiatives

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 and health systems 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 2019, Minnesota hospitals and health systems provided nearly $3.3 billion in contributions to their communities – an increase of 4.1% compared to 2018 – while providing care for 456,988 acute inpatient admissions and over 11.3 million outpatient registrations including 1.77 million emergency room visits.

As hospitals and health systems focus on enhancing 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 hospitals and 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 and health system, 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 and health systems are able to develop tailored approaches that are as unique and diverse as their communities.

The report covers community benefit contributions made by Minnesota’s hospitals and health systems in 2019, the most recent year of available data. While the data included in this report precedes the COVID-19 pandemic in 2020, Minnesota’s hospitals and health systems went to extraordinary lengths to respond to COVID-19 while simultaneously providing critically needed care in their communities. The stories highlighted in this report provide just a few examples of COVID-19 and non-COVID-19 community benefit activities.

Uncompensated care — $675 million

Every day, hospitals and health systems provide health care services regardless of patients’ ability to pay. In 2019, Minnesota hospitals and health systems provided $675 million to patients who did not have health insurance or the means to pay for their care, an increase of 24% compared to 2018. Minnesota’s uninsured rate was 4.7% in 2019, leaving approximately 264,000 Minnesotans without health insurance coverage.

Uncompensated care includes charity care for patients from whom there is no expectation of payment and bad debt resulting from patients who could not or did not pay their share of the hospital bill. The widespread use of high-deductible health plans can lead to patients being unable to pay their deductibles or copayments, contributing to bad debt.
Bad debt expense increased by 46.5% to $510 million in 2019. Much of the bad debt growth is related to the expanding implementation of health plan products with higher out-of-pocket deductibles for enrollees to hold down premium growth.

While charity care costs have steadily increased in recent years, they decreased by 16% to $164 million in 2019. Some of the bad debt incurred would likely qualify as charity care, but hospitals and health systems are unable to categorize uncompensated care as charity care if patients do not complete financial assistance enrollment.

**Services responding to specific community needs — $179 million**
Health screenings, health education, health fairs, immunization clinics, subsidized health services and other community outreach programs fall under this category, which totaled $179 million in 2019.

**Education and workforce development — $180 million**
Minnesota’s health care workforce cares for an increasingly diverse population, as well as an increasing percentage of residents over age 65. In 2019, Minnesota’s hospitals and health systems spent $180 million to help train doctors, nurses and other highly skilled health care professionals to serve our residents.
Research — $13.6 million
In 2019, Minnesota’s hospitals and health systems spent $13.6 million on research to support the development of better medical treatments and to find cures for diseases.

Government underfunding — $1.76 billion
When hospitals and health systems treat patients who are covered by Medicare or Medicaid, those government health care programs do not reimburse hospitals and health systems for the full cost of providing the care. In 2019, such government underfunding to Minnesota’s hospitals and health systems was over $1.76 billion, or 8.47% of operating expenses.

The $164 million in charity care provided by hospitals is equivalent to any one of the following:

- 137,009 FREE emergency department visits OR
- 1,174,361 FREE hospital physician clinic visits OR
- 1,027,566 FREE digital mammograms

Hospital and health system community contributions
2015-2019
## Minnesota hospitals’ and health systems’ 2019 community contributions

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Charity care</td>
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<tr>
<td>Costs in excess of Medicaid payments</td>
<td>$761,302,290</td>
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<tr>
<td>Medicaid surcharge</td>
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<tr>
<td>MinnesotaCare tax</td>
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<tr>
<td>Other costs in excess of public program payments</td>
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<tr>
<td>Community services and benefit operations</td>
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<tr>
<td>Subsidized health services</td>
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<td>Education and workforce development</td>
<td>$179,529,621</td>
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<td>Research</td>
<td>$13,642,087</td>
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<tr>
<td>Cash and in-kind donations</td>
<td>$12,843,317</td>
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<tr>
<td><strong>Total cost of community benefits (as defined by the IRS)</strong></td>
<td>$1,710,099,653</td>
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<tr>
<td>Percent of total operating expenses</td>
<td>8.47%</td>
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<tr>
<td>Community building</td>
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<tr>
<td>Costs in excess of Medicare payments</td>
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<tr>
<td>Other care provided without compensation (bad debt)</td>
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<td>Taxes and fees</td>
<td>$33,928,718</td>
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<td><strong>Total value of community contributions</strong></td>
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<tr>
<td>Targeted community services operating expenses</td>
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<tr>
<td>Costs in excess of public program payments (Medicare and Medicaid)</td>
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Region 1 community contributions

<table>
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<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Community Care (Charity Care)</td>
<td>$6,477,350</td>
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<tr>
<td>Medicaid (Unreimbursed + Surcharge)</td>
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<tr>
<td>Other Community Benefit Programs and Activities</td>
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<td><strong>Total Cost of Community Benefit Programs (as defined by the IRS)</strong></td>
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<tr>
<td>% of Total Operating Expense</td>
<td>6.64%</td>
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<td>Community Building</td>
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<tr>
<td>Costs in Excess of Medicare</td>
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<td>Other Care Provided Without Compensation (Bad Debt)</td>
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<td>Taxes and Fees</td>
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<td><strong>Total Value of Community Contributions</strong></td>
<td><strong>$83,615,376</strong></td>
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*“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 members

