Building healthier communities
2013 Community Benefit Report
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Building healthier communities

Minneapolis hospitals’ community contributions total $3.9 billion

Minnesota’s hospitals and health systems have a long history of providing nation-leading, high quality health care 24 hours a day, 7 days a week. A priority for Minnesota hospitals is to design strategic community benefit programs that help health care providers achieve “the Triple Aim:” improve the patient experience; reduce the per capita cost of health care; and improve the health of our population.

As nonprofits, Minnesota hospitals provide a range of vital services that meet the unique needs of the communities they serve, including free or discounted care for the uninsured, under-insured or government-insured residents; community health services and initiatives; health education and wellness programs; and more.

In 2012, Minnesota hospitals provided more than $3.9 billion in contributions to their communities, while providing care for 560,679 inpatient admissions, more than 11 million outpatient registrations and more than 1.8 million emergency room visits.

Assessing the needs of our communities

As part of the Patient Protection and Affordable Care Act (ACA), each charitable hospital assesses the health needs of its community, prioritizes those needs, and develops a plan to address those needs in the years ahead. This is known as a Community Health Needs Assessment. To date, 91 Minnesota hospitals and health systems have partnered with local public health and other community leaders to identify the most pressing local needs. You can learn more at www.mnhospitals.org/CHNA. While the needs of each community are as unique and diverse as the communities themselves — requiring tailored approaches to address the needs — several broad themes emerged as top priorities:

- Access to care
- Obesity
- Unmet mental health needs and a strained mental health system

According to the U.S. Centers for Disease Control and Prevention, more than half of all Americans live with a preventable chronic disease, many of which are related to obesity, poor nutrition and lack of physical exercise. In fact, two-thirds of hospitals that have completed their community health needs assessment identified obesity as one
of their communities’ highest health care needs. Many others identified additional areas associated with obesity, such as the need for wellness, nutrition, physical exercise and other initiatives aimed at improving the health of people in their communities.

More than 50 percent of hospitals also identified mental and behavioral health care as one of their communities’ highest priorities. Through the community health needs assessment, hospitals are developing plans for their role in addressing the workforce, outpatient, inpatient, transportation and other system capability issues that leave existing resources stretched and strained.

A statement from Gov. Mark Dayton last year said these unhealthy lifestyles cost Minnesotans nearly $6 billion in yearly medical costs. Hospitals understand they play a critical role in helping reverse this trend and are working to promote healthier lifestyles through programs designed to get people to increase their physical activity, eat the right foods and manage their health. Examples of these initiatives at work are shared in this report.

This report covers community benefit contributions made by Minnesota’s hospitals in 2012 — the most recent year for which data are available.

**Uncompensated care — $521 million**

Every day, hospitals offer their care at no cost. In 2012, Minnesota hospitals provided $521 million to patients who didn’t have health insurance or the means to pay for their care. In the past five years, uncompensated care has increased 9.5 percent.

**Services responding to specific community needs — $415.7 million**

Health screenings, health education and health fairs, immunization clinics, subsidized health services and other community outreach programs fall under this category, which totaled $415.7 million in 2012.

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**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.
Education and workforce development — $406 million
Minnesota’s health care workforce will take care of new people who gain insurance as a result of the Affordable Care Act and an aging population. In 2012, Minnesota hospitals spent $406 million to help train doctors, nurses and other highly skilled health care professionals to care for our residents.

Research — $543 million
In 2012, Minnesota hospitals spent $543 million on research to support the development of better medical treatments and to find cures for disease.

Government underfunding — $1.7 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 2012, such government underfunding to Minnesota hospitals exceeded $1.7 billion, or 8 percent of the hospitals’ operating expenses.

We hope the stories in this report will inspire you to support local hospitals so they can provide the critical community health care services to improve health, access to care, and quality of life in our communities.
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Minnesota hospitals’ 2012 community contributions

Charity care ................................................................. $ 190,995,030
Costs in excess of Medicaid payments ........................................ $ 618,349,798
Medicaid surcharge ...................................................... $ 138,075,558
MinnesotaCare tax ........................................................... $ 223,444,454
Other costs in excess of public program payments ...................... $ 23,120,732
Community services and benefit operations ............................... $ 47,882,238
Subsidized health services .................................................. $ 367,901,189
Education and workforce development .................................... $ 406,403,206
Research .......................................................................... $ 543,212,602
Cash and in-kind donations .................................................. $ 15,376,163

