

**Sanford Health – Fargo Region
2011 Community Benefit Annual Report**

Overview and Purpose

At Sanford Health we are “dedicated to the work of health and healing”. That is our mission. We demonstrate our support for our mission through our Community Benefit work at Sanford Health – Fargo Region. We are a non-profit organization developed to promote the health of persons in our service area through planning and the establishment of policy for coordination and oversight of exceptional care. The work of Sanford Health is to deliver a flawless experience that inspires. We are inspired by the communities that we serve and we strive to remain a diligent corporate citizen that meets the health needs of these communities.

The purpose of this Community Benefit Annual Report is to communicate the work that has transpired during fiscal year (FY) 2011 that supports the findings from the 2008 community health needs assessment and demonstrates the way in which we are striving to meet the community needs. The rational standard for Community Benefit at Sanford Health – Fargo Region is to meet our charitable purpose and to fulfill the requirements of a not-for-profit health system. As a charitable not-for-profit healthcare organization we are accountable to those we serve for the resources in our trust. Community Benefit is a planned, managed, organized and measured approach to a healthcare organization’s participation in meeting identified community needs.

The 2010 Health Care Reform requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year and starts two years after the date of enactment which was March 2010; and (2) adopted an implementation strategy for meeting the community health needs identified in the assessment. The 2012 Community Health Needs Assessment is underway, and a community collaborative has formed to address the need for a comprehensive assessment and to develop a plan of action to meet the identified needs once they are discovered through the assessment process.

The Sanford Health – Fargo Region Community Benefit Strategic Objectives include:

1. Collaborate with communities to identify unmet community health needs and under-served populations.
2. Address under-served populations and unmet needs.
3. Implement coordination and strategic management of Sanford Health’s Community Benefit efforts.
4. Improve the health of the communities we serve.

Objective One: Collaborate with communities to identify unmet community health needs and under-served populations

The unmet community health needs were identified through the 2005 and the 2008 community health needs assessments. The identified priorities are:

- Mental Health
- Chronic Disease
- Childhood Obesity
- Family HealthCare Center
- Aging Services
- Other identified needs and concerns of the Faith Communities Advisory Group include transportation to medical services and poverty/hunger.

Objective Two: Address under-served populations and unmet needs

Sanford Health - Fargo Region continues to actively work to meet the transportation and poverty/hunger identified needs of the communities in our region.

Transportation

Actions taken during FY 2011 include our work through the Community Care contributions, identification of existing resources and maintaining a current directory for the Faith Communities Advisory Group, Parish Nurses, Social Services, Regional Clinic Directors and partnership agencies, and the contributions through the administrative Friends of the Family support for cab and bus assistance.

Poverty and Hunger

The homeless population growth was identified through a 2010 Wilder Study where 763 homeless people were identified in the Fargo/Moorhead area over the prior 13 months. Over two-fifths of the homeless met the federal definition of chronic homeless or long-term homeless for one year or more or more than four times in three years.

Military men make up 34% of homeless adults in Fargo and 19% in Moorhead.

The homeless adult population contains a disproportionate number of persons of color, particularly American Indians (26% in Fargo and 21% in Moorhead). In the temporary shelters in Fargo, 38% were women and in Moorhead 18% were women who left their homes in order to flee abuse. There is an increase in children living among the homeless, including newborn infants.

Key actions taken to support those living in poverty and hunger in FY 2011 include:

- Support for Churches United for the Homeless and the Cooper House. The Cooper House provides shelter and nursing services for the homeless who are chemically addicted and not able to secure other means of housing.
- Homeless Connect, a health and community services fair, addresses the needs of the homeless and supplies services such as dental care, job coaching, haircuts, job location, etc.
- Contributions through the Great Plains Food Bank and to the Daily Bread Program.
- Sanford Social Services contributed information and referrals to community services for those in need.
- The Friends of the Family contributed to 2,435 people who needed help with transportation to healthcare services and other services while away from their home community.
- Meals on Wheels in Thief River Falls and in Fargo.
- The YWCA and Churches United for the Homeless shelter nurse programs.

