



through it **all**
2020 ANNUAL REPORT





ABOUT 2020

2020 has forever changed our world—from the ravages of the COVID-19 pandemic to the trauma of ongoing racial injustice, from the deaths of George Floyd, Breonna Taylor, Rayshard Brooks, and countless others, to a contentious election and attacks on our neighbors and communities. We mourned. We marched. We advocated. But most importantly, we came together and got down to work. Throughout it all, our team at Minnesota Community Care was here, supporting our communities, saving lives, disrupting disparities, and showing why community health centers are so vital.

As we gathered in February for one of our last in-person events to celebrate the official opening of our new Downtown Clinic, we could not have imagined what the year would bring. Within a month, we had completely transformed our systems, launched telehealth services that allowed our providers to “have a seat at the dinner table,” developed drive-through and walk-up COVID testing sites that often saw positivity rates higher than 40 percent, and established community partnerships to care for the most vulnerable, including Ramsey County’s unsheltered population. Over the next few months, we continued to provide care for our communities and developed strategies to ensure everyone maintained access to health care. Our ability to pivot to address community need is what is now allowing us to provide vaccinations for the most in-need Minnesotans.

The spirit of transformation also extended into our own organization. In an effort to practice what we preach, we examined our own commitment to diversity and inclusion, ultimately deciding to hire two full-time staff members dedicated to the issue and choosing to eliminate Chief titles to respect the Indigenous members of our community. Meanwhile, we’ve also been able to engage organizations like the Minnesota Twins, North Memorial Hospital, Minnesota Department of Health, Black Civic Network, Children’s Hospital, Insight News, and more in conversations around the importance of equity, racial dialogue, and paradigm shifting.

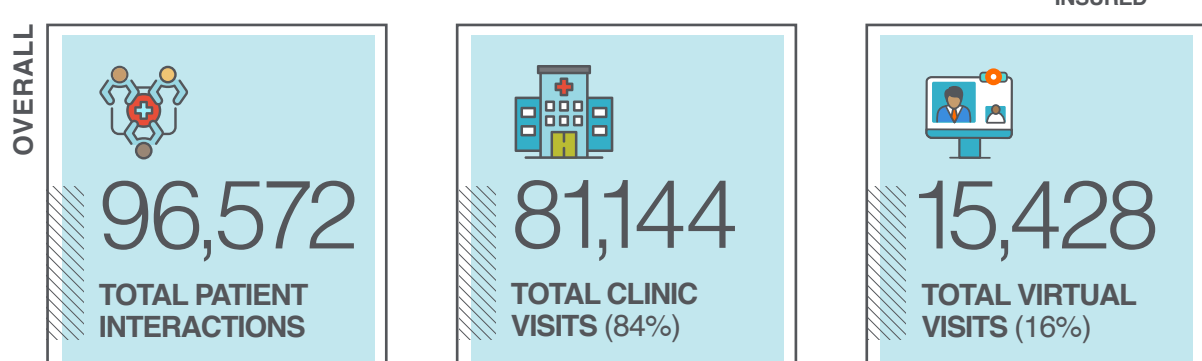
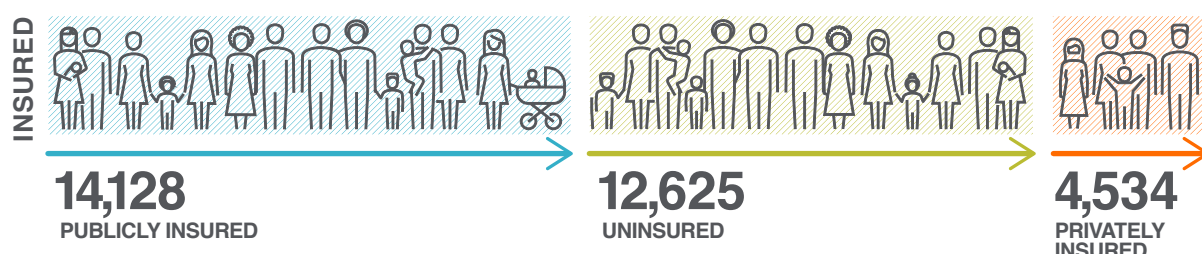
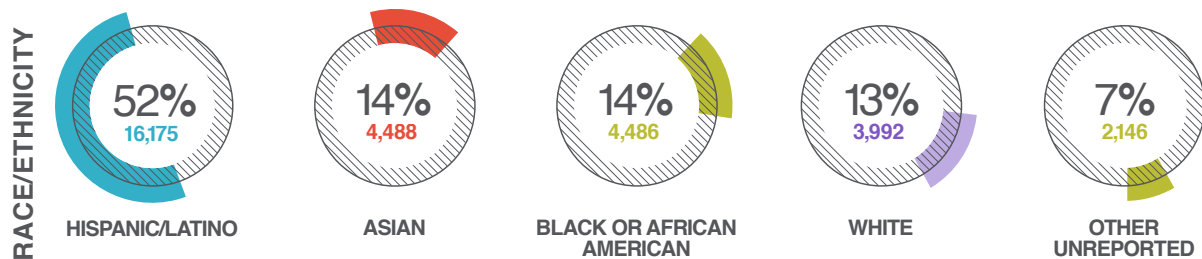
An African proverb says, “If you want to go fast, go alone; but if you want to go far, go together.” I’m happy to say we traveled both fast AND far this year by coming together in the face of overwhelming challenges and focusing on our mission—providing health for all.

