



**TRANSFORMING  
OUR FUTURE**



MINNESOTA  
COMMUNITY™  
**CARE**

**AT MINNESOTA COMMUNITY CARE, WE PARTNER TO IMPACT SYSTEMIC BARRIERS TO HEALTH ACCESS. GUIDED BY THIS COMMITMENT:**

We believe that healthcare is a fundamental human right, and aspire to the elimination of 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 in order 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 full 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 care for all.

**BOARD OF DIRECTORS 2019**

Zachary Hylton, *Chairperson*  
 Alejandro Diez, *Vice Chairperson*  
 Cordell Hardy, *Treasurer*  
 Andreatte Hames, *Secretary*  
 Marsha Cressy, *Member*  
 Summer Abdalla, *Member*

Roman Cress, *Member*  
 Rudy Dufour, *Member*  
 Khadra Farah, *Member*  
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Jorge Lomeli, *Member*  
 Krisa Ryan, *Member*  
 Sarah Shrader, *Member*  
 Bill Thompson, *Member*  
 Carol Williams, *Member*  
 Janet Zastrow, *Member*

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 East Side Clinic  
 Downtown Clinic  
 West Side Dental

Health Start School-Based Clinics  
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MINNESOTA COMMUNITY CARE 2019 ANNUAL REPORT



**Our mission:  
Strengthening the well-being  
of our community through  
health care for all.**

LETTER FROM  
**OUR CEO**

## **OUR YEAR**

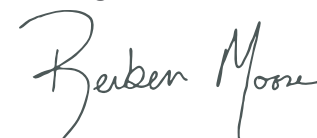
**While we're focusing on 2019 for this report, I cannot speak to our past without first acknowledging our present. Our world has been challenged by COVID-19, counterproductive public health policies, and a renewed awareness of social injustices that dehumanize the marginalized. The current challenges have only highlighted the grave disparities that impact our communities of color and which impact the health of all communities. I say all because we are in this together, and if there is injustice anywhere, then there is injustice everywhere.**

Minnesota Community Care was born on principles of equity and access, and with the intent to ensure that every human has an opportunity to improve their health status. This is our collective why, our collective call to action, and our single vision to disrupt social and health care inequities across Minnesota.

In 2019, our staff demonstrated their resiliency and collective effort towards dismantling historical barriers to health access. We made countless improvements to modernize our organization, amplify the voices of our communities, and reconnect to our patients. We listened deeper through the Community Health Needs and Assets Assessment. We held community outreach events designed with community members and for community members. We hosted leaders including the highest-ranking woman in US government history, Senators, members of Congress, our Governor and Lt. Governor, and healthcare industry leaders with the aim of disrupting health inequities. We improved our programs and care delivery models with an eye towards future sustainability. We stood up and responded to the dynamic pressures of social determinants of health on our communities, the wavering insurance market, and a political climate that disenfranchises people of color.

This is bigger than health care, and we are more than just a clinic. We are an employer of more than 350 team members with a \$36 million economic impact on our communities. We are a place to connect, collaborate, learn, advocate, listen, and challenge the status-quo to co-create solutions that matter to communities. We are a health center, a health system, and in 2019, we replanted our seeds in the community to further grow. We are a reawakened Minnesota Community Care and we are proud of our communities, patients, staff, activated partners, and outstanding Board of Directors.