CHI LakeWood Health, Baudette; CHI St. Joseph’s Health, Park Rapids; Essentia Health St. Mary’s-Detroit Lakes; Essentia Health-Ada; Essentia Health-Fosston; Kittson Healthcare, Hallock; LifeCare Medical Center, Roseau; Mahnomen 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

<table>
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<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Community Care (Charity Care)</td>
<td>$17,325,885</td>
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<tr>
<td>Medicaid (Unreimbursed + Surcharge)</td>
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<td>Other Community Benefit Programs and Activities</td>
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<td><strong>Total Cost of Community Benefit Programs</strong> <em>(as defined by the IRS)</em></td>
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<tr>
<td>% of Total Operating Expense</td>
<td><strong>8.55%</strong></td>
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<tr>
<td>Community Building</td>
<td>$1,291,602</td>
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<tr>
<td>Costs in Excess of Medicare</td>
<td>$128,989,903</td>
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<tr>
<td>Other Care Provided Without Compensation <em>(Bad Debt)</em></td>
<td>$48,347,565</td>
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<td>Taxes and Fees</td>
<td>$3,656,297</td>
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<tr>
<td><strong>Total Value of Community Contributions</strong></td>
<td><strong>$353,735,743</strong></td>
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*“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 members

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-Moose Lake; Essentia Health-Northern Pines, Aurora; Essentia Health-Sandstone; Essentia Health-Virginia; Fairview Range, Hibbing; Grand Itasca Clinic and Hospital, Grand Rapids; Lake View Hospital, Two Harbors; North Shore Health, Grand Marais; Rainy Lake Medical Center, International Falls; Riverwood Healthcare Center, Aitkin; St. Luke’s Hospital, Duluth
### Region 3 community contributions

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Community Care (Charity Care)</td>
<td>$18,011,928</td>
</tr>
<tr>
<td>Medicaid (Unreimbursed + Surcharge)</td>
<td>$126,822,715</td>
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<tr>
<td>Other Community Benefit Programs and Activities</td>
<td>$60,173,511</td>
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<tr>
<td><strong>Total Cost of Community Benefit Programs</strong> <em>(as defined by the IRS)</em></td>
<td>$205,008,154</td>
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<tr>
<td>% of Total Operating Expense</td>
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<tr>
<td>Community Building</td>
<td>$1,045,729</td>
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<tr>
<td>Costs in Excess of Medicare</td>
<td>$88,398,170</td>
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<tr>
<td>Other Care Provided Without Compensation (Bad Debt)</td>
<td>$73,235,908</td>
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<td>Taxes and Fees</td>
<td>$3,181,515</td>
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<tr>
<td><strong>Total Value of Community Contributions</strong></td>
<td>$369,823,747</td>
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</table>

* "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 members

Alomere Health, Alexandria; Buffalo Hospital; Cambridge Medical Center; CentraCare - Long Prairie; CentraCare - Melrose; CentraCare - Monticello; CentraCare - Paynesville; CentraCare - Sauk Centre; CentraCare - St. Cloud Hospital; CHI St. Francis Health, Breckenridge; CHI St. Gabriel’s Health, Little Falls; Cuyuna Regional Medical Center, Crosby; Essentia Health-St. Joseph’s Medical Center, Brainerd; Glacial Ridge Health System, Glenwood; Lake Region Healthcare, Fergus Falls; Lakewood Health System, Staples; M Health Fairview Lakes Medical Center, Wyoming; M Health Fairview Northland Medical Center, Princeton; Meeker Memorial Hospital & Clinics, Litchfield; Mille Lacs Health System, Onamia; Perham Health; Prairie Ridge Hospital and Health Services, Elbow Lake; Sanford Wheaton Medical Center; Stevens Community Medical Center, Morris; Tri-County Health Care, Wadena; Welia Health, Mora
### Region 4 community contributions

<table>
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</thead>
<tbody>
<tr>
<td>Community Care (Charity Care)</td>
<td>$110,452,630</td>
</tr>
<tr>
<td>Medicaid (Unreimbursed + Surcharge)</td>
<td>$572,973,316</td>
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<tr>
<td>Other Community Benefit Programs and Activities</td>
<td>$441,303,620</td>
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<tr>
<td><strong>Total Cost of Community Benefit Programs</strong> (as defined by the IRS)</td>
<td><strong>$1,124,729,566</strong></td>
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<tr>
<td>% of Total Operating Expense</td>
<td>8.4%</td>
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<td>Community Building</td>
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<td>Costs in Excess of Medicare</td>
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<td>Other Care Provided Without Compensation (Bad Debt)</td>
<td>$335,541,247</td>
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<td>Taxes and Fees</td>
<td>$21,556,182</td>
</tr>
<tr>
<td><strong>Total Value of Community Contributions</strong></td>
<td><strong>$2,173,097,974</strong></td>
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</table>

*"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 members

Abbott Northwestern Hospital, Minneapolis; Children’s Minnesota, Minneapolis/Saint Paul; Gillette Children’s Specialty Healthcare, Saint Paul; Hennepin Healthcare, Minneapolis; Lakeview Hospital, Stillwater; M Health Fairview Bethesda Hospital; M Health Fairview Ridges Hospital, Burnsville; M Health Fairview Southdale Hospital, Edina; M Health Fairview St. John’s Hospital, Maplewood; M Health Fairview St. Joseph’s Hospital, Saint Paul; M Health Fairview University of Minnesota Medical Center, Minneapolis; Maple Grove Hospital; Mercy Hospital, Coon Rapids; North Memorial Health Hospital, Robbinsdale; Park Nicollet Methodist Hospital, Saint Louis Park; Regina Hospital, Hastings; Regions Hospital, Saint Paul; Ridgeview Medical Center, Waconia; Shriners Healthcare for Children-Twin Cities, Minneapolis; St. Francis Regional Medical Center, Shakopee; United Hospital, Saint Paul; Woodwinds Health Campus, Woodwinds
## Region 5 community contributions

