

health equity means





In 2021, health equity finally rose to the forefront of public consciousness. But, many people still don't fully understand what health equity means. At Minnesota Community Care, it means eliminating barriers to ensure that every person has an opportunity to be healthy, well, and thriving. It goes beyond simply providing health services. It encompasses the whole community and requires us to address socio-political determinants of health, including poverty, hunger, access to transportation, and stable housing. This kind of work has been our mission for more than 50 years, and it will continue to be our core focus for the foreseeable future.

We focused on advancing health equity throughout the past year by concentrating on expansion, leadership, and responsive programming.

- In November, we opened a clinic in Farmington to continue breaking down access barriers and ensuring that suburban and rural populations have access to care in their communities.
- Our COVID vaccination teams at our clinics and pop-up clinics have done critical work to provide culturally and linguistically responsive services, promoting vaccinations in populations with high barriers to healthcare access.
- We spearheaded a Food is Medicine Program through a Department of Agriculture grant, focusing on food insecurity as a social determinant of health.
- We also continue to work toward equity within our organization. We recently boosted starting wages by 17%, from \$17 to \$20, becoming the first healthcare system in Minnesota to do so.
- Finally, we've been recognized for our leadership in health equity in Minnesota. East Side Clinic was recognized as a top STD Testing site, and local media outlets highlighted multiple teams for their work in the community.

These were just a few of the many efforts our team achieved in a time of uncertainty. We continue to adapt to adverse circumstances, moving at the speed of need. We serve a collection of common communities as one Minnesota Community Care, the State's leader in the disruption of health inequities.

With gratitude,

Reuben Moore
President and Executive Officer

TOTAL REVENUE
\$41,967,132

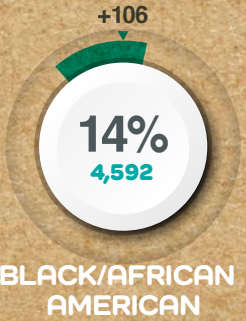
TOTAL EXPENSES
\$46,103,544

TOTAL ASSETS
\$23,869,557

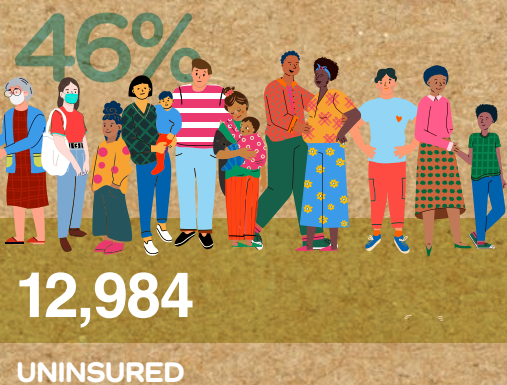
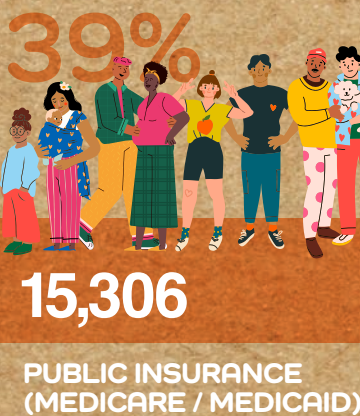