With gratitude,

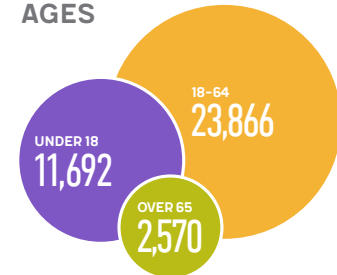


**REUBEN MOORE**  
CHIEF EXECUTIVE OFFICER



TOTAL PATIENTS SERVED  
**38,128**

AGES



CLINICAL VISITS FOR MEDICAL SERVICES

**99,117** | 66%

CLINICAL VISITS FOR DENTAL SERVICES

**25,160** | 17%

CLINICAL VISITS FOR MENTAL HEALTH SERVICES

**9,493** | 6%

FY2018 FINANCIALS

**\$36.2M**

TOTAL REVENUE

**\$15.1M**

UMCOMPENSATED CARE COSTS

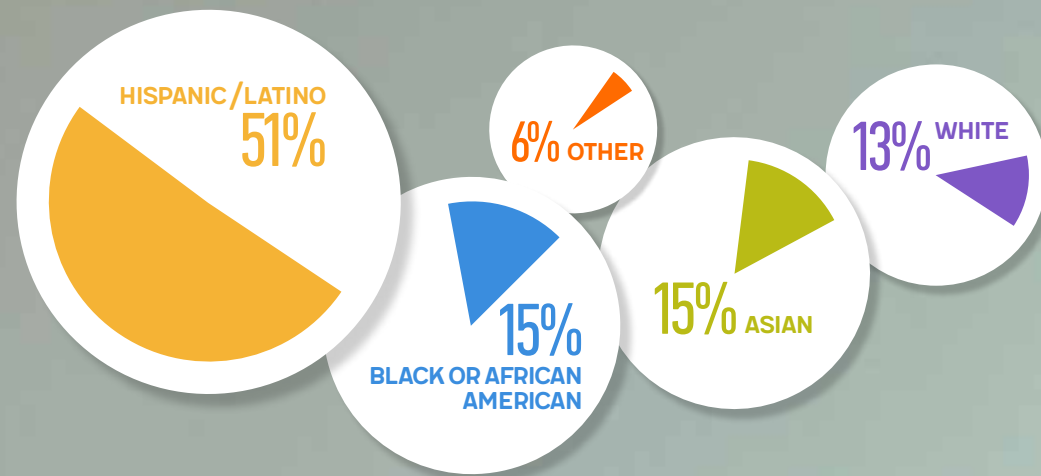
**\$39.3M**

TOTAL EXPENSES

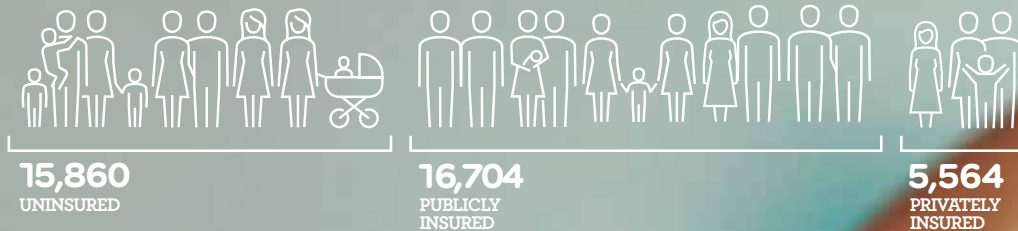
**\$19.1M**

TOTAL ASSETS

RACE / ETHNICITIES



INSURED



PATIENTS BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH

**20,458** (54%)

PATIENTS AT OR BELOW 100% OF POVERTY LEVEL

EARNING \$25,750 OR LESS FOR FAMILY OF FOUR

(61%)  
**23,416**



HEALTH CARE FOR THE HOMELESS PATIENTS

**2,260**



BABIES DELIVERED

**444**



SCHOOL-BASED HEALTH CENTER PATIENTS

**4,012**

**149,225**

TOTAL PATIENT ENCOUNTERS

**WHO WE SERVE**



57%

OF ADULTS EXPERIENCING HOMELESSNESS HAVE A PHYSICAL HEALTH CONDITION

“Everybody here believes really strongly that this population deserves to access care somewhere that's going to treat them with respect and give them high quality service.”

Helene Freint  
Director, Health & Housing



## CARING FOR OUR UNDERSERVED POPULATION

At Minnesota Community Care, we believe all people deserve access to health care regardless of income, immigration, or insurance status. That's why we've dedicated over 50 years to serving Minnesota's marginalized and medically underserved populations, including people experiencing homelessness. In 2019, we took a huge step forward in our ability to provide care to this population by opening our Downtown Clinic, located on the Dorothy Day Campus in downtown St. Paul.

Helene Freint, Director of Health and Housing, says, "Everybody here believes really strongly that this population deserves to access care somewhere that's going to treat them with respect and give them high quality service." Under Helene's leadership, the entire staff at the Downtown Clinic are advocates for underserved populations.

Morgan Weinert (photo on front cover), a nurse practitioner for our Health Care for the Homeless program, chose to pursue a degree in nursing with the goal of providing care to underserved populations. They said, "Just because someone suffers from substance use disorder, mental illness, or chronic health conditions doesn't mean they shouldn't be able to access good care."