Total cost of community benefits (as defined by the IRS) .... $ 2,574,760,970

Percent of total operating expenses ........................................ 12.3%
Community building ......................................................... $ 11,157,397
Costs in excess of Medicare payments .................................... $ 1,033,978,309
Other care provided without compensation (bad debt) ................ $ 330,208,794

Total value of community contributions ................................ $ 3,950,105,470
RiverView Health’s Tai Chi Easy class finds a following with all ages, abilities

In RiverView Health’s continuing commitment to community health and wellness, it hit the mark last fall when a free Tai Chi Easy class was introduced to the general public. The class proved so popular, it’s still going strong a year later.

Tai Chi is an exercise practiced for health and wellbeing that evolved from martial arts in ancient China. Originally developed for self-defense, Tai Chi has evolved into a graceful form of exercise. Often described as meditation in motion, Tai Chi promotes serenity through gentle, flowing movements and deep breathing. Tai Chi is low impact and puts minimal stress on muscles and joints, making it generally safe for all ages and fitness levels.

Tai Chi Easy is a carefully developed program that makes Tai Chi fun, easy, and beneficial right away. It uses five of the traditional Tai Chi movements in combination with posture, breathing, self applied massage, relaxation and meditation practices.

Filling a community request

Megan Scott, licensed acupuncturist and certified Chinese herbalist at RiverView Health, brought up the possibility of starting a Tai Chi Easy class at RiverView.

“After having several patients and members of the community ask me about local resources for Tai Chi and having no options for them, I decided to inquire about making Riverview the local option,” Scott said. “I was wholeheartedly supported by our senior leadership team in starting our Tai Chi Easy class.”

Scott attended an intensive Tai Chi Easy Practice Leader Training at Kripalu Center for Yoga and Health in Stockbridge, Mass., with Roger Jahnke, O.M.D., who developed Tai Chi Easy.

She began leading the RiverView class in October of 2012.

“I love to be able to tell patients about the benefits of this exercise, and that it’s available right here.”
But the class is not just for RiverView patients. The class is open to anyone with an interest in improving their wellbeing. The class is taught in a way that you can drop in and start any time, too, Scott said. Depending on the weather, Scott usually has up to 12 participants at each class.

While it’s difficult to put a monetary value on the activity for 2012 because it did not begin until mid-October, Scott refers to the value as “priceless” because it benefits young and old, male and female.

One of the class participants has even taken what she has learned from Scott and passed it on to the Crookston High School Speech Team that she coaches as a relaxation method before meets. On any given Wednesday, you may find that teacher and one of the teenagers from that speech team practicing Tai Chi Easy side by side in Scott’s weekly class. Scott has even invented her own version of an animal Tai Chi game that RiverView Junior Auxiliary members look forward to playing at monthly meetings.

**Increased strength, decreased stress**

The benefits of Tai Chi Easy are many:

- Increased muscle strength, physical conditioning and flexibility
- Improved balance and coordination, decreased risk of falls
- Decreased pain and stiffness
- Decreased stress, improved sleep and mental focus
- Increased energy and vitality
- Improved cardiovascular health - decreased blood pressure

Scott has experienced the benefits firsthand.

“After a long day of work, I look forward to the boost of energy and the relaxation Tai Chi provides; and I always sleep well the night of my classes,” she reported. “Even though the movements are slow, you start to notice your body becoming stronger when you practice Tai Chi.”

For more information on Tai Chi Easy contact Megan Scott at 218-281-9519.
Sanford Jackson Medical Center helps kids and adults Tri for Health

“One only regrets what one does not tri.” This quote serves as inspiration for participants of the Jackson Tri for Health triathlon.

Sanford Jackson Medical Center encourages and supports children and adults to stay active. The hospital is the title sponsor of the Tri for Health, an annual triathlon that takes place at the end of June. The goal is to make the triathlon fun and to keep families healthy. It’s a fun event for kids and adults of every skill level; an active lifestyle is all one needs to complete all levels of this triathlon.

Started in July 2009, the inaugural event was one morning, focused on children ages 5-14 and served 125 participants. Four years later, it is now a two day event for most age groups and athletic abilities. In June 2012, the event served 275 participants from Minnesota, South Dakota and Iowa. Held on the campus of Jackson County Central High School, the Sanford Tri for Health is a small town event put on in a professional manor with endless support from community sponsors and volunteers. Sanford Jackson Medical Center contributes more than $5,000 each year in monetary and time donations.

