Minnesota hospitals' community contributions

Fairview Red Wing's CARE Clinic team: It takes a village

“Scrubs and Scopes” pilot program introduces young teens to medical careers

Staples hospital helps residents eat more healthfully

Helping separated families reconnect

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Glossary
### Minnesota hospitals’ 2010 community contributions

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Charity care</td>
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<tr>
<td>Costs in excess of Medicaid payments</td>
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<td>Medicaid surcharge</td>
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<td>MinnesotaCare tax</td>
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<td>Community services and benefit operations</td>
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<td>Subsidized health services</td>
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<td>Education and work-force development</td>
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<td>Research</td>
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<tr>
<td>Cash and in-kind donations</td>
<td>$27,880,894</td>
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**Total cost of community benefits**
(as defined by the IRS) ................................................................ $2,283,806,287

**Percent of total operating expenses** ........................................ 11.6%

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
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<tr>
<td>Community building</td>
<td>$9,623,645</td>
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<td>Costs in excess of Medicare payments</td>
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<td>Other care provided without compensation (bad debt)</td>
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**Total value of community contributions** .................................... $3,395,073,092
Minnesota hospitals’ 2010 community contributions total $3.4 billion

Minnesota’s hospitals go above and beyond to provide community benefits beyond traditional health care services. And this year’s community benefit report shows that our state’s hospitals are reliably and consistently not only just carrying out their missions to care for the sick and injured, but they are also constantly demonstrating a spirit of caring that goes far beyond the hospitals’ walls.

Through countless medical research projects, physician training initiatives and programs to care for those who cannot pay, Minnesota’s hospitals continued to aid their communities with compassion and commitment. This financially uncompensated work remains a key method for ensuring that Minnesotans get the medical care and other critical services that make our communities so healthy and vibrant.

This report covers community benefit contributions made by Minnesota’s hospitals in 2010 — the most recent year for which data are available.

Uncompensated care — $496.5 million

Minnesota hospitals provided $496.5 million to patients who didn’t have health insurance or the means to pay for their care.

Services responding to specific community needs — $384.3 million

Health screenings, immunization clinics, subsidized health services and other community outreach programs fall under this category, which totaled $384.3 million in 2010.

Education and work force development — $304.2 million

Minnesota hospitals help train doctors, nurses and a myriad other highly skilled health care professionals. In 2010, those efforts cost hospitals a combined $304.2 million.

Research — $443 million

Because of the research done at Minnesota hospitals, new treatments and cures for diseases are constantly being developed. Hospitals spent $443 million on such efforts in 2010.

Government underfunding — $1.3 billion

When hospitals treat patients on Medicare or Medicaid, hospitals lose money. That’s because those government health-care programs do not reimburse hospitals the full amount it costs the hospitals to provide the care. In 2010, such government underfunding to Minnesota hospitals exceeded $1.3 billion, or nearly 7 percent of the hospitals’ operating expenses.

Clearly, we must continue to financially support our hospitals so they can continue to serve the public good.

Minnesota Hospital Association President and Chief Executive Officer
Lawrence J. Massa
The saying goes that it takes a village to raise a child. The same could be said of health care: Sometimes, it takes everyone’s efforts and energy to keep a community healthy.

That’s why a team of Fairview Red Wing Health Services (FRWHS) employees helped create CARE Clinic, which stands for Community Access, Resources and Education. The free medical clinic in Red Wing sees patients one evening each week.

Physicians, psychologists, dentists, pharmacists, social workers, nurses and support staff from Fairview and other community agencies volunteered their time to start the clinic. For the clinic’s home, FRWHS offered free use of space at the former St. John’s Regional Health Center in Red Wing (known locally as St. John’s Hospital), owned by FRWHS. Fairview also agreed to contribute to the clinic up to $25,000 annually for lab and imaging services.

The team then developed the scope of the clinic’s practice, patient eligibility guidelines, volunteer needs and logistical support.