Uninsured and Community Care Programs

- The Community Care Program provides healthcare services at no cost or reduced cost to patients within its service area in Minnesota, South Dakota and North Dakota who qualify for the Community Care Program. Patients with incomes at or below 200% of the United States Department of Health and Human Services poverty guideline will receive a 100% reduction of their payment responsibility. Patients with income between 200% - 400% of the poverty guideline will be given a discount based on a sliding scale.
- Sanford Health supported the United Way with a corporate gift of \$78,000 during FY 2011.
- Sanford Health – Fargo Region supports the Family HealthCare Center (FHC) by providing lab services, quality support from the Sanford biomed team, and administrative support to the FHC Center leadership.

Shelter Nurse Program

The Shelter Faith Community Nurses (SFCN) are located at the YWCA and Churches United for the Homeless Shelters, and spend 25 hours each week meeting with patients, providing assessments, making referrals for services in the community or providing education regarding personal health. Poverty, mental health, chronic disease issues and aging are priority health areas for the shelter populations. The Emergency Center utilization has decreased by approximately 50% since the implementation of the SFCN program.

- During FY 2011, the shelter nurses made 1,252 personal ministry contacts. Of those who were referred to community services, 8 (1%) were referred to the Emergency Center, 180 (14%) were referred to primary care, 174 (14%) were referred to

the Homeless Health Center, 97 (8%) were referred to a mental health provider, 92 (7%) were referred to the Family HealthCare Center, 5 (1%) were referred for dental care, and 5 were referred for vision care.

- Sanford Health – Fargo Region partners with the community and the Coalition for Homeless Persons to provide support for the Cooper House shelter nurse.

Family HealthCare Center

The Family HealthCare Center is a federally-funded clinic that serves a population that is diverse and predominantly under-served or under-insured. The mission of FHC and Sanford are closely aligned. The intent of the

October 2, 2006 Statement of Support is to proactively plan together priority work that will be beneficial to providing the highest quality of care for both organizations. The Sanford contribution is reported in terms of cost, not charges.

During FY 2011 Sanford Health made a Community Benefit contribution of \$807,543 through the following means of support:

- Continued to support operations by providing administrative leadership through the Chief Financial Officer for the Medical Center and the Vice President for Mission and Community Benefit.
- Determined the most efficient interpreter services.
- Provision of \$ 804,882 in lab services.
- Imaging service support through monthly quality inspection by the Sanford radiology physics team and biomed.

Objective Three: Implement coordination and strategic management of Sanford Health's Community Benefit efforts

Strong community partnerships have developed to address identified community needs. Strategy and measurement outcomes are in place to monitor changes in the following areas of focus:

- Support for the United Way with a corporate contribution of \$81,000 during FY 2011.
- The Adopt-A-School Partnership with Sanford Health and the Horace Mann/Roosevelt schools has had a positive community health impact since the program's inception in 1999. During FY 2011 Sanford employees provided 1,200 volunteer hours to the Horace Mann/Roosevelt (HMR) students by serving as mentors and classroom readers. In addition the following services have been added: a weekly nutrition talk presented by a licensed registered dietitian, career day speakers, field day support, and the provision of a babysitting clinic. Students have improved attendance and decreased discipline referrals since the program first began. During 2011 the discipline report for the 33 HMR students with a Sanford mentor stated that 91% of the students did not receive a discipline referral, and 88% of the students did not have issues with attendance. Perhaps the greatest reason to celebrate the Sanford/HMR partnership is that during 2011 HMR had the highest test scores in reading and math of all Fargo Public Schools (based on the North Dakota State Assessment taken by students in grades 3-5).