Coordinator Jeff Johnson says the distances and course have been created to be fun for all ages and levels, yet are a challenging grind for those who are competitive.

To learn more, visit www.triforhealth.com or watch the Tri for Health video.

“I want to thank those of you involved with the Jackson Tri for Health, both organizers and volunteers. In 2011, it was my first triathlon. This past Sunday, I finished my first half Ironman in Racine, Wisconsin. I can directly trace the success I had during the Ironman to my first triathlon where I gained the confidence that this was something I should pursue. Now my sights are on a full Ironman. Thank you.”

— Chad Barker, Sioux Falls, S.D.
Northfield area Heart Safe Project

Nationally, sudden cardiac arrests claim 300,000 people annually. Barely 5 percent survive an event. Immediate, fast, efficient CPR can double or even triple the chances of surviving a sudden cardiac arrest.

A Northfield Hospital Emergency Medical Services (EMS) initiative called Northfield Area Heart Safe Project wants to tilt the odds in your favor. The goal is to educate community members of all ages on the signs and symptoms of stroke, heart attack and sudden cardiac arrest and to train them in no fear, compressions-only CPR, giving them the skills and the confidence to act quickly in an emergency.

“The purpose of compressions-only CPR is to remove the fear many bystanders have and simplify the process of administering CPR,” said Kathy Hanek, a paramedic with Northfield Hospital’s EMS and coordinator of the project. “We hope it will reduce people’s anxiety when witnessing a sudden cardiac arrest and so they are prepared and willing to act in the case of sudden cardiac arrest.”

Northfield Area Heart Safe Project is a local implementation of a more global CPR initiative developed and promoted by Take Heart America. By educating the broader population in CPR, they hope to dramatically improve the survival rates for those that suffer a cardiac arrest.

Northfield Area Heart Safe Project provides training using community volunteers. Most recently, these volunteers have been the EMS Explorers from Post 3300, a hands-on, career-exploring experience for young people ages 14-20. Hanek said the immediate goal of the project is to train students from Northfield High School and Randolph High School. A new state law requires students who graduate in 2015 and beyond to be trained in CPR. Long term, she would like to move the training down the ladder to anyone fourth grade and older in their service area.

The program will look to senior citizens to extend its reach with the aim to recruit and train enough senior citizens to comfortably meet the goal of training high school students. “It will be ‘seniors teaching seniors’” she said of this facet of the program.

Jennifer Fischer, MD, an emergency department physician at Northfield Hospital, is supervising the Heart Safe program. She says it will save lives.

“In the past, a sudden cardiac event almost always resulted in death,” Dr. Fischer said. “If we can get bystanders to overcome their fear and get hands-only CPR going before the ambulance arrives, we can increase survival rates greatly.”

To learn more about the Northfield Area Heart Safe Project, contact Kathy Hanek, heartsafeproject@gmail.com.
Fairview initiative provides flu shots to the underserved: 43,000+ since 2006

Fairview Health Services provides influenza vaccinations at no charge to underserved children and adults through a community-based collaboration that began in 2006.

Fairview’s Minnesota Immunization Networking Initiative (MINI) is a national model for partnering with ethnic and faith communities to help immunize people.

During the 2012 flu season, MINI provided vaccinations to 8,715 people at 142 flu shot clinics in multicultural settings across the greater Twin Cities and in Princeton, Minn. In 2013, organizers expected to provide 10,000 vaccinations.

Funding for MINI comes from Fairview and from grants through the Minnesota Department of Health’s Office of Minority and Multicultural Health and other organizations. The program costs close to $275,000 a year to operate. Fairview provides about 40 percent of that through in-kind and other contributions.

Fairview administers the program as a whole and, in 2012, conducted 64 of the 142 flu clinics. About 70 Fairview health care professionals volunteer to provide immunizations at MINI clinics each year.

Flu clinics start each year in October. The clinics also offer pneumococcal vaccinations for people aged 65 and over and those with chronic medical conditions.

Fairview’s mission in action

“Fairview’s mission is to improve the health of the communities we serve—and this is an example of our mission in action,” says Pat Peterson, director of MINI and Fairview faith community outreach manager.

For the fourth consecutive year, MINI has been certified as a Mark of Excellence Community Vaccinator, meeting standards set by the Minnesota Department of Health.