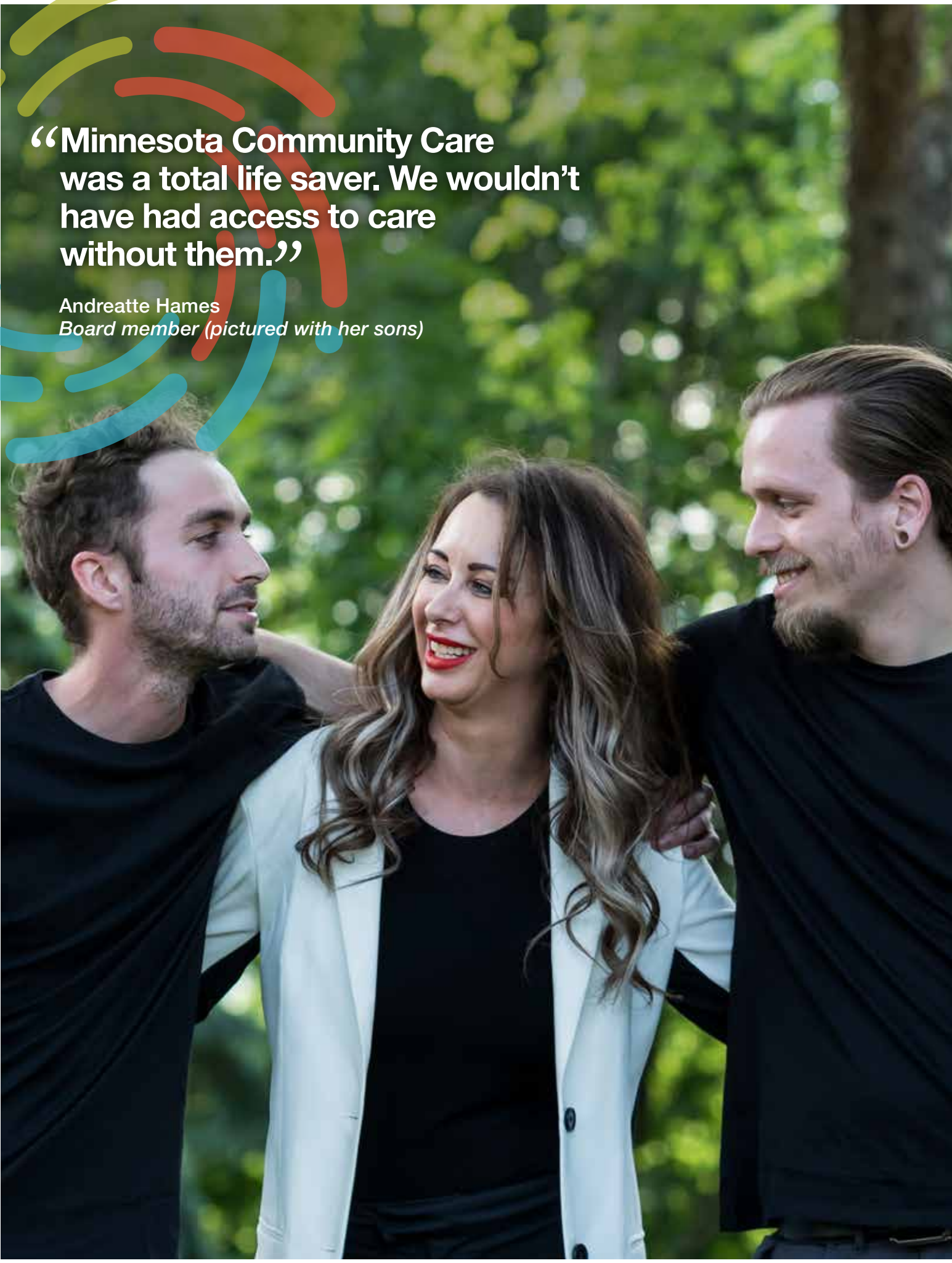
As someone who identifies as middle-class, Weinert has never experienced homelessness. However, as someone who identifies as queer and trans, they have experienced care that is uncompassionate. Given their life experiences, Weinert makes it a point to approach patients with empathy.

"The only way that I can understand what my patients are experiencing is by listening to them and imagining what they must feel like. I try really hard in my visits with patients to meet them where they're at," adds Weinert.