Total Patients
33,595

RACE/ETHNICITY



INSURED

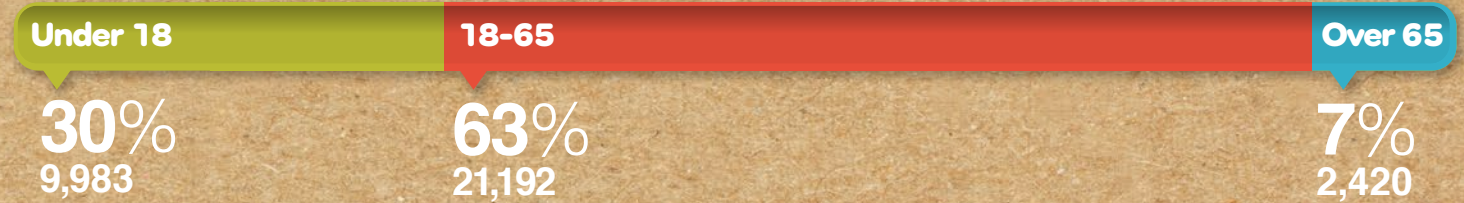


14,226 42%
Patients at or below 100% of the federal poverty level

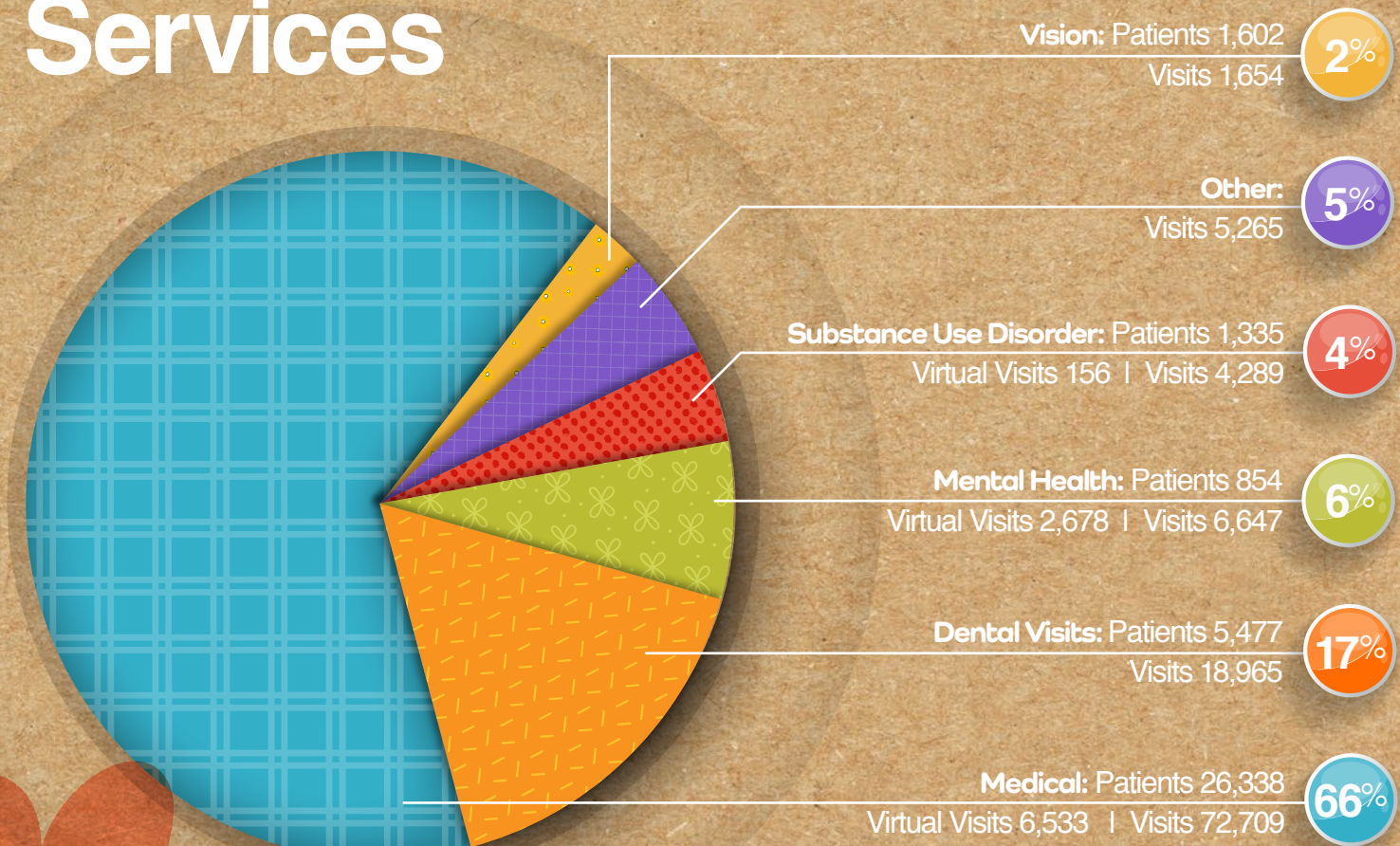


19,421 58%
Patients best served in a language other than English

Ages Served



Services



84% OF PATIENTS RATED THEIR HEALTH AS "GOOD" OR "VERY GOOD" IN FALL 2021

PATIENTS REPORTING THEIR HEALTH AS "GOOD" OR "VERY GOOD" INCREASED BY NEARLY 16% WITHIN SIX MONTHS

97% OF PATIENTS SURVEYED SAID THAT THEY WOULD RECOMMEND US TO A FAMILY MEMBER OR FRIEND



The entire reason we exist is to provide high-quality health care to our patient population. That means being willing to adapt and adjust our care model as needed, moving forward in a way that uplifts patients, the community, and our staff. That's precisely what we did this year.

We took a close look at the entire experience of our patients and their overarching relationship with health. This review covered care in the exam room, their relationship with their provider and clinic, the way they schedule appointments, and the availability of telehealth services. We also reviewed their experience with billing and even how they interact with Minnesota Community Care in the community through events, partnerships, social media, and more. We then brought in a consultant to help us identify key areas where patients feel limited and figure out how to address those deficits through our model of care. The suggestions resulted in three pilot programs launched at McDonnell Dental Clinic, La Clinica, and East Side Clinic.

"At the end of the day, it's about understanding and addressing the needs of patients," explains Chris Singer, Vice President of Clinical Operations and Nursing. "How are we listening to community members and understanding the life experiences that impact their ability to access care? How do we practice differently? How do we redesign systems that support each patient's vision to thrive?"

For us, the answer was finding ways to maximize the effectiveness of in-person visits by increasing contact between appointments, developing processes to ensure that care isn't limited just to the exam room, and building out a care team that can all interact with a patient as needed.