“In the emergency department where I work, I see patients with the flu who are very, very sick—and I would like to not let this happen to anyone,” says Laurie Gahm, nurse at Fairview Northland Medical Center, who frequently volunteers at MINI clinics.
“Laurie is one of many health care professionals from Fairview who donate their time each year as volunteer vaccinators—and we could not do this without them,” says Paula McNabb, who trains and coordinates Fairview volunteers in the MINI clinics.

A national model for community partnership

Since MINI began in 2006, it has given more than 43,000 flu vaccinations and has become a national model for its work with diverse ethnic and faith communities. Of the 142 vaccination clinics MINI held last flu season, 90 were in faith community settings.

MINI has worked with the Centers for Disease Control and Prevention (CDC) and others to help improve immunization rates among underserved populations nationwide. In 2009, MINI was replicated nationally in nine cities by the U.S. Department of Health and Human Services in concert with the Centers for Disease Control and Prevention and Emory University.

Key partners with Fairview in MINI include St. Mary’s Health Clinics, Stairstep Foundation, Homeland Health Specialists, Open Cities Health Center, River Valley Nursing Center, American Indian Community Development Corporation and the Minnesota Department of Health. Many other community groups also actively help out.

“The success of MINI is due to the collaboration of diverse organizations all working together to improve immunization rates among underserved populations,” says Peterson. “None of us could do this alone.”
Allina Health’s award-winning community programs improve health and prevent illness

At Allina Health, serving the health needs of its communities extends beyond the walls of its hospitals and clinics. Allina partners with its communities on initiatives that improve health and prevent illness. Through community engagement programs, the health system engages more than 3.8 million people through dozens of community health education efforts each year. Following are three of Allina’s award-winning community programs.

Health Powered Kids™

Developed by health professionals at Allina Health, Health Powered Kids™ is a free online educational resource designed to empower children ages 3 to 14 to make healthier choices about eating, exercise, keeping clean and managing stress. More than 10,000 participants have benefited from the Health Powered Kids™ lessons and activities on nutrition, physical fitness and mind-body balance in the first six months of the program.

“In addition to our exercise and nutrition lessons, we’re also helping parents, teachers and community groups talk about stress management and hygiene,” said Susan Nygaard, RN, manager of Community Health Improvement. “This program fills a major need in the community.” Learn more at healthpoweredkids.org.

Neighborhood Health Connection™

Launched by Allina Health in April 2012, Neighborhood Health Connection™ gives people the tools to create informal groups and offers those groups fun and creative ways to make themselves and their communities healthier. The program has served more than 35,000 people since 2012 by providing financial support of up to $2,500 to 180 neighborhoods and community organizations to support health initiatives. In addition, a website was launched to offer neighborhood groups a tool kit to get started on the path to better health, including tips for recruiting neighbors to plan group activities, door hangers, flyers and activity sheets.

And it’s working – more than 70 percent of participants intended to improve their lifestyle habits over a six-month period with 100 percent of the organizations involved rating the overall satisfaction with Neighborhood Health Connection™ as very high or high. Visit neighborhoodhealthconnection.org to learn more.
Let’s Talk Wellness

*Let’s Talk Wellness* is a six-week series of short classes taught by experts from Buffalo Hospital, part of Allina Health. The program was created in 2011 based on the results of a community needs assessment, which revealed community members were concerned with obesity rates, stress and inability to find work-life balance. The series features information and low cost ideas participants can use every day with resources available in the community. Topics range from stress management and life balance to physical activity and nutrition.

Laureen Bodin, assistant city administrator, City of Buffalo, said of *Let’s Talk Wellness*, “It was great having presenters come to our site from Buffalo Hospital. They were credible, fun and their only agenda was to help us become healthier. It was an example of the hospital reaching beyond its walls for the health of the community.”

To learn more, visit allinahealth.org/community.

Ridgeview-supported WeCAB transportation service helps patients access needed services

Ridgeview Medical Center understands that patients often face challenges finding transportation to and from appointments. That’s why the hospital funds WeCAB (Community Area Busing) transportation service, a volunteer-based nonprofit organization that provides low-cost transport service to area residents. Ridgeview provided $20,000 in 2011 to help fund the WeCAB pilot program after a survey showed that half of local residents polled had trouble making it to their appointments at Ridgeview due to transportation issues.