<table>
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<tr>
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<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Care (Charity Care)</td>
<td>$6,136,690</td>
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<tr>
<td>Medicaid (Unreimbursed + Surcharge)</td>
<td>$37,162,669</td>
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<td>Other Community Benefit Programs and Activities</td>
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<td>Community Building</td>
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<td>Other Care Provided Without Compensation (Bad Debt)</td>
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<td>Taxes and Fees</td>
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<td><strong>Total Value of Community Contributions</strong></td>
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*“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 members

Appleton Area Health Services; Avera Granite Falls; Avera Marshall Regional Medical Center; Avera Tyler; Carris Health - Redwood, Redwood Falls; Carris Health - Rice Memorial Hospital, Willmar; CCM Health, Montevideo; Essentia Health-Graceville; Glencoe Regional Health Services; HealthPartners Olivia Hospital & Clinic; Hendricks Community Hospital Association; Hutchinson Health; Johnson Memorial Health Services, Dawson; Madelia Health; Madison Healthcare Services; Murray County Medical Center, Slayton; Ortonville Area Health Services; Pipestone County Medical Center; 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 Health
Region 6 community contributions

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Community Care (Charity Care)</td>
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<td>Other Community Benefit Programs and Activities</td>
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<td>Community Building</td>
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<td>Costs in Excess of Medicare</td>
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<td>Other Care Provided Without Compensation (Bad Debt)</td>
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<td>Taxes and Fees</td>
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<td><strong>Total Value of Community Contributions</strong></td>
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*“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 members

District One Hospital, Faribault; Gundersen St. Elizabeth’s Hospital and Clinics, Wabasha; 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; United Hospital District, Blue Earth; Winona Health Services
Cash and in-kind donations Money, food, equipment, supplies or services donated by the hospital or health system to individuals, other nonprofits or the community at large.

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

Charity care The cost incurred by a hospital or health system 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 or health system 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.

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

Costs in excess of Medicaid payments The financial loss suffered by hospitals and health systems 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 and health systems 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’ and health systems’ charity care and 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 and health systems to the state of Minnesota to help pay for Medicaid coverage for low-income and medically indigent residents.

MinnesotaCare (provider) 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 and health systems 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 or health system.

Subsidized health services Health care, such as emergency and trauma, behavioral health or renal dialysis services, provided at a financial loss because the services meet community needs or, if not provided by the hospital or health system, 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 and health systems to local or state government.
Adapting to meet community needs during an unprecedented time

In a year that was anything but normal, M Health Fairview swiftly adapted to meet the emerging needs of its community due to COVID-19 and civil unrest. The health system hosted free, low-barrier, outdoor COVID-19 testing events and flu vaccination clinics, provided meals and economic resources, connected with those who were isolated and offered virtual visits to continue essential services.

“At M Health Fairview, we are committed to our partnerships with the diverse, multicultural communities that make this region great,” said Fairview Health Services President and CEO James Hereford.

Since 2006, M Health Fairview has hosted Minnesota Immunization Networking Initiative (MINI) clinics. The free influenza vaccine clinics are often held in nontraditional settings such as churches at off-hour times when families are more likely to be able to attend. In 2019, the program hosted 125 pop-up clinics in 21 cities and provided more than 6,700 vaccinations. Due to the pandemic, M Health Fairview’s teams and partners got creative in how to provide the vaccinations this flu season, moving clinics outside or to larger spaces to allow for social distancing. It was essential for the health system to continue to provide this service to communities that have traditionally faced many barriers to primary care.

“We are concerned about influenza and COVID-19 circulating at the same time, which could be overwhelming to our health care system,” said Ingrid Johansen, M Health Fairview manager of clinical care and outreach for community advancement. “Getting sick with both could be disastrous for individuals.”

Using MINI clinics as a model, M Health Fairview was able to quickly stand up 48 community COVID-19 testing events in Ramsey County, providing 19,377 free tests. The walk-up or drive-through events, a collaboration with local public health departments and community partners, were offered at churches, homeless shelters, in large public areas, the Minnesota...
State Fairgrounds and at the Mexican Consulate. The events were designed to reduce the impact of COVID-19 on minority communities, which face significant language, cultural and economic barriers to health care access.

In the heart of Minneapolis, the M Health Fairview Health Commons – Cedar Riverside has provided free, culturally sensitive health care for underserved groups since 2014. Despite the pandemic, M Health Fairview moved forward with expansion plans to improve health care access. The drop-in health and wellness center provides free health care services to the diverse and underserved Cedar-Riverside neighborhood.

Many of the programs at the Health Commons shifted to virtual-only services to reduce the spread of COVID-19, but with the new, larger space open, M Health Fairview was able to return to in-person services. In addition, work is underway to develop new spaces for gathering and social distancing, create a community nurse program, expand virtual services and add new mental health and addiction programming. In 2019, the health system hosted 6,512 visits by community members to its Health Commons drop-in center in Cedar-Riverside and at a similar site in North Minneapolis. The sites primarily serve East African and African American community members, including the Somali community in the Twin Cities.