The group’s hard work paid off when, in January 2010, the CARE Clinic opened its doors for its first patients. Since then, patients have visited the clinic for chronic conditions, such as depression or diabetes; acute issues, like respiratory infections or skin conditions; and even sports physicals.

The clinic serves Goodhue County residents whose annual incomes are below 275 percent of the federal poverty level (a single person who earns less than $29,000, for example, would qualify) and who have no health insurance.

Dr. Dann Heilman, medical director of the CARE Clinic, stands ready to help patients at the free clinic.

Barb Gardiner is a nurse volunteer at the CARE Clinic.
Neela Mollgaard, administrative director of CARE Clinic, said she is humbled every week when she hears stories from the clinic’s patients.

“They are all ages, most are working and all are falling through the cracks,” she said. “The CARE Clinic provides healing to patients emotionally and physically.”

A unique function of the clinic is its collaboration with county public health and social services teams; the clinic refers patients to those organizations when necessary. Volunteers screen patients to assure they are connected with the appropriate resources in the county and to make sure the patients have applied for state and federal programs that may be available to them.

Clinic volunteers include employees of Fairview Red Wing, as well as those from neighboring medical facilities, the county and community members. In 2010, 200 volunteers contributed nearly 4,400 hours to keep the clinic running.

The collaborative spirit behind the initiative is remarkable, said Pam Horlitz, business and community development liaison at Fairview Red Wing.

“It isn’t just Fairview’s effort, it’s the whole community, and that’s the awesome part of this,” she said. “Fairview was able to provide leadership and be one of the main partners, but we couldn’t have done it alone.”

For all of its work on the clinic, the CARE Clinic team earned a 2011 Community Benefit Award from the Minnesota Hospital Association in the small hospital category.

Verna Fricke (left) and Melanie Velasco both volunteer their services as nurses.
Fergus Falls-area seventh- through ninth-graders interested in exploring health-care careers were invited to join a new career club called “Scrubs and Scopes,” developed in part by Lake Region Healthcare.

The inaugural year of the pilot program, which is also organized by the Central Minnesota Area Health Education Center (AHEC), drew 18 students from seven area communities. Minnesota AHEC is a collaboration with the University of Minnesota Academic Health Center’s six health professions schools, and it works in partnership with Minnesota communities to address their unique health professional workforce needs.

Lake Region Healthcare devoted about 50 hours of staff time and about $500 in scholarships, scrubs and other materials to the initiative.

The club meets monthly, and it includes hands-on training. At one session, for example, students learned about fractures, sprains and strains, and how to apply tourniquets and bandaging. Another session involved a simulated laparoscopic procedure.

Several Lake Region Healthcare employees have also offered their time and expertise to the club. At one meeting, guest speaker Dennis Gerold — a fourth-year medical student who served at the hospital through the Rural Physician Associate Program — taught hands-on splinting techniques to the students.
The goal of the program is to promote health-care careers to students at a younger age and to expose them to lesser-known health-care career choices to help them plan for future possibilities, said Cheryl Buck, vice president of human resources.

“We purposely chose to focus on careers where we expect future shortages and to provide hands-on, interactive learning techniques that would engage this age group,” she said. “We believe the program positively impacts our community by providing unique educational opportunities for kids and to help prepare them for a successful future.”
Lakewood Health System undertook several initiatives to provide nutrition information and guidance for community members.

One ongoing project involves distributing food baskets to patients who are new mothers; those who are undergoing chemotherapy; or those who have been diagnosed with diabetes or heart disease. The baskets include healthy foods like whole-wheat spaghetti, low- and no-salt seasonings, unsalted canned vegetables and dried fruit. Information on choosing and cooking healthy foods was also tucked into the baskets. Funded by the Lakewood Health System Foundation, the program's initial start-up cost was $10,000. Approximately 100 hours of staff time have been devoted to the initiative, and a volunteer works two hours a week assembling the bags for distribution.