In the traditional care model, a patient with a sore toe would call, make an appointment, check-in, wait in the waiting area, get brought back to the exam room, see the provider, and then go home. In our new model, the patient will also hear from a staff member ahead of

their appointment to review medications and discuss any other health needs or concerns, allowing the team to provide additional services as appropriate. Once at the clinic, a nurse will also speak with the patient, reviewing that initial health assessment, identifying any other patient issues, and scheduling follow-up appointments right in the exam room. The care team can pull in a different provider for quick screening. This change allows for multiple issues to be addressed at the same appointment.

These changes also mean providers no longer have to do everything themselves. All areas of expertise can step in to support the patient, taking the burden off of the provider. For example, this model allows behavioral health therapists to step in and identify mental health needs or a health navigator to help connect the patient to crucial resources like a local food bank.

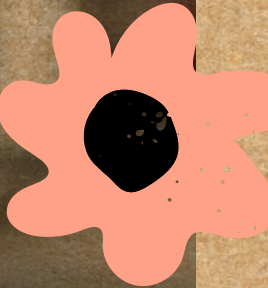
"We updated our care model specifically to improve the patient experience," adds Chris. "When you look at what patients, staff, and the data tell us, it clearly shows that the community is asking for something different. They want care for the whole person in a respectful and uplifting way. They want a care model customized to each patient. They want us to focus on overall well-being and care that helps people thrive."

So far, the changes have proven to be highly effective.

"A provider who has been with us for more than a decade recently said to me she's never seen us provide as good of care as we are providing right now," enthuses Chris. "Our health outcomes are the highest they've ever been. I can't say our transformation is tied to all of it or the sole driver, but it's a perfect cumulation of support. I'm excited that we are seeing incredible improvement!"