M Health Fairview continues to strengthen its partnerships with the community by building trust, listening carefully and responding to existing needs and opportunities.
**Combatting food insecurity during COVID-19**

Lakewood Engage is the cornerstone initiative of Lakewood Health System’s community health division and the engine that drives all its food insecurity programs. In 2020, Lakewood Health System connected more than 1,300 children, seniors, low-income individuals and patients with chronic health conditions to one of its seven programs designed to address the challenges and health consequences of hunger and food insecurity.

Since the inception of Lakewood Engage in 2013, it has evolved from simply connecting local produce growers to patients at its hospital-based Staples Area Farmers Market to constructing a comprehensive clinic-based referral program that prescribes local produce to patients through its Food Farmacy market.

Through these experiences and years of program development, Lakewood Health System has learned to be nimble and responsive to the changing environments and needs of the community. The work has strengthened its commitment to serve more patients. In 2020, Lakewood Health System invested $436,000 in community benefits to sustain its programs and even expand as the food insecurity crisis worsened due to COVID-19.

An estimated 5.1% of Lakewood Health System patients were food insecure at least one time over the last two calendar years. Since the start of 2019, Lakewood Health System has conducted nearly 50,000 food insecurity screenings throughout its hospital and clinics. In 2020, a total of 187 patients were referred to Lakewood Engage and enrolled in one of its programs. As the positivity rates of COVID-19 began to rise, so did the rate of food insecurity, particularly among patients who indicated for the very first time they did not have reliable and enough affordable, nutritious food accessible to them.

In early September 2020, Lakewood Health System launched a new clinic-based intervention called Meals at COVID-19+ to address food insecurity for those impacted by a COVID-19 diagnosis. The Meals at COVID-19+ program delivers 14 prepackaged meals to patients and each member in their household. The meals are prepared by the Hilltop Regional Kitchen in Eagle Bend, Minnesota. Each menu item is carefully crafted by a licensed dietitian and carefully portioned with a balance of proteins, carbohydrates and spices that will meet the dietary needs of each recipient.

Photos provided by Lakewood Health System.
Data revealed that of the 1,289 patients who tested positive for COVID-19 between September and December, 21% concurrently screened positive for food insecurity, totaling 272 patients referred to the community health team. Among those 272 patients referred, medical records indicate 139 had been screened for food insecurity during a clinic visit within the past two years. Of those, only six previously screened positive for food insecurity while an alarming 133 did not screen positive for food insecurity at their previous screening but had since become food insecure.

Once a referral was established, a member of the community health team connected with the patient to arrange for the delivery of 14 prepackaged meals for themselves and each household member. According to Lakewood Health System data, 94% or 256 patients who simultaneously screened positive for COVID-19+ and food insecurity accepted the meals. A total of 10,738 meals were delivered to 498 adults and 269 children between September and December.

The Meals at COVID-19+ intervention has become a gateway program for patients to access other Lakewood Engage programs and seek additional health care services. Depending on age and risk factors, Lakewood Engage has a program to serve all patients experiencing chronic or episodic occurrences of food insecurity:

- **Food Farmacy**: Prescribing healthy foods to food insecure patients
- **Acute Care Pack**: Offering emergency food boxes to food insecure patients
- **Meals at Discharge**: Providing meals for up to 28 days upon hospital discharge to patients 55 years and older
- **Meals at COVID-19+**: Delivering 14 prepackaged meals to patients who concurrently test positive for COVID-19 and screen positive for food insecurity
- **Cardinal Pax**: Packaging weekend meals to low-income students enrolled in Staples-Motley ISD #2170
- **Staples Area Farmers Market**: Providing market vouchers to food insecure patients
- **Fresh Delivered**: Delivering monthly food shares to low-income seniors in multiunit housing

Through state and foundation grants and Lakewood Health System’s investment in community benefits, Lakewood Engage was able to quickly launch the Meals at COVID-19+ program and address the critical needs of its patients. Lakewood Engage plans to continue to address the influx of patients experiencing food insecurity during the COVID-19 pandemic by delivering prepared meals or food shares to its most vulnerable and at-risk patient population.
Deliberate collaboration with partners helps enhance access to mental health services

St. Francis Regional Medical Center in Shakopee strives to live its mission and bring its values to life in the community through listening, which is key to engagement with people, organizations and partners surrounding health issues of concern identified through the hospital’s Community Health Needs Assessment. For the past several years, mental health and related needs were identified as top health priorities.

To help improve access to mental health services, St. Francis added community partners to its Mental Health Committee, which includes St. Francis, Allina Health and HealthPartners Park Nicollet leaders, as well as experts from community mental health and crisis agencies/providers, the Shakopee Mdewakanton Sioux Community Mental Health Clinic and Scott County Public Health.

Organized by Monte Johnson, M.D., St. Francis’ vice president of medical affairs, the committee allows the opportunity to listen to experienced, external voices when developing organizational capacity, and confirms the hospital’s responses are driven by actual community needs. The variety of community partners invited into this internal work helps St. Francis collaborate deliberately and ensures work is informed by community mental health professionals.