Lakewood also is participating in a national initiative called “Let’s Go 5-2-1-0” (www.letsgo.org), which provides information and support to children and youth who are at risk for health problems due to their weight. The program’s goal is to increase physical activity and healthy eating for children from birth to 18 through policy and environmental changes.

The 5-2-1-0 name reflects the program’s key message: that each day, every child should eat five or more servings of fruit and vegetables; spend less than two hours of recreational screen time (including TV, computers and

Free lunch bags, like the one shown here, along with water bottles and pedometers, are part of Lakewood Health System's “Let's Go 5-2-1-0” program. The initiative works to encourage healthy eating and active lifestyles among kids and preteens.

“Choose Health” Signs like this one are posted throughout a Staples grocery store as part of an initiative with Lakewood Health System. The program is designed to make it easier for shoppers to identify healthy foods.
hand-held devices); get at least one hour or more of physical activity, and consume zero sugary drinks. The initiative was developed by the American Medical Association, the U.S. Centers for Disease Control and Prevention and the Maternal and Child Health Bureau.

Under the initiative, Lakewood physicians and physician assistants assess participants’ weight and body-mass index. Those deemed at risk are given information, support, resources and incentives for achieving healthier eating habits and increased physical activity. And Lakewood will incorporate the Let’s Go 5-2-1-0 message into all well-child checkups.

Lakewood is also working toward the adoption of a decision-making algorithm based on body mass index. The program is in the startup phase but estimates are that staff will spend an average of 60 hours per month on Let’s Go 5-2-1-0 program implementation.

The idea to implement the national program locally originated with the Todd-Wadena Healthy Connections group, which is a health coalition comprising public and private health organizations, including Lakewood Health System, serving Todd and Wadena counties. Initial funding of $4,000 for 5-2-1-0 was provided by a grant from the Minnesota Department of Health Statewide Health Improvement Program (SHIP).

Most recently, this fall Lakewood partnered with Ernie’s Food Market in Staples to post signs identifying those foods that deliver a significant nutritional or health benefit. The foods are marked with a “Choose Health” sign and were selected based on the 2010 Dietary Guidelines for Americans report developed by the U.S. Departments of Agriculture and Health and Human Services. Lakewood staff members who specialize in nutritional science will also be conducting store tours, pointing out nutrient-rich foods and offering tips and advice for healthy eating.

Jena Doemel, director of nutritional services at Lakewood, says it’s easy for people to get overwhelmed by the choices in the grocery store. “We’re hoping to cut through all the confusion by making it easier to pick healthy foods,” Doemel said.

Laurie Bach, diabetes educator at Lakewood Health System, presents a “Choose Health” food assortment to a recently diagnosed diabetes patient.
Helper separated families reconnect

The Children’s Visitation Center in Albert Lea provides separated families with a supervised place for parents to visit their children, as well as education about how parents can handle conflicts and deal with anger in ways that do not negatively affect their children.

Operated by Group Support Services Inc., the center aids children who have been separated from their parents by the court system because their parents struggled with issues ranging from mental health problems to chemical dependency.

“The visitation center is able to provide a safe environment for children and families to establish positive interactions and assist in building healthy relationships,” said Jeannie Jackson, executive director of Group Support Services. “Children, parents and families are able to function better and are healthier when they are able to have contact in a safe environment that is chemically free.”

Over the past two years, Mayo Clinic Health System in Albert Lea donated $2,200 to the visitation center. The medical center’s donation helped make a sliding-fee scale possible for families struggling financially who need to use the center.

“We couldn’t serve as many families as we do without the support we receive from organizations like the medical center,” said Becky Jensen, director of operations for Group Support Services. By October 2011, the center had served 27 families.

Open since 2007, the center provides on- and off-site supervised visits, safe parent and child exchanges, referral resources, parent education, documentation and case notes and drug screenings. The center is never closed, and it has a staff of four and two security guards.

“Many children are separated from their parents or family members because of safety concerns,” said Jackson. “Custodial and non-custodial parents and individuals who use the center can have issues ranging from mental health issues, chemical dependency, parents who are separating or divorcing, domestic violence, child abuse, legal problems, as well as children in the foster care system.”