I could not be prouder of the Minnesota Community Care team and the services we have provided to the community we serve. I look forward to seeing everyone in person again in 2021 and continuing our work into the future.

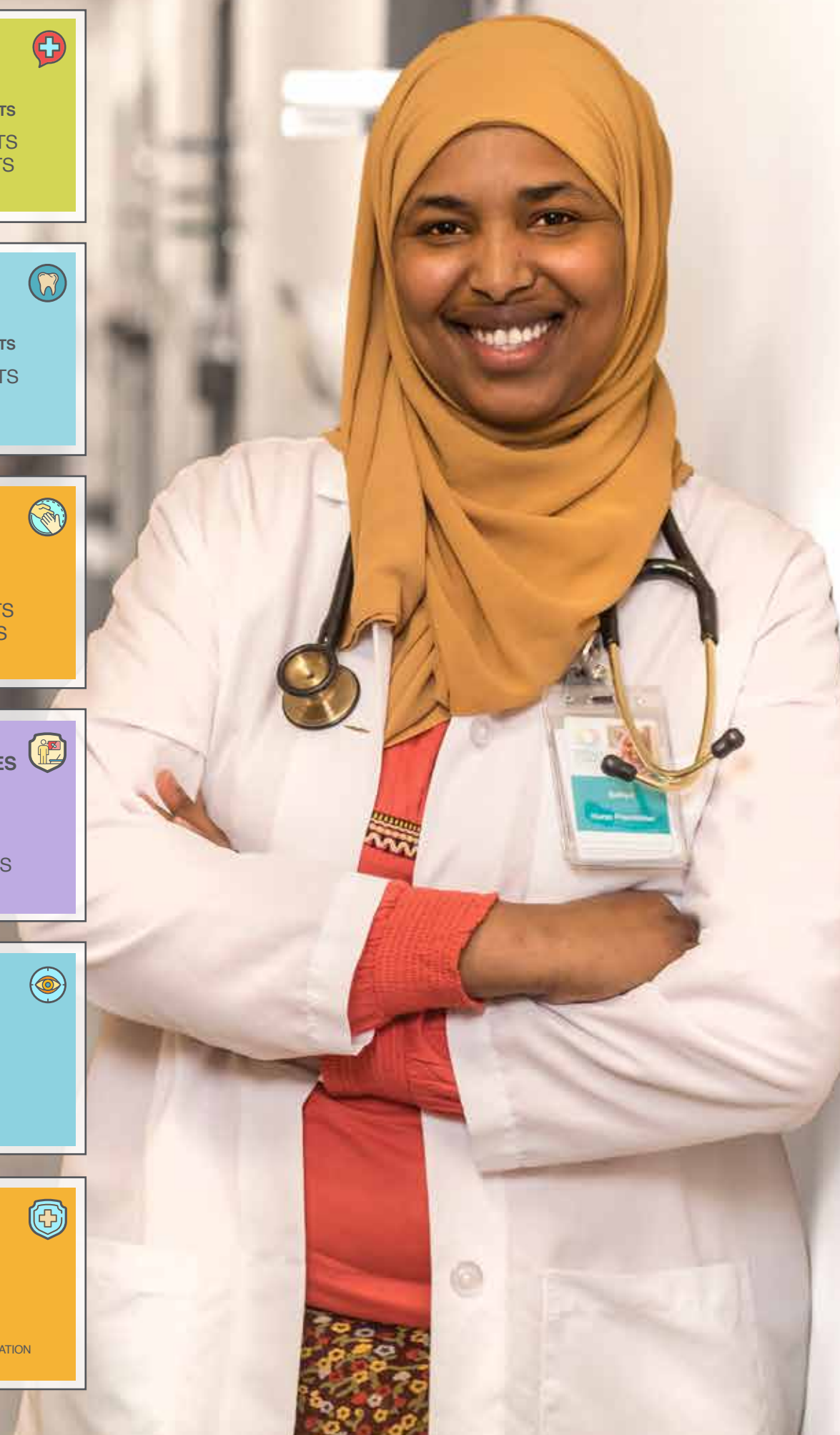
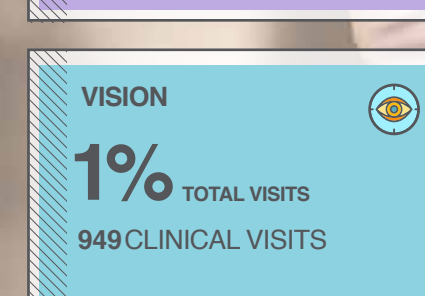
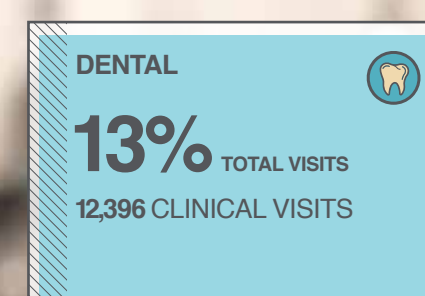
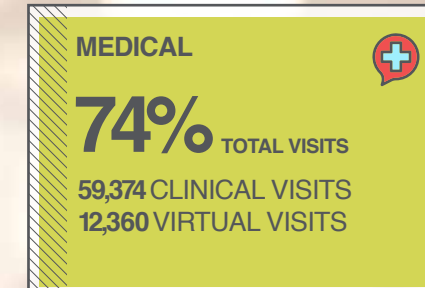
In deep gratitude,

REUBEN MOORE
PRESIDENT AND EXECUTIVE OFFICER

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



SOURCE: UDS REPORT 2020





FACING DOWN A PANDEMIC

Community Health Centers exist to dismantle barriers to care, support the communities they serve, and provide accessible and affordable health care to the historically underserved. While the mission is important during the best of times, during a global pandemic, it can be the difference between life and death. We experienced that firsthand during 2020. As COVID-19 tightened its grip on the world and transformed into a pandemic, Minnesota Community Care rose to the challenge, most notably by staffing the Ramsey County COVID Respite Center for the unsheltered population and launching drive-through testing services.

RAMSEY COUNTY RESPITE CENTER

As COVID cases in Minnesota began to rise and Governor Walz issued stay-at-home orders, one pressing question needed to be answered: How can you shelter at home if you don't have a home? Ramsey County sought to answer that question by creating the Ramsey County COVID Respite Center to provide housing and medical care to the unsheltered population. For nine months, nearly 50 employees from Minnesota Community Care staffed the facility, providing 24/7 nursing care to more than 300 of the state's most vulnerable residents.

"Day one began with a group of us sitting in a vacant Mary Hall discussing how to provide respite care to people struggling with a virus that was unknown at the time," says Julie Mosca, community liaison with Minnesota Community Care. "It was quite an endeavor, but the energy in the room was palpable and encouraging."