Equity Means: Quality Care

"Once the patient leaves, patient access to technology and basic resources prevent us from engaging with them after the appointment," explains Chris Singer. "The more care we can provide while the patient is with us, the better care we can give them, and the higher level of well-being they will experience. We believe this approach builds consistency, trust, comfort, and increases access to all areas of service."



Equity Means: Meeting Basic Needs

In addition to feeding our community's youth through Food is Medicine, we teamed up with local partners including, El Burrito Mercado, Esperanza, and The Sanneh Foundation, to ensure St. Paul families had enough food throughout the pandemic. Bi-monthly food drive provided meals to more than 1,500 families and distributed more than 50,000 pounds of food.



432,170 PEOPLE
ARE FACING HUNGER
IN MINNESOTA

1 IN 9 CHILDREN IN
MINNESOTA FACES
HUNGER

BLACK, HISPANIC AND INDIGENOUS
HOUSEHOLDS ARE TWICE AS LIKELY
TO EXPERIENCE FOOD INSECURITY

540,000 MEALS
SERVED BY MINNESOTA
COMMUNITY CARE IN 2021



Food is medicine.

It is impossible to maintain your health without access to proper nutrition; what you eat impacts your energy levels, weight, growth and development, bone density, and more. But, it goes deeper than that. Lacking regular access to food means you can't take medication that needs to be consumed on a full stomach.

It means children will have trouble concentrating in school, which can impact the course of their lives. It can even mean choosing between feeding your family or purchasing essential medications like insulin or inhalers. Sadly, lack of access to food is a more common problem than people might think.

"Insecure food access is a barrier to care for at least 80 percent of our patients," explains Darryl Scarborough, Executive Project Manager at Minnesota Community Care. "The problem gets even worse in the summer when students no longer receive lunch from their schools."

To help alleviate the problem this summer, Darryl and his team launched a pilot program called Food is Medicine. The program was sponsored by the USDA, and was open to anyone in the community ages 0–18. From July 8 to September 9, participants in the program would stop by our East Side and West Side clinics to pick up nutritious food packets sensitive to cultural needs and religious restrictions. By August, the program even expanded to home deliveries on the weekends.

The menu changed every two weeks and focused on providing healthy food options that wouldn't spoil within a handful of days. Often meal packets included milk, wheat, gluten-free meals, protein, beans, non-sodium noodles, and more. All food was approved by the USDA and Minnesota Department of Education and provided by Nutrition Now (the food vendor that made the entire program possible). Nutrition Now workers bagged the food, loaded up the trucks, and brought the food to our clinical locations, where our team of fellows set up the tables so families would walk by and grab the food to help with the traffic flow.

"As the program went on, we got better and better at distributing the food," explains Darryl. "We especially

focused on incorporating feedback from the community. We had a suggestion box where we received important information from participants and used this to improve our service."

For example, one community member let the team know that many people in the program needed pouches of food instead of cans because they didn't have can openers at home. Another informed us that they needed to get food in plastic bags rather than paper bags as they didn't have a car and the plastic bags were less likely to break during the walk home.

However, the Food is Medicine program didn't just limit its focus to food; we designed it with the holistic health of the person in mind, and as a result, incorporated physical activity as well. Participants enjoyed yoga sessions, salsa dancing lessons, and kid's activities, including hula hoops and jump rope. These activities were led by Minnesota Community Care fellows, all selected to participate in this program due to their commitment to equity and passion for activism. These fellows weren't left out of the program benefits either! To help train them as the leaders of tomorrow, they were exposed to organizational leadership, public figures, and VIPs, including St. Paul Mayor Melvin Carter, every Wednesday.

When the Food Is Medicine pilot program ended, more than 76,000 children in St. Paul had received food, nearly 540,000 meals had been served, and Minnesota Community Care received \$2.8 million in revenue from Minnesota State.

We hope to see the program resume again when school ends in early June.