Audrey Segovia, a registered nurse with Health Care for the Homeless, agrees. As someone who has never experienced homelessness, Segovia does her best to listen, have humility, and let patients lead the discussion. "I spend the majority of my time listening to patients and trying to figure out 'What would be helpful for you? What would help you get to where you're trying to go?'" she explains.

Many of the Health Care for the Homeless patients that Segovia sees experience a wide range of psychosocial needs. Instead of shying away, Segovia embraces the problem-solving component of her work. She says, "I really like working with this population. They need people who want to understand their trauma and help break the cycle."





“Minnesota Community Care was a total life saver. We wouldn’t have had access to care without them.”

Andreatte Hames  
Board member (pictured with her sons)



>51% of Board members are current patients

## CARING FOR OUR COMMUNITIES

**Caring for and meeting the needs of our communities requires us to understand our communities. Our Board members, over half of whom live in the areas we serve and receive care in our clinics, guide us in that understanding. Their voices are those of the communities we serve.**

One of our longest-serving members, Andreatte Hames, applied to be a Board member after her primary care provider suggested she would be a great fit for an open position. Andreatte chose to become a Board member because Minnesota Community Care was there for her family in their time of need. Being a member of the board allows her to return the favor.

When Andreatte was raising two teenage sons as a single mother, she lost her health insurance for a few years.

“The clinics we went to our whole lives wouldn’t take us anymore,” says Andreatte. “The one time we were down, they weren’t there for us. The ‘affordable plan’ they offered would require me to pay more than \$500 for every visit. If I had \$500, I’d just buy insurance.”

Luckily, one of her son’s school counselors told her about Minnesota Community Care, our sliding fee scale, and how we work with patients to ensure they don’t have to choose between affording healthcare and affording life. Shortly after being introduced to Minnesota Community Care, one of her sons had a long boarding accident that required several follow-up visits.

“Minnesota Community Care was a total life saver. We wouldn’t have had access to care without them,” reflects Andreatte. “A lot of people are out there trying to make it day to day and simply don’t have access to options.”

Ensuring patients have access to affordable care goes beyond primary care visits. Minnesota Community Care has also leveraged connections to guarantee affordable access to services like mammograms.

“I used [Minnesota Community Care’s] program years ago when I was uninsured, and I wouldn’t have been able to receive care any other way. I would have needed to choose between having a mammogram or paying rent,” explains Andreatte.

Andreatte’s sons are now 24 and 25, have their own health insurance, and still receive primary care at Minnesota Community Care. Meanwhile, for Andreatte, serving on our board has helped bring things full circle.



## CARING FOR OUR FUTURE

Each year, the Brad McDonnell Commitment to Care Award is given to a team member at Minnesota Community Care who lives our mission and values, demonstrates a commitment to caring for our communities, and advocates for our patients. This year, we are proud to present that award to Bao Thao, a medical assistant at our Health Start School-Based Clinic at Como Park High School. The following is excerpted from the award nomination packet submitted by Amy Froiland-Parada, a licensed social worker and one of Bao's colleagues.