Dental health can be a major factor in the student's ability to do well in school. According to the Kaiser Commission (2008), dental caries, or tooth decay, is the single most common chronic disease of childhood, affecting nearly 6 in 10 children in the United States - which is five times as many children as those with asthma. About 25% of all children have untreated caries in their permanent teeth. Sanford began to facilitate dental screening services for the students at Horace Mann/Roosevelt during the 2008-2009 school years and have continued to screen annually since that time. During 2011 there were 235 students who were screened for dental health. Of those who were screened there were 54 referrals for additional dental care. Of the 54 referrals there were 21 students who had urgent dental needs.

- Each year an updated community asset directory is posted on the website for parish nurses, Faith Communities Advisory Group members, and those who make referrals to community services and programs. This directory is part of the 2008 community asset mapping work and our action plan to address the identified community needs.
- The Patient and Family Resource Center is for patients and their families and is also open to the public. The library consists of 200 free pamphlet titles. The center can be accessed for personal Internet searches and guided Internet searches. Registered nurses and staff are available to help with personalized reference services and the reference questions are answered in person, by phone, or by e-mail. The services are provided at no charge to the customers. During FY 2011, there were 5,425 people who utilized the services at the Patient and Family Resource Center.
- The Ask-A-Nurse Program telephonic service is available to the entire region and beyond. The nurses served 90,916 individuals during FY 2011 and provided a Community Benefit contribution of \$968,039.

- Collaborative partnerships include the Patient Advisory Councils, which were formalized through the Board of Trustees in 2005.
 - The Adult Patient Family Advisory Council meets monthly with a diverse agenda. The group reviews quality data and has periodic presentations about the quality measures and the status of the quality plan. The CMO attends this meeting routinely and seeks advice and feedback regarding patient satisfaction. Topics such as Advanced Directives, Health Care Reform, and the state of the organization are addressed. Agenda topics are set by the recommendations of the Advisory Council.
 - The Children’s Hospital and Clinic Family Advisory Council is a parent membership group that meets to advise about the services, quality and satisfaction with the care at the Children’s Hospital. The members of this advisory council have provided input on the development of the Neonatal Intensive Care (NICU) visitation policies and ideas for the development of a NICU Family Advisory Council.
 - The NICU Family Advisory Council began as a formal group during FY 2011. Parents participate in the advisory group and members from outside of Fargo attend by teleconference. The agendas are developed from assessing the parents to determine what topics are important for them. Such items include parents wanting a mechanism to become more interconnected after discharge to provide a support network for each other and their families. The parent group has branched out to other services that are available throughout the region including Family Voices of ND and MN, the Early Intervention and the Experienced Parent Project, and the Parent Connections weekly meetings which are facilitated by an experienced parent and contribute to consistent care team patient care development through the NICU primary nursing group. The quarterly newsletter for parents and by parents was launched and includes inspirational stories, useful educational topics, and information to help guide parents through the journey during and after the NICU. The group is also planning a Parent Survival Guide, a NICU Parent Checklist, and benchmarks for going home. Long-range plans are also underway.
- The Faith Communities Advisory Group (FCAG) was established in 2005. The charter lists four purposes for the group: to preserve the historic relationship between Sanford Health and area faiths, to improve communication between Sanford Health and faith communities, to give input to the Board of Directors on quality of care and services, and to provide a faith-based perspective to management. Each faith community is invited to send two representatives to the quarterly group meetings (a faith leader and one other representative) based on amendments made to the original Charter. Accomplishments of the Faith Communities Advisory Group over the past year include the following:
 - Executive-led presentation regarding healthcare reform.
 - Discussion about the strategic direction of Sanford Health with a focus on Mission, Vision and Core Values for the purpose of aligning Advisory Group work with strategies.
 - Promoted National Healthcare Decision Day (April 16) by elevating an awareness of Advance Directives and discussing approaches to support completion of documents.
 - Shelby Terstriep, MD, Sanford Health Medical Oncologist, provided background on cancer survivorship and discussed the opportunity for collaboration with faith communities.
 - Increased number of parish nurse members by four nurses.
 - Acknowledged significant impact on services provided to individuals over age 60, such as safety in the home, fall prevention, care coordination, nutrition, visitation/loneliness, and medication concerns.
 - Supported implementation of Faithfully Fit Forever and Living Well programs in faith communities.
 - Awarded the services of five community leaders through the Fargo Moorhead Chamber of Commerce Leadership Teams for 2010 to assist with the initiative work on transportation for medical services.
 - Worked towards impacting ND state transportation reimbursement for disabled and aging population.
 - Convened 10 agencies in the Wahpeton/Breckenridge regional area to create a transportation action plan for solution. A resource grid was developed and distributed.
 - Implemented strategies to address hunger in our region based on the FCAG participation in the 2008 community health needs assessment and the findings from the demonstration project on Creating a Hunger Free ND 2008 in partnership with the Great Plains Food Bank through Lutheran Social Services of ND.
 - Presentation on the findings of the Wilder Study - a snapshot of people experiencing homelessness (awaiting findings).
 - Shared information and reported on status of General Assistance Medical Care (GMAC) in MN.
 - Presentation of the Community of Care Model, which includes a mechanism for older persons and others in need in rural Cass County to access health, human and spiritual services. Model could be expanded to other communities.
 - Identified five key priorities related to aging. These are: transportation, dementia & vulnerable adults, grief and loss, medication administration and transitions through various living arrangements.