+80,000 COVID VACCINES
ADMINISTERED

POPULATIONS OF COLOR WERE MORE IMPACTED BY
COVID WITH RATES REACHING 40% POSITIVE

URBAN CORE TEAM ADMINISTERED
MORE THAN 40,000 VACCINES



In 2020, limiting the spread of COVID was the only thing on people's minds. By the start of 2021, that focus shifted to distributing the highly-effective vaccines. A large part of that vaccination effort involved:

- Meeting people where they were
- Providing judgement-free education
- Gently debunking myths that seemed to be inescapable.

Monica Herrera led our efforts.

As the vaccines became available, Monica and her team of up to six staff and a revolving door of volunteers proceeded to vaccinate as many people as possible as quickly as possible, visiting up to three sites every day. Starting in February, the team began vaccinating high-risk individuals, particularly those experiencing homelessness. By April, the team was at community sites every day offering vaccinations, an effort that has not stopped and has led to more than 35,000 vaccinations to date.

In addition to providing vaccinations and boosters to everyone eager for them, Monica and her team also went to work on addressing vaccine hesitancy in the community. Most people were not outright hostile to the vaccines but were unsure. The solution was simple – just talk to people, answer their questions, and build trust.

“We wanted to allow people to make choices for themselves and feel comfortable with their choice,” explains Monica. “Sometimes we’d see someone brought in by family members pushing them to get vaccinated. We weren’t going to vaccinate anyone by force, and instead, we’d tell them they didn’t have to get vaccinated today, and instead we’d sit with them to answer questions and provide reassurance. After that conversation, if they were comfortable, we’d vaccinate them. If they weren’t, they could choose to come back when they were. More often than not, we’d see them again.”

Within the Latino, Black, and Hmong communities, we did see some hesitancy towards the vaccines, usually due to misunderstandings or misinformation. Many members of these communities do not speak English as a first language, making it hard for them to ask questions and get answers, especially when dealing with complex or technical information. Initially, there weren’t many correct

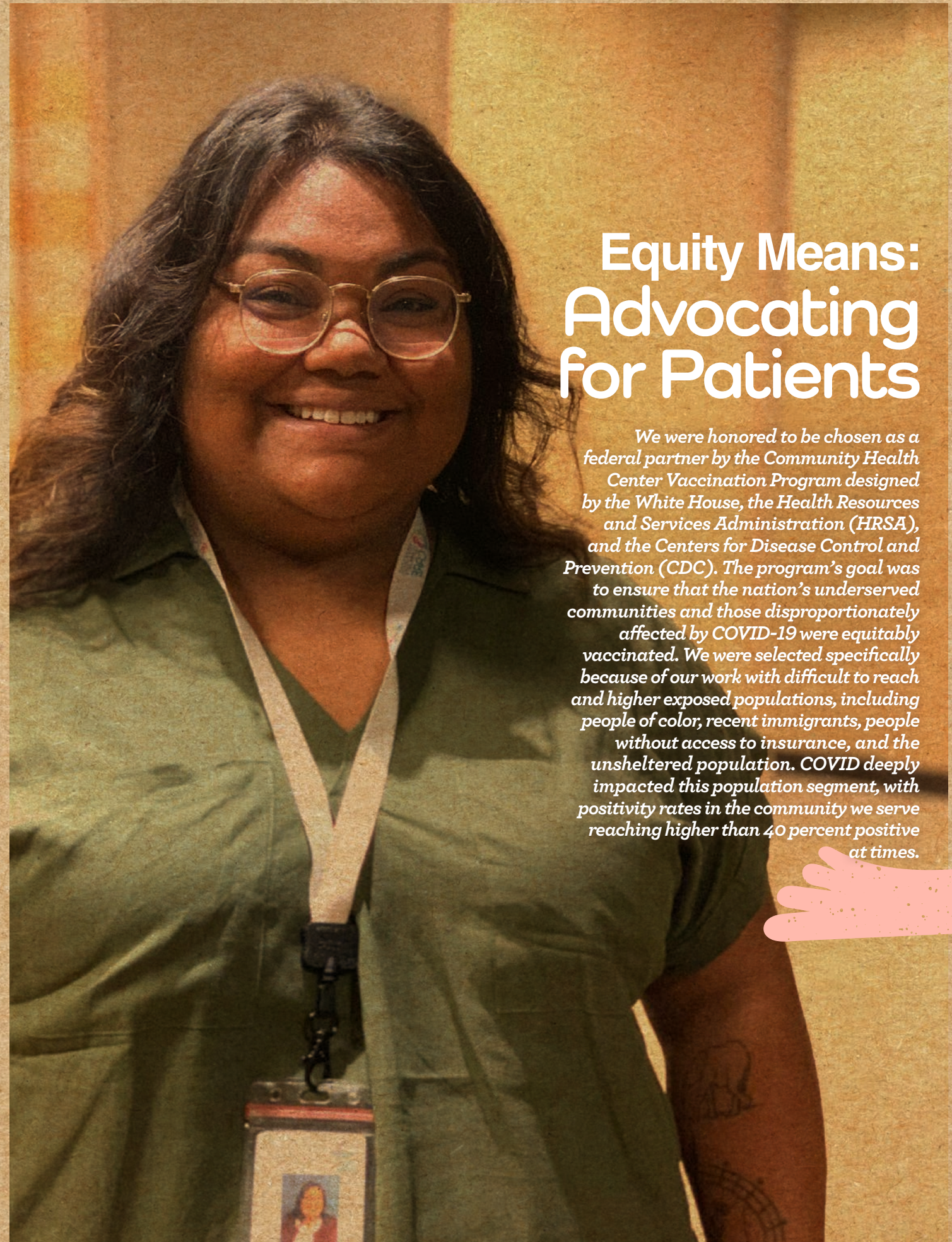
Covid-19 resources offered in multiple languages. We also saw a lot of misinformation, primarily through social media, but they trusted it since it was in their language. That’s why our team proved to be so important. Our team was diverse and included individuals who could speak Spanish, Swahili, Oromo, French and Hmong, and our translation services team was always ready to provide interpretive services. We could talk with anyone and help change their perspectives, especially since we could meet them where they were at and speak their language.