Using information gathered from area experts, St. Francis introduced multiple programs aiming to provide needed services in the community:

- The introduction of Allina Health assessment and referral services to the hospital’s emergency department increased the number of patients receiving timely assessments and referrals to appropriate services within the community.
- St. Francis provides mental health services to patients virtually via telehealth. In partnership with BHSI, a local provider, in-person psychology consultation is also available for appropriate patients on St. Francis’ inpatient units.
- St. Francis convenes a mental health and addiction crisis response work group across sectors to drive partnership among all crisis-related community agencies and create better outcomes for community members. The collaborative has proven even more important during COVID, ensuring efforts are not duplicated within our community.
- Community partners identified a need for increased access to local intensive residential treatment services. St. Francis’ leadership, including Monte Johnson, M.D., strongly supported Guild Inc.’s Intensive Residential Treatment Services (IRTS) project in Savage, Minnesota, offering advocacy by way of a letter to state officials encouraging capital investment funding for the project, along with a $100,000 charitable donation toward the IRTS facility from St. Francis.
Drive-thru flu shots provide safe vaccination opportunity during COVID-19

The COVID-19 pandemic laid out a series of challenges, but keeping the community healthy and safe was especially important to Glencoe Regional Health. In April 2020, the health system launched an outdoor, drive-up COVID-19 testing site for patients. The success of the drive-up COVID-19 testing site inspired a new drive-thru flu shots program that allowed patients to quickly receive their flu shot without leaving their vehicle. Families were able to drive through and receive their flu shots together. This option was not only more convenient for patients, but it allowed for further social distancing during the pandemic.

This new way to offer flu shots was very successful and well received. Drive-thru flu shots were offered on 12 evenings in September and October, from 5-7 p.m. Appointments were full every evening except for one, when a snowstorm resulted in cancellations. Glencoe Regional Health administered flu shots to 719 patients during this drive-thru service.

Many patients shared positive comments about the drive-thru flu shots. Parents commented about the ease of not having to bring their small children into the clinic. Some people jokingly said, “This was so easy. I’m never going into the clinic again."

Others made it an outing: “First we’re getting our flu shots, and then we’re going to get take-out food from Unhinged Pizza. We don’t get out much anymore.”

Older patients thanked the health system for providing this safe, socially distant service. Many patients were new to Glencoe Regional Health and drove from surrounding towns.

One evening, a family of seven drove 60 miles all the way from Inver Grove Heights to get their flu shots in Glencoe. They searched for “drive-thru flu shots” online and Glencoe Regional Health came up. Most of their local options were already booked, so they scheduled an appointment in Glencoe. It was important for them to find a safe alternative to getting their family vaccinated during an in-person clinic visit. Glencoe Regional Health was honored to be able to provide this service for them.

Photos provided by Glencoe Regional Health.
Addressing food insecurity in northern Minnesota

With locations from Ada to Ely, International Falls to Graceville and Sandstone to Oklee, supporting the health of those in rural northern Minnesota is critical to Essentia Health’s mission.

Unfortunately, a significant health issue in this area of the state is food insecurity, with some counties reporting food insecurity rates as high as 18%, compared to the state average of 10%.

In the effort to reverse this trend, Essentia Health launched a new intervention to first identify patients and family members with food insecurity and then connect them to community resources. By incorporating screening questions related to food insecurity, access to transportation and feelings of financial strain into its electronic health wellness portal as well as during rooming processes, Essentia Health is able to identify patients needing support to combat food insecurity. A community health worker then follows up with each identified patient and refers them to a community-partner organization when appropriate.

Overall, Essentia Health sent more than 2,000 referrals to community partner organizations to help patients address their food, transportation or financial needs. The health system’s key partner, Hunger Solutions of Minnesota, received 841 referrals in 2020 to help patients apply for food benefits and find food resources in their community.

But Essentia Health’s support to alleviate food insecurity doesn’t stop there. In 2020, Essentia Health donated $299,915 toward food insecurity efforts in Minnesota, including $140,000 donated directly to local food shelves. This includes $93,000 provided to Second Harvest Northern Lakes Food Bank in Duluth, which reaches more than 80,000 individuals. Additional food shelves such as Second Harvest North Central Food Bank in Grand Rapids, Falls Hunger Coalition, Quad City Food Shelf of Mountain Iron, Aurora Food Shelf, Ely Area Food Shelf, Hibbing Salvation Army and Salvation Army - Brainerd received funding to support feeding our neighbors.

In addition to food shelf donations, Essentia Health supported meal programs, such as providing $50,000 to Duluth’s Damiano Center’s Community Kitchen, the largest emergency meal provider in northeastern Minnesota. Because of COVID-19, the Damiano Center shifted to serving to-go meals at 19 regular mealtimes every week and provided to anyone who is hungry with no questions asked. Funds from Essentia Health helped serve 82,000 meals over the last year.

Volunteers in Becker County partnered with the faith community from three local churches in Frazee, Minnesota, where 1,450 boxes of food were distributed during a free drive-through food drop in October.
Food access programs in schools were also important means to target food insecurity. Essentia Health was able to donate $55,157 to various school programs across Essentia’s service area. Through a Healthy Schools Challenge campaign, schools were called to apply for grants of up to $2,500 to implement projects that promote the health of students. Three schools were awarded funds to implement food access-related projects, which included growing an on-site garden, a healthy food pantry and a healthy grab-and-go breakfast cart. Combined, these three projects assist more than 1,110 students.

Additionally, the Duluth Farm to School program received $33,800 of support. Through K-12 school gardens, lesson integration, classroom/cafeteria tastings and procurement, Farm to School programming focuses on helping youth to increase their consumption of fresh fruits and vegetables, understand where food comes from and how it is grown, and develop a love for fruits and vegetables. More than 13,000 students throughout Duluth are positively impacted by this program.