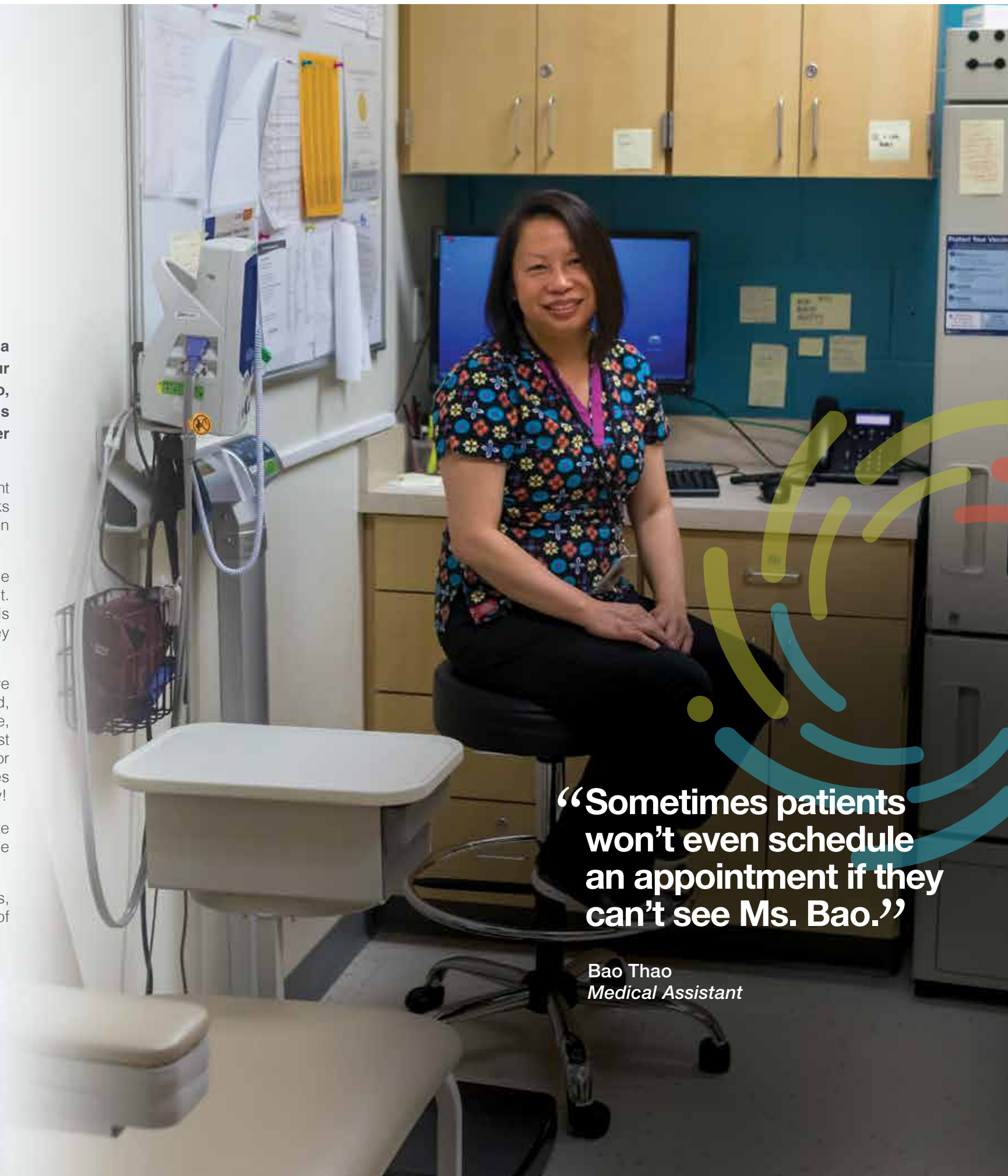
Bao regularly goes above and beyond for her patients, who, as teenagers, can often be impulsive and have different priorities than their care team. Bao looks out for their comfort, advocates for their needs, and if needed, tracks them down when they miss appointments, whether it's to ensure a vaccination series is completed or that a teen receives birth control.

Bao takes the time to get to know the students and their families on a personal level, which makes a huge difference in health outcomes. Many of our patients have experienced trauma and have difficulties with trust. But, because Bao takes the time to build relationships with them, they view her as a safe adult. On days she is not in clinic, patients always ask where she is. Sometimes they won't even schedule an appointment if they can't see "Ms. Bao."

Many other patients are refugees or immigrants for whom English is a second language. Quite often, they have experienced barriers to accessing care in this country. Since we provide our services inside schools – trusted, safe places – we can mitigate those barriers. Initially, we may provide a student with a preventive service, then over time, we identify, treat, and refer for more complex needs. Sometimes a referral to a specialist is required. It is hard to thoroughly describe the challenges in getting a teen who may not speak English or have an understanding of the American health care system to see a specialist. Bao often jumps in and arranges for interpreters and transportation for these patients, which can include picking up a family member along the way!

Bao pays special attention to our patients with disabilities, including rearranging clinic furniture to accommodate wheelchairs and countless ear lavages done on the request of the special education assistants. She is so gentle with them and they are always happy to see her face.

We are lucky to have a provider dedicated to caring and advocating for the next generation. Her kindness, compassion, and strong work ethic make Bao a superb coworker, care provider, and representative of Minnesota Community Care.



**“Sometimes patients won’t even schedule an appointment if they can’t see Ms. Bao.”**

Bao Thao  
Medical Assistant

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