“Ridgeview is committed to helping meet the needs of communities and patients we serve, including providing assistance in getting them to the clinic and access to the health care services they need,” said Robert Stevens, Ridgeview president and CEO. “We’re very proud to support this important community program to benefit area residents.”

Since October 2011, WeCAB has provided nearly 3,100 rides – totaling more than 32,000 miles – to area residents. There are 246 active riders in the program, with an average age of 65.4 years.

WeCAB is not a replacement for existing transportation but is designed to supplement public transportation. It operates on a system of a suggested donation of $2.50 per one-way trip. Drivers are volunteers and drive their own vehicles. There have been 43 volunteer drivers since the program began, with more than 1,660 volunteer hours provided.

The WeCAB transportation service was named a Program of Promise by Jackson Healthcare of Atlanta, Ga., for its work addressing underserved community health and prevention needs. There were 191 hospital community and charitable service programs nominated for the 2012 Hospital Charitable Service Awards; 10 received the awards and four others, including WeCAB, received the Program of Promise designation and $2,500.
Mille Lacs Health System – 21 Days of Wellness

Take a rural service area with high unemployment; high poverty; large numbers of seniors; farmers, families with children and a sizeable minority population – and it’s tough to find a wellness program that is a good fit for everyone. Mille Lacs Health System (MLHS) in central Minnesota knew that its patient population struggled with depression, stress, diabetes and lack of physical activity.

Based on Dr. Deepak Chopra’s idea that it takes 21 days to change any type of behavior, MLHS decided to break up the 2012 Community Wellness program into two parts, using that theme.

The first free event of the 21 Day Wellness Challenge was held on a Saturday in the fall. Lacking funds for professional speakers and other expenses to entice participation, MLHS utilized experts within the health system to provide free health screenings. Employees manned booths with hands-on education relating to diabetes, healthy eating, stress management, sleep problems, CPR, and caregiver stress. Local experts volunteered to give activity sessions on massage, growing your own produce, and taekwondo for kids. Doctors gave health topic talks, and Rehab taught Tai Chi to seniors for balance. The 21 Day theme was sprinkled throughout the event.

Participants filled out a health questionnaire, and based on the answers, the second part of the 21 Day Wellness Challenge was launched. This was organized as 21 days of healthy living emails, and a listgroup was formed from participants who responded to the media stories and ads that were placed regarding an invitation to be part of the challenge.

The three key areas of daily email bursts consisted of info on healthy eating, exercise and stress reduction. Adamant that a fresh take was needed on those issues, the Internet was mined for the very latest and sharpest news, stories and videos that would engage and inspire participants. Participants were also invited to create their own Wellness Challenge – to take one behavior and work at changing it for 21 days.
The two-part program was able to attract seniors, children, teenagers, minorities and adults – utilizing both hands-on informative and technology-based approaches. It was the first of its kind for this non-profit, with little money to spare, but a lot of need for healthy living education.

“If apathy can be measured, we lowered that score 100 percent by the time we finished the 21 Day Wellness Challenge program. There was a lot of enthusiasm about information given in a variety of fresh, new ways,” said Mary Rains, MLHS marketing manager.

Make it happen at your hospital

A total of 531 participants were involved in the Wellness Challenge between the two events. Thirty employees from the health system and 11 community members volunteered a total of 153 hours. The cost of materials, snacks, giveaways and ads was just $625. In-kind contributions from two local newspapers, and a donation from the MLHS Auxiliary as well as the Mille Lacs Area Health Foundation helped with most of the expenses, except for employee time.
Hennepin County Medical Center’s Pediatric and Nutrition Departments continue their five year commitment to patient and family centered care through Taking Steps Together (TST): Nutrition and Healthy Lifestyle Program. Over the past five years TST has served over 450 HCMC patients and family members. TST offers community-based, culturally appropriate, bilingual programming.

Each week families cook, eat, play and learn together; they work together to develop strategies for healthful decisions at home. TST is evidence based, rigorously analyzed and has demonstrated positive results for participants. Everything about TST is patient centered; from the program’s location at neighborhood community centers, to the recipes, languages and activities that are selected. Participants drive the learning at TST. They develop their own guidelines for class participation, and throughout the course they are empowered to utilize their own experiences and cultural knowledge to establish individualized solutions for better health for their families and communities. Along the way, TST staff maintains an environment where physical activities are fun and healthy food is delicious – a core philosophy of the program.