Essentia Health also supported several other healthy food programs, including a community garden program in Duluth and farmers markets across its service area in Moorhead, Grand Rapids and Duluth. A volunteer fundraising effort was completed in Becker County to supply child care providers with meals and cleaning supplies. Additionally, $20,000 was granted to Hunger Solutions’ SNAP Outreach Program, which connects people with food resources through the Minnesota Food HelpLine, Market Bucks and SNAP Rx Programs.
Memory Minder Kits exercise the mind, foster dementia-friendly communities

When the COVID-19 pandemic prompted massive shutdowns and prolonged isolation, the Wabasha County Senior Health Action Team (WCSHAT) – which includes Gundersen St. Elizabeth’s Hospital and Clinics in addition to representation from Ace Brain Fitness, Elder Network, Southeast Area Agency on Aging, Wabasha County Public Health, Wabasha Public Library, community members and senior advocates – used imagination and resourcefulness to establish new ways of achieving its goal of fostering dementia-friendly communities as part of its Community Health Improvement Plan.

With efforts placed on temporary hold to form Memory Cafés for families touched by dementia, WCSHAT sought funding from the Wabasha County Statewide Health Improvement Partnership (SHIP) to develop Memory Minder Kits that are widely accessible through the local library system. Gundersen St. Elizabeth’s Hospital and Clinics contributes staff time and other expenses to this initiative.

The kits are outfitted with instructions, guidance, materials and supplies to facilitate a variety of evidence-based interactive exercises and activities that stimulate the mind and memory. Examples of activities include puzzles; word, coloring and memory games; conversation starter cards and picture books; and relaxing music CDs. Kits are modeled after a similar project in another Minnesota community that was highly successful in helping caregivers lead meaningful interactions that enhance cognitive functioning for people with all forms of dementia.

Activities are designed to prevent cognitive decline for older adults who want to maintain their mental functioning. Other kits target caregivers of seniors who are experiencing mild to extensive memory loss.

“We have assembled eight kits so far,” said Bev Hall, director of Wabasha Public Library and member of WCSHAT. “These kits serve as our pilot project. There are two kits per level that can be checked out. Kits are adaptable to be facilitated in one-to-one or group sessions and can be enjoyed in family households or congregate living settings. Included in each kit is an evaluation. We are requesting that evaluations are completed when the kits are returned so we can make necessary adjustments and improvements to ensure they meet community needs and expectations. This feedback will guide the development of additional kits.”

Eventually, a collection of 16 kits representing four levels of challenge and emphasis will be available by checkout through the Wabasha Public Library.

“I am so excited to make these Memory Minder Kits available to seniors and families,” said MJ Moravec, a certified cognitive skills trainer and member of WCSHAT who was instrumental in offering consultation on evidence-based activities that would be featured in the kits. “These kits provide everything needed to activate the brain, build strong mental connectivity and improve memory. It is our hope that as kits are used and shared throughout our communities, they will offer helpful and effective resources that enhance wellness of body and mind across the aging spectrum.”
Supporting community food banks to fight hunger

Since the onset of the global pandemic of COVID-19, food banks across the nation have experienced a sharp rise in need and expenses. To help ease that burden, and to promote good health in the communities it serves, last October Sanford Health announced one of the largest-ever donations to a series of food banks in the Upper Midwest. The $3 million gift was split across South Dakota, North Dakota, Minnesota and Iowa.

The donation coincided with the 75th anniversary of the United Nations World Food Day, which promotes worldwide awareness and action for those experiencing hunger and for the need to ensure healthy diets for all. Research shows that food insecurity is linked to health risks including a range of chronic diseases in adults and developmental challenges in children.

Food banks across Minnesota felt the unprecedented demand, some seeing an increase of 40-60% this past year. Families in need in the following four Minnesota counties will benefit from the donation for years to come:

**Southwest Minnesota – Luverne**
Sanford Health Senior Director Tammy Loosbrock serves on the board of her local food shelf and knows firsthand the great need in her community. In 2019, the Rock County Food Shelf served more than 1,000 families and gave away nearly 60,000 pounds of food. Getting her team to volunteer wasn’t hard. She had an overwhelming response to help collect and deliver meals.

**Northwest Minnesota – East Grand Forks**
The North County Food Bank in East Grand Forks serves 21 counties and, like other food banks across the region, it has faced a steep increase in demand from last year, where more than 5 million meals were distributed. The organization saw a 40% spike in demand with more than 30,000 new individuals needing assistance. Community leaders called the Sanford Health donation “transformational.”

**South Central Minnesota – Worthington**
The increased demand in Worthington is much the same story. Triple the number of normal first-time visitors are seeking meals from the local pantry. In addition to supplying grocery items to food pantries, pop-up events are also taking place in this South Central Minnesota town. As one community leader said, “This Sanford Health donation will allow us to purchase and deliver more food for this area. This means so much and we just want to sing from the rooftops.”
North Central Minnesota - Bemidji
Sanford Bemidji and North Country Food Bank participated in a Farm to Families food distribution event in Bemidji and described some of the ways the donated money will be used. North Country Food Bank was able to provide food boxes to 1,100 families in need during the November event, which was staffed by over 20 local leaders from Sanford Health of Northern Minnesota. The following month, North Country Food Bank hosted a second Farm to Families food distribution event in Park Rapids and Ponsford. Each distribution served 600 families.
School behavioral health program provides support for students

Appleton Area Health partnered with the Appleton Elementary School and Lac Qui Parle Middle and High School to implement a school behavioral health program. The hospital provides a licensed marriage and family therapist (LMFT) eight hours per week to the schools to enhance and provide behavioral and mental health services to children.