Maureen Ovans, a physician's assistant with Minnesota Community Care, added, "When the pandemic started, everyone was thrown a curveball. I had the option to go on furlough or keep working. Part of me wanted to go on furlough, but my dad said 'You'll want to be able to say you were a part of solving things and not sitting on the sidelines.' It was daunting to show up on orientation day in an empty building, but I'm glad I jumped in."

Minnesota Community Care formed teams consisting of an MD and a clinical support staff member to provide intake assessments to anyone who was referred to the respite center. The team also completed rounds twice a day, addressed questions, and facilitated ongoing medical care. While the scope of work was limited, Minnesota Community Care staff figured out a system, and working with St. Joseph's hospital, Downtown Clinic, and partners, created processes for intakes, referrals, and coordination of ER visits and ongoing service care.

"The job was deceptively simple, and many times it was even boring," says Roberto Sande, a translator with Minnesota Community Care. "When nobody gets sick, they think nothing happened. But you're fine because you prepared for the worst and it worked."



"You'll want to be able to say you were a part of solving things and not sitting on the sidelines"



COVID-19 TESTING

In addition to providing care to the state's unsheltered population, Minnesota Community Care also worked on the front lines, testing the community for COVID-19 at drive-through and walk-up testing facilities.

Our sites primarily tested difficult-to-reach groups and populations at higher risk of exposure, including people of color, recent immigrants, people without access to insurance, and the unsheltered population. These groups were heavily impacted by COVID, with positivity rates reaching higher than 40 percent positive.

While COVID proved to be a once-in-a-lifetime challenge, it also showcased exactly why Community Health Centers exist. Every member of Minnesota Community Care rose to the challenge and helped do what we always do—provide compassionate, trusted, and effective care for our community.

Team members experienced / survived / accomplished

- Testing through it all, including low (air) temperatures of 19 degrees, high (air) temperatures of 95 degrees, negative wind chills and stifling heat indices, snow, sleet, hail, rain, winds that took down parts of tents, thunderstorms, riots, and curfews
- Rapid protocol changes from early days with laptops car-side and awkward in-car examinations, to a well-oiled telehealth-to-testing pipeline
- Donated meals from Hope Breakfast Bar, The St. Paul Hotel, The Naughty Greek, Avocadish, Afro Deli, and the St. Paul Bagelry
- Patients who cried as they expressed gratitude for our care
- Patients who cried because they feared for their health and the health of their loved ones
- Patients who said prayers and gave blessings for our work (even after we shoved an NP swab nearly to their brain)
- Those who drove their cars by, honking and waving in support of our testing; giant trucks that could barely fit under our tent; cars that stalled under our tent; cars that hit our tent; and car doors and windows that wouldn't open
- Dogs who objected to our torture of their owners and those who tried to lick the swabs
- Testing patients from 6 months to 88 years old



ADDRESSING HEALTH DISPARITIES

COVID-19 was one of the defining crises of 2020, along with a reckoning with regards to racial injustice and inequities in health care. As a community health center primarily serving patients of color, we see those realities on a daily basis. In St. Paul, a three-mile difference in ZIP code can mean a 15-year difference in life expectancy.

In order to do our part in addressing inequalities in care, we recently began launching programs specifically geared toward the unique health needs and lived experiences of populations of color. The first pilot program, Afrocentric Care Team (ACT), launched in late November 2020 and is focused on addressing the health needs of Black women in America.

“We needed to look at how the pervasive inequalities in health care impact women of color—higher rates of cervical cancer, lower breast cancer screening rates, higher instances of diabetes, high blood pressure, mental health issues—it goes on and on,” says Sonja Bataldan, MS, APRN, CNM, director of perinatal care at Minnesota Community Care. “These issues are not just because of economic disparities. They’re issues because systemic racism has created a lack of trust in the medical community.”

Providers on the ACT team identify as Black and are dedicated to creating a safe clinical setting where they can provide care, listen to women, and innovate around which educational programs can best serve the needs of women of color. The ultimate goal is to build trust through shared experience. That trust can then be leveraged to provide better health care.