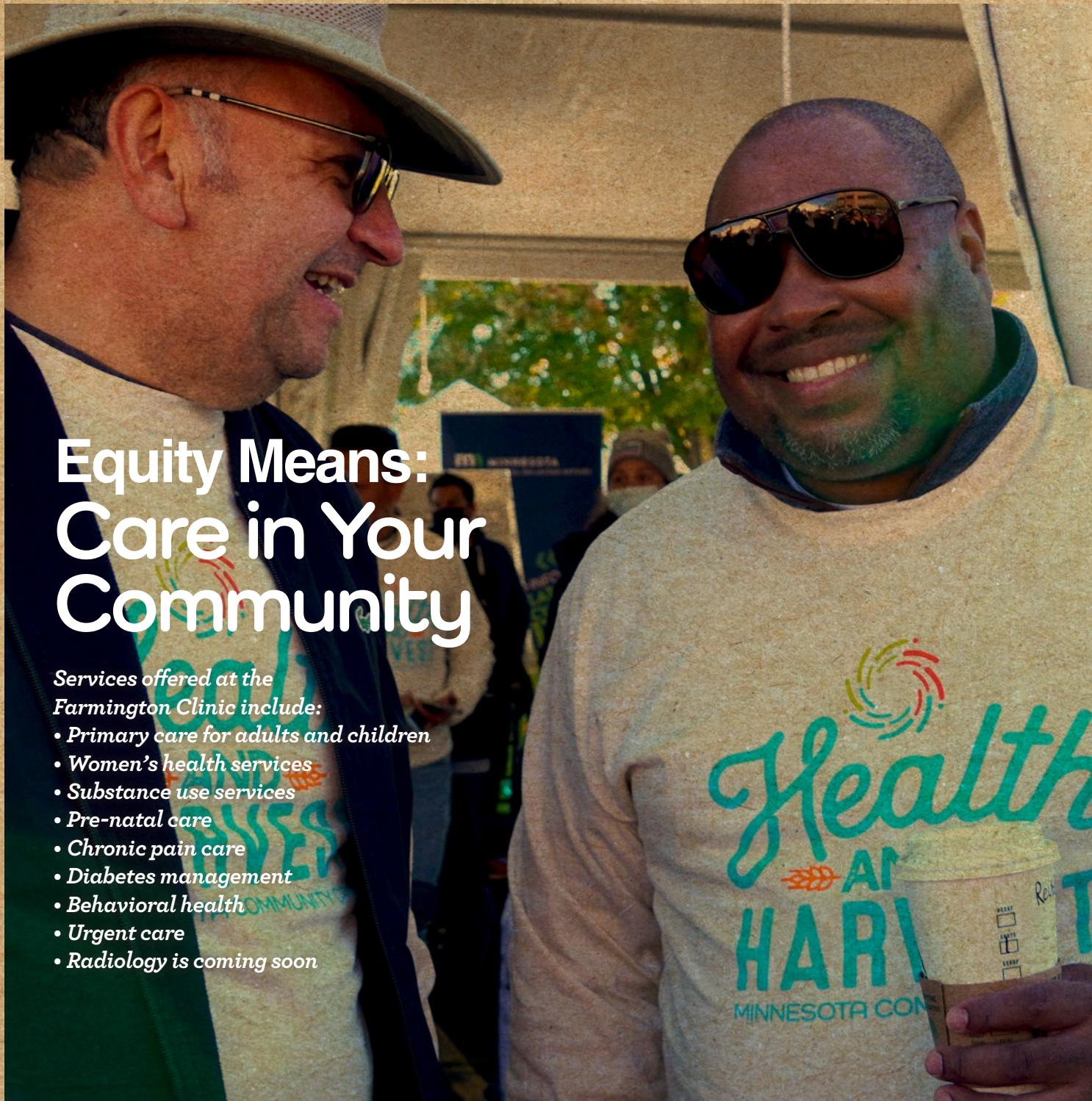
“We want to remain humble, communicate with our patients in a language they understand, build comfort and make sure they don’t feel talked down to,” says Monica. “Even our PSAs and partnerships with community organizations focused on education and connection. For example, we chose people reflective of the community to talk about why they chose to get vaccinated, including a student to talk about the importance of vaccines for youth and the president of the Minneapolis chapter of NAACP and her mother to talk about intergenerational vaccinations.”