- The Advisory Group expansion created a new Advisory Group in the Wahpeton/Breckenridge Regional Service Area.
 - Community needs assessment identified six priorities with transportation and mental health as the two focus areas.

Objective Four: Improve the health of the communities we serve

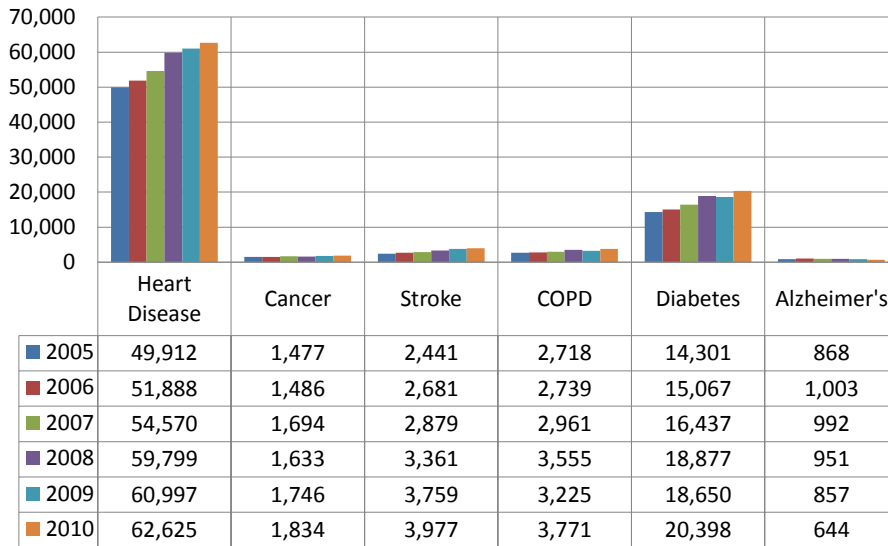
This objective is addressed through the strategic plan for disease management, childhood obesity, mental health and aging services. The following actions steps were taken during FY 2011 to address the assessed health needs of the communities we serve:

Disease Management

The leading causes of death in North Dakota include heart disease, cancer, stroke, Alzheimer’s and chronic obstructive pulmonary disease (COPD). In Minnesota the leading causes of death include cancer, heart disease, respiratory diseases, stroke and diabetes.

- Sanford Health – Fargo Region has noted a gain in unique patients with all of the leading diagnosis diseases during FY 2011 except Alzheimer’s disease. During FY 2011 Sanford Health – Fargo Region managed 62,625 patients with heart disease, 1,834 patients at the Roger Maris Cancer Center with cancer, 3,977 with stroke, 3,771 with COPD, 20,398 with diabetes and 644 with Alzheimer’s.