Kindra McGee, certified perinatal educator and outreach worker with Minnesota Community Care, enthuses, “Everyone I talk to has been amazed that we are even considering launching a program like ACT. We keep hearing, ‘It’s about time I get to see someone who looks like me.’ The need and desire for this program are rather evident.”

She eagerly adds, “As I’m having conversations around the ACT program, I can see their entire body language change. Their faces brighten. It’s like they can’t even believe what I’m saying. There’s just an immediate switch that leads to people asking for a card. That gives me the chance to talk about how important the program is, how systemic racism and mistrust lead to worse health outcomes, even how they play into the high rates of Black women dying of breast cancer. For example, in Minnesota, Black women have a breast cancer mortality rate that is 24 percent higher than that of white non-Hispanic women, despite incidence rates that are 22 percent lower. Often, this is due to having cancer diagnosed at later, less treatable stages. And that’s just one type of cancer. Black women are disproportionately impacted by several types of cancer, obesity, diabetes, infant mortality rates—the list goes on and on.”

The Afrocentric Care Team currently provides prenatal care, family planning, health screenings, midwife and well-woman care, and screenings for diabetes, blood pressure, and cancer. As the program grows, the team also hopes to integrate mental health and nutrition services.

“I hope programs like ACT can help drive cultural change and raise the profile of the role of race and discrimination with regards to health care. I hope that it becomes part of the anti-racism work we do as an organization.”



BRAD MCDONNELL
COMMITMENT TO CARE AWARD WINNER:
SANDY NAUGHTON

Each year, we present the Brad McDonnell Commitment to Care Award to an individual who lives our mission and cultural values, demonstrates an outstanding commitment to caring for our communities, and advocates for providing the best possible care for all patients. This year, the recipient is Sandy Naughton, a health education manager.

Sandy's 40-year career is a colorful tapestry woven with the breaking of new ground and a resounding response of "yes" to any and all challenges encountered along the way. Notably, Sandy was our very first Health Educator, and she literally wrote the book on Sex Ed in Minnesota, co-authoring the curricula "Values and Choices" and "Understanding Sexuality" that are still in use today.

As a teacher and health educator, Sandy's days often include teaching a morning class, traveling to Gordan Parks, Agape, or Washington senior high schools, and then returning to Community of Peace to teach again. In between, she supervises a powerful team of health educators, assists in mentoring four work-study students from Macalester College, participates in the Interdisciplinary Leadership Team for school-based care, manages two state grants, and uses open dialogue to encourage self-reflection around big ideas such as consent, gender roles, and cultural identity.

Sandy also often works one-on-one with patients to teach coping skills. For example, if a teen is having a bad day, Sandy will work with that student, teaching them breathing and relaxation skills that they can use that very day, and continue to use for the rest of their life in times of stress.

"Sandy has shown me what it looks like to be a tireless advocate for students, going out of her way to provide them with the information, care and skills they need in any situation," enthuses Jennifer Marshall, MPH, health educator, and parent educator.

Shawna Hedlund, director of health access and advocacy at Minnesota Community Care adds, "A teacher who knew Sandy once described her to me as 'the boldest and bravest woman I have ever known.' He was referring specifically to her approach with youth, and the conversations she is willing to foster among them. Sandy asks and answers life's hardest questions with kids every day."

Sandy simply never says no. Can we open a new SBC (School Based Clinic) every year for a decade? Yes. Can you tour the country and help expand this model of care? Yes. Can you teach one more class of kids because they asked for you? Yes. Will you join us on a journey of exploring our biases? Yes. Will you take on management? Yes. Will you mentor us all? Yes. In fact, over the years, Sandy has mentored hundreds of staff and taught thousands of youth. Minnesota Community Care currently employs many of Sandy's former students and mentees.

Sandy is a walking pillar of our mission. Her work in schools has strengthened communities for four decades, supported young pregnancies and parents, reduced risks associated with unplanned pregnancies, prevented HIV and STI infections, assisted youth in coping with stressors, empowered young people to have agency over their bodies, ensured that young people understand their rights and choices, taught all people to practice consent, and mentored parents, teachers and community leaders in how to talk about what we value most—health for all.



"Serving my community has been the hallmark of my career as well as the opportunity to work alongside and grow with phenomenal health care professionals."