After graduating from TST, participants want to continue to gather together, to build upon the accomplishments they have made during the TST course. Through the University of Minnesota’s Healthy Food Healthy Lives Institute, TST
graduates and program staff received a grant for just under $50,000 to pilot “Next Steps: a community-led solution to sustaining healthy behaviors in families addressing childhood obesity.” With this initiative, TST graduates and community leaders have developed a variety of parent-led health maintenance groups engaging in activities ranging from gardening to cooking and sharing recipes. Together, they continue to move their communities toward better health.

TST operates on an $115,000 budget, with support generous support from the United Way, the University of Minnesota, Hennepin Health Foundation and various donors. The program also benefits from a committed team of staff and volunteers: Medical Director and Pediatrician Dr. John Anderson; Registered Dieticians Laurie Hanson and Patricia Barland; Program Director Rachel Newby; and more than 20 volunteers ranging from TST graduate families, undergraduate pre-med, nutrition and public health students to community members with their Master’s degrees in Public Health, pediatricians and nurse practitioners.
Fairview’s Youth Grief Services offers healing and hope

After the loss of a loved one, children and adolescents can sometimes become the forgotten grievers. Fortunately, Youth Grief Services, a community outreach program of Fairview Health Services, is committed to changing that.

Youth Grief Services (YGS) offers support groups and education for families rocked by profound loss. It was founded in 1999 in response to an identified community need to support grieving children and families in the Twin Cities area.

“Kids grieve so differently than adults,” says Jenny Simmonds, lead program coordinator. “And that can be scary or unsettling for the adults around them, because youth grief doesn’t always look like adult grief.”

To help bridge this gap, YGS works with adults and children separately, giving them the tools that they need to heal. Twice a year, YGS offers seven-week grief support and education sessions for children and teens and separate, simultaneous sessions for parents and caregivers.

Connecting kids who’ve experienced a loss

Since 2009, Youth Grief Services (YGS) also has hosted an annual summer camp—Camp Erin—designed for kids ages 6-17 who have experienced the death of a family member or close friend.

The three-day camp balances traditional outdoor fun with exercises designed to help children express their grief, build trust and self-esteem, and begin to heal.

Raising community awareness

Program staff answer phone calls each week from parents needing grief support and from professionals seeking referrals and resources for clients in grief. YGS also runs occasional grief support groups in schools and does regular presentations to help educate people in the community about childhood grief.

In its seven-week grief series, youth sessions revolve around age-appropriate activities to help kids learn about death and grief through techniques such as art, games, discussion and play.

Isaac Vogt was one of more than 60 kids who attended Camp Erin–Twin Cities last summer. This three-day camp is for children ages 6-17 who’ve experienced the death of a family member or friend. The program is offered at no charge to families through Fairview’s Youth Grief Services.
“With parents, we focus on education and helping parents to understand what their child may be going through,” says Simmonds. “We also connect them with other adults going through similar life experiences.”

‘Empowering to know you’re not alone’

Peter Vogt, who lost his wife in 2012 to metastatic melanoma, says these grief connections can be crucial to healing.

He says that he, along with his 11-year-old son Isaac and his 5-year-old daughter Katie, have all benefited from Youth Grief Services’ support groups and grief camp.

“Just when I thought that my family’s Fairview experience was about to end, we were introduced to Fairview’s Youth Grief Services program in Burnsville,” says Vogt.

“When something like this happens in your life, it’s both comforting and empowering to know you’re not alone.”

Youth Grief Services serves more than 200 people a year—and has assisted more than 3,000 children, teens, parents and caregivers since it began. About 60-65 kids attend Camp Erin each year.

All YGS’ programs—including Camp Erin—are offered at no charge to grieving families. This is possible because of support from Fairview Health Services and the community.

YGS operates with a Fairview-employed staff member and about 75 volunteers. Fairview and Fairview Foundation cover about half of the programs costs and provide other in-kind support. The rest comes from contributions from individuals and community organizations, including The Moyer Foundation and the Randy Shaver Cancer and Community Fund.
HealthEast Care System’s Diabetes Prevention Program builds optimal health and well-being

Through its annual community health needs assessment, HealthEast Care System identified diabetes prevention as a community health imperative. Diabetes has a dual cost: it is physically, emotionally and socially debilitating to individuals and family members who manage this condition, and it has a negative effect on the economy through increased medical costs and lost productivity. In fact:

- One in five Minnesotans is at high risk of developing diabetes.
- One in three infants born in the U.S. during the year 2000 will develop diabetes during their lifetime if the current rate of diabetes diagnosis continues.
- Approximately 79 million adult Americans are living with prediabetes, meaning that they are at a significantly increased risk of developing diabetes in the future.
- According to the American Diabetes Association, annual medical expenses and lost productivity associated with diabetes reached $174 billion in 2007. Currently one in five health care dollars is spent caring for people with diabetes.