The visitation center works with Freeborn County’s Department of Human Services, the legal and court system, public health, area churches, community members and the medical center to provide education and safety to children and families.
“Families who use the center have said family members seem to be less hostile, children are able to enjoy being with both parents and don’t have to be put in the middle of unsafe situations, children begin to have increased self-esteem, and any negative behavior seems to diminish at the center and at school,” said Jackson.
Region 1 (Northwest) community contributions

Charity care .......................................................... $ 1,159,817
Medicaid (costs in excess of payments + surcharge) ......................... $ 13,631,097
*Other community benefit programs and activities ................................ $ 16,541,610
Total cost of community benefits (as defined by the IRS) ....................... $ 31,332,524
Percent of total operating expenses .............................................. 9%
Community building .................................................. $ 429,688
Costs in excess of Medicare payments ........................................ $ 15,909,741
Other care provided without compensation (bad debt) ....................... $ 9,213,716
Total value of community contributions ...................................... $ 56,885,669

Clearwater Health Services, Bagley • Community Behavioral Health Hospital – Bemidji • Essentia Health Ada • Essentia Health Fosston • Essentia Health St. Mary’s Hospital – Detroit Lakes • Kittson Memorial Healthcare Center, Hallock • LakeWood Health Center, Baudette • LifeCare Medical Center, Roseau • Mahnomen Health Center • North Valley Health Center, Warren • RiverView Health, Crookston • Sanford Bemidji Medical Center • Sanford Medical Center Thief River Falls

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

Charity care .............................................. $17,516,282
Medicaid (costs in excess of payments + surcharge) .............. $68,294,946
*Other community benefit programs and activities ................ $67,454,118

Total cost of community benefits (as defined by the IRS) ......... $153,265,346

Percent of total operating expenses ...... 7%

Community building ................................... $481,291

Costs in excess of Medicare payments ... $135,193,311

Other care provided without compensation (bad debt) ............ $37,153,410

Total value of community contributions ....................... $326,093,358

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

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

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<td>Charity care</td>
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<tr>
<td>Medicaid</td>
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<td><strong>Total cost of community benefits (as defined by the IRS)</strong></td>
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<td>Percent of total operating expenses</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><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 buildings; and other community benefit costs."
Region 4 (Metro) community contributions

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

| Charity care | $4,402,081 |
| Medicaid (costs in excess of payments + surcharge) | $23,969,053 |
| *Other community benefit programs and activities* | $22,391,772 |
| **Total cost of community benefits** (as defined by the IRS) | $50,762,906 |
| Percent of total operating expenses | 8% |
| Community building | $513,710 |
| Costs in excess of Medicare payments | $26,553,453 |
| Other care provided without compensation (bad debt) | $10,545,714 |
| **Total value of community contributions** | $88,375,783 |

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

Charity care .................................................. $ 49,144,540

Medicaid (costs in excess of payments + surcharge) .................. $ 129,946,153

*Other community benefit programs and activities .................. $ 906,810,957

Total cost of community benefits (as defined by the IRS) ........... $ 1,085,901,650

Percent of total operating expenses .................................. 20%

Community building ........................................ $ 2,421,402

Costs in excess of Medicare payments ... $ 148,441,491

Other care provided without compensation (bad debt) ........... $ 47,992,903

Total value of community contributions .......................... $ 1,284,757,446

* “Other community benefit programs and activities” comprises the following: MinnesotaCare provider tax; other public programs below cost; community services; subsidized health services; education and workforce development; research; cash and in-kind donations; community buildings; and other community benefit costs.
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 Minnesota residents who earn less than $125,000 per year.

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

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

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

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

Other community benefit costs
Administrative costs, including staff, for implementing, managing and documenting community benefit activities and programs.
Other costs in excess of public program payments
The financial loss suffered by hospitals resulting from the difference between payments received from public programs for those in need of support and the cost of care provided to those enrollees.

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

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

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