WE BELIEVE

We believe that health care 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.**

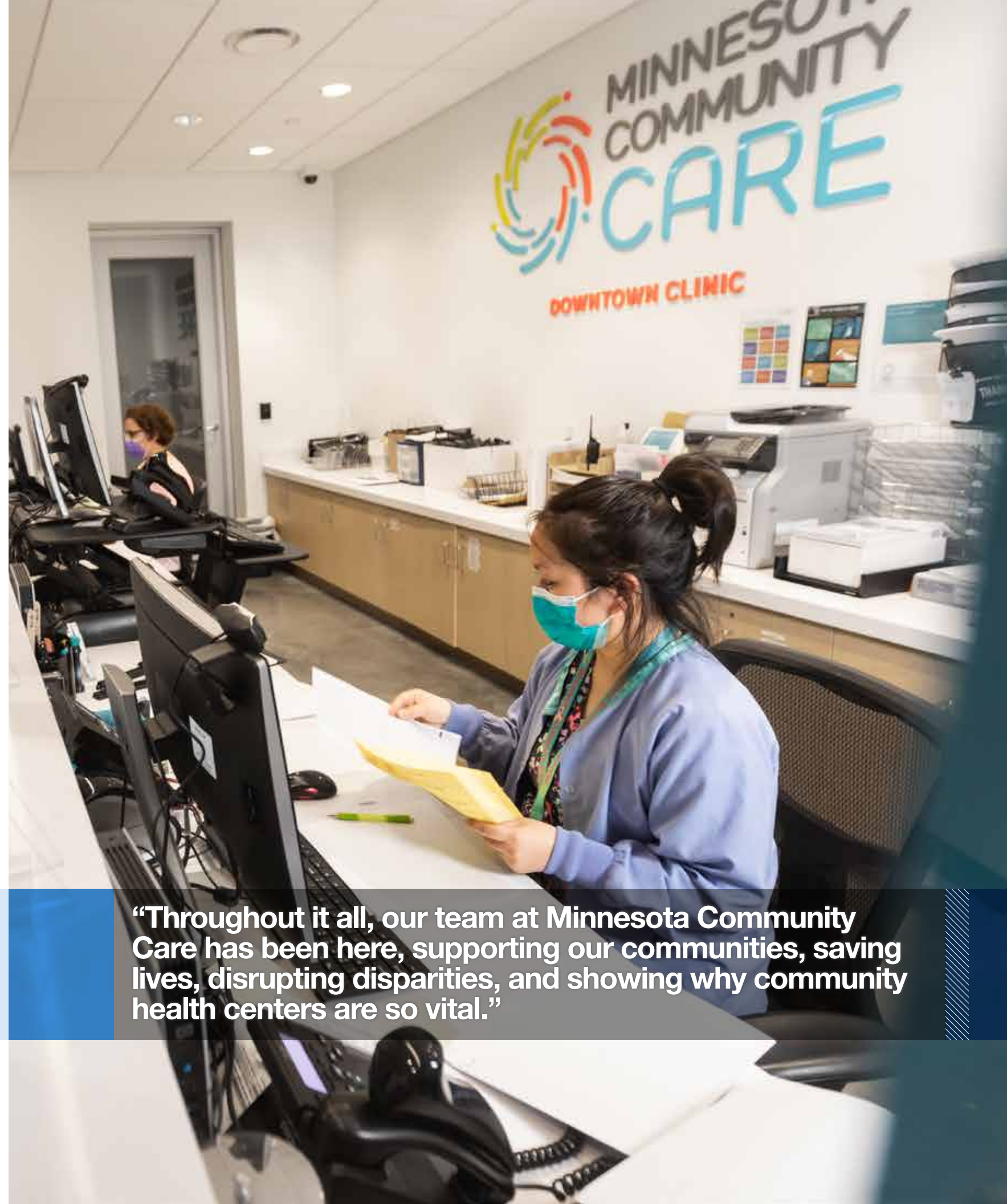
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“Throughout it all, our team at Minnesota Community Care has been here, supporting our communities, saving lives, disrupting disparities, and showing why community health centers are so vital.”



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