Given the impact on community health, HealthEast believes providing community outreach to prevent/delay the onset of type 2 diabetes and improve the quality of life is simply the right thing to do.

The HealthEast Diabetes Prevention Program (DPP) was launched in fiscal year 2013 to expand the disease-specific prevention work that has been supported by the organization. With grants from the HealthEast Foundation, Minnesota Department of Human Services, Minnesota Department of Health and the Lion’s Clubs, the health system has:

- Partnered with HealthEast Passport to deliver the Centers for Disease Control National Diabetes Prevention Program (CDC NDPP) to their members. Passport is a free membership program for people age 50 and better dedicated to enhancing the quality of life for all as we age.
- Initiated a diabetes prevention program through the Faith Community Nurse Network at the Woodbury Baptist Church.
- Delivered the CDC NDPP to HealthEast employees.
- Collaborated with the YMCA to deliver certified diabetes prevention programs to Medicare patients.
- Initiated partnerships with community centers in locations such as Maplewood, West St. Paul and Eagan to

“I feel better. I’ve made lifestyle changes. I gave up drinking soft drinks and eating fast foods, which can be loaded with fat grams. I’m more physically active. I’ve lost about 34 pounds. My goal was not to lose weight but to not be prediabetic and I have managed that.”

— Roger T.
deliver programming that best addresses communities’ specific needs.
- Implemented a diabetes prevention research study at the HealthEast Rice Street Clinic and the Entira Eastside and Entira Westside Clinics. Recruitment efforts are focused on various patient populations (including the Hmong community).
- Created a new HealthEast community outreach website page featuring a wide range of educational tools.

The 16-week, group-based programs noted here were led by trained lifestyle coaches and focused on nutrition, physical activity and behavior change. Program participants were required to have a clinical diagnosis of prediabetes documented by a health care provider. Over six months, 101 community members were served. Participants invested $30 for educational materials. Those participants on Medicaid experienced the program at no cost and, in fact, received incentives to participate in the study.

Collectively, the program exceeded its goals for number of participants, average percentage of weight lost and minutes of weekly activity. Participants lost more than 400 pounds over the 16-week program period and, on average, participants got 180 minutes of activity each week.

To learn more, contact Marsha Hughes, director, Diabetes Care, 651-232-5444.

“I’m now a real label reader. I lost weight and it wasn’t that difficult. I’m walking three times a week. I now have more stamina. I’m very pleased HealthEast is doing this program.”
— Donna N.

“I had no idea I had prediabetes and was at risk for diabetes. It was eye-opening. This diabetes prevention program has helped me be aware of portion sizes, amount of fat in food and the difference between good and bad fats.”
— Marion P.
### Region 1 community contributions

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<td>Medicaid (costs in excess of payments + surcharge)</td>
<td>$19,930,945</td>
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<td>*Other community benefit programs and activities</td>
<td>$16,032,147</td>
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<tr>
<td><strong>Total cost of community benefits (as defined by the IRS)</strong></td>
<td>$38,150,126</td>
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<tr>
<td>Percent of total operating expenses</td>
<td>9.58%</td>
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<tr>
<td>Community building</td>
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<tr>
<td>Costs in excess of Medicare payments</td>
<td>$3,660,180</td>
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<tr>
<td>Other care provided without compensation (bad debt)</td>
<td>$10,504,010</td>
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<tr>
<td><strong>Total value of community contributions</strong></td>
<td>$52,552,152</td>
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</tbody>
</table>

Community Behavioral Health Hospital - Bemidji; Essentia Health St. Mary’s Hospital-Detroit Lakes; Essentia Health-Ada; Essentia Health-Fosston; 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 Bagley Medical Center; Sanford Bemidji Medical Center; Sanford Thief River Falls Medical Center