Monica adds, “Everyone on the team does it for the community and has a caring and understanding perspective. We can get lost in the numbers, but I think we have done a wonderful job making sure the community is educated, safe, and comfortable with choosing their own healthcare needs.”

Equity Means: Advocating for Patients

We were honored to be chosen as a federal partner by the Community Health Center Vaccination Program designed by the White House, the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC). The program’s goal was to ensure that the nation’s underserved communities and those disproportionately affected by COVID-19 were equitably vaccinated. We were selected specifically because of our work with difficult to reach and higher exposed populations, including people of color; recent immigrants, people without access to insurance, and the unsheltered population. COVID deeply impacted this population segment, with positivity rates in the community we serve reaching higher than 40 percent positive at times.





Equity Means: Care in Your Community

Services offered at the Farmington Clinic include:

- Primary care for adults and children
- Women's health services
- Substance use services
- Pre-natal care
- Chronic pain care
- Diabetes management
- Behavioral health
- Urgent care
- Radiology is coming soon

10 FULL-TIME STAFF MEMBERS

PROVIDERS SEE 100+ PATIENTS A WEEK



At the end of 2021, Minnesota Community Care opened its first clinical location outside of the Twin Cities metro core. The clinic, located in Farmington, is another step in addressing the health needs of all communities. This clinic replaced an existing healthcare system that had left the area. We aimed to fill in the gap left behind, ensuring continued health services to Farmington residents and to residents in neighboring communities who may not have the time or resources to travel long distances for healthcare.