The COVID-19 pandemic has exacerbated anxiety and depression for school age children and adolescents and AAH is committed to improving access and availability of these services. Goals of the school behavioral health partnership include:

- Identifying at-risk students through the development of a screening plan.
- Developing a communication plan with strategies that lead to enhanced sharing of information and integration of care coordination within the primary and behavioral health care setting and schools.
- Developing a telemedicine program that allows for students to receive telemedicine services at school and/or in the home.

In addition to these goals, Appleton Area Health is working with the schools to provide education to Micronesian families and students about mental health services in the community and at school. Education is provided in the Chuukese language in order to bridge the communication gap regarding the benefits of mental health and the importance of both physical and mental health.
Serving Central Minnesota’s Somali community during COVID-19

When the COVID-19 pandemic hit, fear of the unknown was felt across the nation. As the weeks and months went on, some of those worries started to dissipate as more information about COVID-19 was uncovered and shared.

But for Central Minnesota’s Somali American community, staying up to date on the latest information surrounding this novel virus was more difficult. Language was a barrier. Methods of communication were different. That’s when CentraCare’s community health specialists teamed up to help reach this at-risk population.

Protecting the vulnerable

Registered nurse Hani Jacobson helped lead CentraCare’s outreach efforts. She worked with other health specialists to share current and relevant information about COVID-19 with Somali community members by phone, through radio interviews and by visiting businesses. She also worked to connect people to resources like food and medication – things difficult to access during lockdown and furloughs.

This oral and direct form of communication was needed since many people never learned to read the written Somali language. In health care, fliers and documents are often translated to reach multilingual groups. Unfortunately, this tactic is not as effective when trying to reach all Somali Americans, especially seniors and newer immigrants and refugees to the country – and the stakes were high.

COVID-19 disproportionately affected people of color. Many Somali people have larger families living together in limited spaces, making isolation difficult. Somali Americans also make up a big portion of the essential workforce, increasing their risk of being exposed. Jacobson worked to make sure Somali community members understood their rights.

During the pandemic, there were outbreaks at poultry processing plants in the area – plants where the workforce was comprised of many people of color, including Somali Americans. CentraCare organized large-scale testing efforts for plant employees to help minimize further spread.

Tackling vaccine hesitancy

By the end of 2020, news of the COVID-19 vaccine started to become reality. Planning for distribution and education began – and Jacobson was part of those conversations at CentraCare. Her top priorities were decreasing vaccine hesitancy and easy accessibility for minority groups. Plans for vaccination clinics at mosques and other Somali gathering places started to come together.

This emphasis on equity during the COVID-19 pandemic was lifesaving. It took some creativity and extra resources, but it’s work CentraCare was proud to be a part of.
Healthy Together program enhances community wellness

In 2019, Windom Area Health began a program for the community called “Healthy Together.” This group class completes an eight-week curriculum. To date, three cohorts have completed the curriculum, with another session scheduled to start in spring 2021.

Weekly education topics included education on healthy eating, incorporating physical activity into your schedule, and the benefits of sleep and stress reduction. Participants received education from the Windom Area Health facilitating team, comprised of registered dietitians, fitness professionals, nurses, and diabetic educators. In addition, the program offered in-class activities including a healthy meal prep session, Hy-Vee grocery store tours, group workouts modified for all individuals, guided meditation and yoga practices, and building healthy snack packs.

In total, participants lost a combined 34 pounds over the eight weeks of the class. In addition to tracking weight loss, the Windom Area Health team also monitored blood glucose levels, heart rates and blood pressures.

Participants shared the following comments about the Healthy Together program:
- “The classes I attended were beneficial to me. At another time, I would like to retake the class.”
- “The 1:1 with the dietitian was great and very useful. I’m eating way more vegetables at all three meals.”

Photos were taken at events in 2019, prior to the COVID-19 pandemic. Photos provided by Windom Area Health.
Change to Chill initiative helps teens manage, improve mental well-being

Allina Health, through its Change to Chill™ (CTC) initiative, is helping teens manage and improve their mental well-being. CTC helps teens identify stressors and gives them tools and resources to reduce stress and anxiety, care for their mental well-being and build resiliency. In partnership with schools and organizations across Allina Health’s service area, the program offers free classes, online tools and curricula for teens and adults who support them. Reaching more than 300,000 teens, CTC is helping teens learn how to stress less and thrive in a changing environment.

In 2013, Allina Health created CTC in response to its Community Health Needs Assessment, which identified the need for increased mental health support for teens. Minnesota Student Survey results for 2019 also showed more students than ever reporting long-term mental health, behavioral or emotional problems. CTC responded to this increased need in mental health support, especially among younger teens, by expanding its Change to Chill School Partnership to include middle schools and offering additional trainings to teachers, parents and students.

In 2020, COVID-19 caused fear, anxiety, uncertainty and stress in populations across Minnesota. Schools transitioned to distance learning while students, teachers and parents adjusted to a new normal. CTC met the changing needs of the community by offering a virtual care package for families, transforming in-person trainings to virtual well-being classes for all and creating new online resources like a Virtual Chill Zone to provide additional support to students navigating change. CTC enhanced its content by offering tools and resources to help students sort out complicated feelings and cope with grief, loss and change.