* *“Other community benefit programs and activities” comprises the following: MinnesotaCare provider tax; other public programs below cost; community services; subsidized health services; education and workforce development; research; cash and in-kind donations; community buildings; and other community benefit costs.*
<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Charity care</td>
<td>$9,984,501</td>
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<tr>
<td>Medicaid (costs in excess of payments + surcharge)</td>
<td>$68,422,167</td>
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<td>*Other community benefit programs and activities</td>
<td>$39,789,900</td>
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<td><strong>Total cost of community benefits (as defined by the IRS)</strong></td>
<td><strong>$118,196,568</strong></td>
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<tr>
<td>Percent of total operating expenses</td>
<td>7.98%</td>
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<tr>
<td>Community building</td>
<td>$2,965,753</td>
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<tr>
<td>Costs in excess of Medicare payments</td>
<td>$125,992,011</td>
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<tr>
<td>Other care provided without compensation (bad debt)</td>
<td>$47,226,026</td>
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<tr>
<td><strong>Total value of community contributions</strong></td>
<td><strong>$294,380,358</strong></td>
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</table>

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

* “Other community benefit programs and activities” comprises the following: MinnesotaCare provider tax; other public programs below cost; community services; subsidized health services; education and workforce development; research; cash and in-kind donations; community buildings; and other community benefit costs.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Charity care</td>
<td>$20,888,027</td>
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<tr>
<td>Medicaid (costs in excess of payments + surcharge)</td>
<td>$79,733,380</td>
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<td>*Other community benefit programs and activities</td>
<td>$61,430,446</td>
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<td><strong>Total cost of community benefits (as defined by the IRS)</strong></td>
<td>$162,051,853</td>
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<td>Percent of total operating expenses</td>
<td>7.02%</td>
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<td>Community building</td>
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<td>Costs in excess of Medicare payments</td>
<td>$58,745,842</td>
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<td>Other care provided without compensation (bad debt)</td>
<td>$41,506,812</td>
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<tr>
<td><strong>Total value of community contributions</strong></td>
<td>$263,434,999</td>
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</table>

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

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Charity care ......................................................................................................................... $ 113,806,879
Medicaid (costs in excess of payments + surcharge) .................................................... $ 416,521,472
*Other community benefit programs and activities .................................................... $ 401,512,438
**Total cost of community benefits (as defined by the IRS)** ................................ $ 931,840,789

Percent of total operating expenses ................................................................................. 9.57%

Community building ....................................................................................................... $ 4,236,645

Costs in excess of Medicare payments ............................................................................... $ 326,250,934

Other care provided without compensation (bad debt) ................................................... $ 156,479,819

**Total value of community contributions** ................................................................. $ 1,418,808,188

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

* “Other community benefit programs and activities” comprises the following: MinnesotaCare provider tax; other public programs below cost; community services; subsidized health services; education and workforce development; research; cash and in-kind donations; community buildings; and other community benefit costs.
<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Charity care</td>
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<td>Medicaid (costs in excess of payments + surcharge)</td>
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<td><strong>Total cost of community benefits (as defined by the IRS)</strong></td>
<td><strong>$44,730,402</strong></td>
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<tr>
<td>Percent of total operating expenses</td>
<td>6.79%</td>
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<tr>
<td>Community building</td>
<td>$228,614</td>
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<tr>
<td>Costs in excess of Medicare payments</td>
<td>$13,399,148</td>
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<tr>
<td>Other care provided without compensation (bad debt)</td>
<td>$12,067,555</td>
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<tr>
<td><strong>Total value of community contributions</strong></td>
<td><strong>$70,425,718</strong></td>
</tr>
</tbody>
</table>

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

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<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity care</td>
<td>$38,751,581</td>
</tr>
<tr>
<td>Medicaid (costs in excess of payments + surcharge)</td>
<td>$149,693,048</td>
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<td>*Other community benefit programs and activities</td>
<td>$1,091,346,603</td>
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<tr>
<td><strong>Total cost of community benefits (as defined by the IRS)</strong></td>
<td>$1,279,791,232</td>
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<tr>
<td>Percent of total operating expenses</td>
<td>20.33%</td>
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<td>Community building</td>
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<tr>
<td>Costs in excess of Medicare payments</td>
<td>$505,930,194</td>
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<tr>
<td>Other care provided without compensation (bad debt)</td>
<td>$62,424,573</td>
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<tr>
<td><strong>Total value of community contributions</strong></td>
<td>$1,850,504,056</td>
</tr>
</tbody>
</table>

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

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