"We were deeply excited to open our clinic and did so rapidly," says Dr. Lauren Graber, Vice President of Population Health and Quality at Minnesota Community Care. "We learned a lot on how we partner with the community and how to roll out what we need. As we're gaining momentum, we're expanding hours and services."

The launch plan for the clinic was to start small and scale up as Minnesota Community Care built ties in the community and hired additional staff. The approach allowed team members to immediately provide affordable and accessible care to all people - those with or without insurance; those making minimum wage or earning six figures; newly-arrived immigrants, or those whose families have been in the area for generations. As the clinic grew, staff also continued to pay special attention to understanding the unique health needs of Farmington and surrounding communities, including limited transportation, longer distances to travel, and fewer service providers.

"The unmet health needs of suburban populations are often overlooked," says Reuben Moore, President and Executive Officer at Minnesota Community Care. "People tend to forget that poverty, food insecurity, language barriers, and immigration status are not just urban concerns. People living in suburban and rural Minnesota also these face barriers to care and the fact that there may not be a primary care clinic within 20 miles of where they live."

The drive to make care more accessible was a uniting factor among the clinic staff.

"We are heart first – everyone working here wants to expand services into an area that needs and welcomes comprehensive services," adds Dr. Graber.

The clinic is already seeing a positive response from patients. One patient was treated for a severe infection and was doing so well during their follow-up visit that within a week their entire family also scheduled appointments with us. Another family recently arrived in the community from Venezuela and turned to Minnesota Community Care for their health needs. The whole family likes interacting with the staff, who have embraced them as part of their extended family. Yet another patient who has visited Minnesota Community Care for several years was delighted about the opening of the Farmington Clinic. They had previously struggled to get their health needs met because they had to drive to St. Paul for their appointments – a trip that took nearly an hour each way. Moving their care to Farmington vastly shortened their drive and allowed them to get the care they needed more quickly.

"Providing care when and how they want it is critical for our patients and is much appreciated," explains Graber. "The first thing you see when you walk into the clinic is what we're calling our Farmington Cares wall. It's covered with letters and drawings from local elementary school kids thanking us for our work."

While the clinic started small, seeing around 100 patients a month, it has expanded since then. Currently, the Farmington Clinic is seeing well over 45 patients per week. Most are Farmington residents, but many others travel to the clinic from Apple Valley, Burnsville, and Rosemount.

"We exist to meet the health needs of all Minnesotans," muses Moore. "Making care more accessible to our neighbors outside of the metro is the next evolution of Minnesota Community Care."



We believe that health care is a fundamental human right and aspire to eliminate health inequities so communities can flourish.

We actively champion the equitable distribution of resources and opportunities in our organization and our communities. We see diversity, the differences among us, as an asset to be appreciated, uplifted, and celebrated. We value the lived experiences of our diverse communities that craft the spirit of our inclusive organization. We affirm that to succeed, we must honor the diverse voices and stories of those we serve and those that serve. We strive to align our policies, practices, and resources so that all people have authentic opportunities to thrive. We cultivate an environment in which all people feel safe to bring their whole selves.

Our dedication to diversity, equity, and inclusion deepens our community relevance, value, and effectiveness and underlies our mission: *to strengthen the well-being of our community through health for all.*

Social Determinants of Health



Economic	Environment	Education	Food	Community	Health Care
Employment	Housing	Literacy	Hunger	Social integration	Employment
Income	Transportation	Language	Access to healthy options	Support systems	Income
Expenses	Safety	Early childhood education		Community engagement	Expenses
Debt	Parks	Vocational training		Discrimination	Debt
Medical Bills	Playgrounds	Higher education		Stress	Medical Bills
Support	Walkability				Support
	Zip code / geography				

DONATE

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380 East Lafayette Frontage Road
Suite 200
St. Paul, MN 55107

- La Clinica
- East Side Clinic
- Downtown Clinic
- Farmington Clinic
- McDonnell Dental Clinic
- Health Start School-Based Clinics
- @McDonough Homes
- @Union Gospel Mission