COVID-19 disproportionately impacted Black, Indigenous and people of color. In response, CTC partnered with Hennepin County Public Health to provide culturally specific mental health resources for youth most impacted by COVID-19 including Black, Indigenous, Latinx and LGBTQIA+ (lesbian, gay, bisexual, pansexual, transgender, genderqueer, intersexed, agender, asexual and ally community) populations. These populations were already vulnerable, with LGBTQIA+ youth reporting significantly higher rates of anxiety, depression and suicidal thoughts than their cisgender, heterosexual counterparts, along with well-documented mental health disparities among populations of color. CTC worked with teens from each population to share their experience with others through video interviews and translated all available tools and resources into Spanish to expand its reach and impact.

Allina Health expended $220,000 over 2019 and 2020 on its Change to Chill program.
Don’t Die of Doubt Campaign saves lives by encouraging health care visits when seconds matter most

St. Luke’s partnered with the American Heart Association on its Don’t Die of Doubt Campaign in 2020. The campaign urged people to call 911 and seek emergency care if they were experiencing symptoms of a heart attack, stroke or other major health concern. It came about after studies showed an alarming drop in 911 calls fueled by COVID-19 fears.

The campaign emphasized that the best chance to survive an acute event, like a heart attack or stroke, is to call 911 and get an ambulance to the hospital where they are fully prepared to treat people safely. It also sought to reassure people that hospitals are still the safest place to be during a medical emergency when seconds matter most.

St. Luke’s contributed $25,000 toward the campaign, with community outreach efforts including earned media coverage of campaign and how it saved lives, digital ads, billboards, PSAs on local television stations and posters.

Duluth resident Jerry Chiaverini’s wife Lora Lee saw the campaign and got her husband care when he was having a heart attack. They shared their story on WDSE’s Almanac North on PBS. This interview on Almanac North inspired a viewer to seek care for her own medical issues. She was seen and discovered she has cancer. She is now in treatment with a good prognosis because the cancer was found when it was. She credits Jerry and Lora Lee with saving her life because they shared their story.

For more about this campaign and community resources, visit www.heart.org/dontdieofdoubt.

Photos provided by St. Luke’s.
Taking prevention to the community

Early in the COVID-19 pandemic, Hennepin Healthcare recognized that families were understandably fearful of coming into clinics for preventative health care services such as immunizations. As childhood immunization rates began to fall nationally and in Minnesota, something had to be done to address the looming risk of more vaccine-preventable diseases if children miss their vaccinations.

Hennepin Healthcare pediatric providers and community paramedics collaborated to launch Vaccine Mobile to deliver vaccines to children where they live. The team originally saw toddlers, kindergartners and adolescents who were behind or due for their vaccines, but whose families were otherwise reluctant or unable to be seen in clinic. Equipped with the ability to provide all childhood vaccines while taking necessary safety precautions against COVID-19, the team also arrived at each home with cloth masks, books to promote literacy and food bags for families in need. Shortly after starting, the program was expanded to include flu shots for the rest of the family.

In 2020, the Vaccine Mobile team provided approximately 600 childhood immunizations and flu shots in homes and targeted sites including PICA/Head Start and alternative schools, and more than 1,000 influenza vaccinations at community-based pop-up events at the site of a closed clinic on East Lake Street, a voter engagement community event and public housing facilities.

Program support came from multiple sources, including Hennepin Healthcare, the Minnesota Department of Health, Influenza Vaccine Projects, Blue Cross and Blue Shield of Minnesota and Minnesota Academy of Pediatrics Foundation – Medica Foundation.
HealthPartners hospitals use technology to keep families connected during COVID-19 pandemic

Conditions created by the COVID-19 pandemic forced hospitals to put temporary no-visitor policies in place. Thanks to donations to the COVID-19 Response and Relief Fund established across its system, HealthPartners was able to use technology to connect patients and families during isolation.

One of the first people connected were Pauline and Todd Johnson of Roseville. Todd stayed at Regions Hospital in St. Paul from March 25 to April 16, 2020, and was on a ventilator for 13 days. For the first week, Pauline, his wife, received daily phone updates.

"I spoke with so many people, all of them so kind. They made a difficult interaction positive," Pauline said. Then she was offered what she calls her lifeline. "A sweet nurse called and said, ‘What about an iPad chat?’"

A team at Regions purchased iPads for each of the hospital’s intensive and palliative care units and created a secure video process to connect patients with loved ones. The practice has continued at other HealthPartners and Park Nicollet hospitals with the help of their respective foundations’ COVID-19 relief funds.

The Park Nicollet Foundation bought nine iPads for the spiritual care team, Methodist Hospital inpatient oncology and hospice floors and respiratory therapy department. Lakeview Hospital in Stillwater and Amery and Westfields hospitals in Wisconsin also received iPads.

On April 8, Todd was taken off the ventilator and able to speak with his family. “It was incredible just to hear his voice and see the blue of his eyes,” Pauline said tearfully. “He needed to know where he was and that he was safe. He felt better being able to see and hear me.”

Todd was discharged and went home eight days later. The Johnsons made a donation to the relief fund in honor of Todd and his care team.

“We want everyone to have the same opportunity we had,” Pauline said, “so more families can connect with their family during this pandemic and beyond.”