**Sanford Health – Fargo Region
Unique Patients by Diagnosis**



- Sanford worked in partnership with the American Heart Association to secure \$7.1 million in funding for the North Dakota STEMI Initiative which will bring necessary equipment to EMS services throughout the state and assure that patients who experience a STEMI heart attack receive the appropriate life-saving care.
- The multi-disciplinary Stroke Team was awarded the Gold Achievement Award during FY 2011, demonstrating excellence in the compliance measures required by the Joint Commission stroke certification.
- The Living Well Program provided nearly \$80,000 in Community Benefit Services through the complimentary provision of the chronic disease self-management program in the Fargo and regional locations. The program was provided to 357 participants in FY 2011. The Living Well Program equips participants with general self management skills to help them make steps towards a healthier life and become more actively engaged in their own healthcare.
- Asthma care documentation has been improved through the use of interdisciplinary teams that include providers. Documentation of the Asthma Control Test scores is increasing throughout Sanford Clinics, especially by pediatricians at the Southwest and Broadway clinics. The next focus will be Asthma Action Plans. A new initiative for asthma care and documentation is being initiated through the Allergy department to reach out to Family Medicine and Internal Medicine.
- COPD inpatient care continues show improvement in outcomes. The percentage of inpatients receiving evidence-based recommended care is at the highest level since our initiative began in 2008. Our outpatient focus continues, providing nurses

and physicians with training in office spirometry in numerous clinics throughout the Fargo Sanford Network. We continue to see an increase in the percentage of patients diagnosed with COPD that have a spirometry test in their medical record.

- The Congestive Heart Failure multi-specialty group continues to monitor outcomes and drive excellence in care. A future goal is to seek CHF accreditation.
- Sanford Health supports the American Diabetes Association and the Tour de Cure in Fargo as well as the Step Out Walk to Fight Diabetes in Fargo and Grand Forks. Sanford provides healthcare for over 20,000 patients with a diabetes diagnosis and has contributed \$4,000 in cash and nearly \$1,000 in in-kind support to the ADA to advance the work to find a cure.
- Sanford has developed an exclusive partnership with the American Heart Association and supports the Start Walking Program to as a mechanism to provide public education about the risk factors of heart disease and stroke preventive measures that can be taken to prevent these diseases. During FY 2011 Sanford provided healthcare to over 62,000 patients with heart disease, and nearly 4,000 patients who have had a stroke. During FY 2011 Sanford contributed \$53,000 to the Start Program and to the Heart Walks in Fargo, Detroit Lakes and Grand Forks, and nearly \$2,300 in in-kind support for programs.

Mental Health

Mental health was one of the top needs identified during the Community Health Assessment in 2008. Among the main issues identified were substance abuse and clinical depression. As we work collaboratively to develop solutions to address mental illness in our communities a Public Policy Advocacy Group has been formed. This group is made up of Sanford leaders and area Psychiatry providers who are working with the North Dakota Department of Human Services to advance mental health services throughout the state. Other Sanford Health – Fargo Region partnerships that address mental health needs include the EC Collaborative and the Community Coordinating Committee.

Sanford Health – Fargo Region has implemented the IMPACT program and the Quality PHQ-9 measurement indicators throughout the organization. This measurement tool helps providers determine the best method of treatment for patients with depression based on evidence-based research. The IMPACT program has been found to be effective in all age groups.

The Shelter Faith Community Nurse (SFCN) is available at the YWCA and the Churches United for the Homeless shelters to address mental health issues. The client base consists of shelter residents, non-residents and staff. During FY 2011 the shelter nurses provided 25 hours of service each week at each location and there were 1,252 contacts including:

The following interventions occurred:

• Health Teaching/Counseling	935	75%
• Crisis Intervention	26	2%
• Bereavement	39	3%
• Rites/Rituals	218	17%
• Support	1,132	90%
• Community Liaison	421	34%
• Correspondence with Parish Nurses	85	7%
• Assessment	437	35%
• Follow-up Appointment	521	42%

The SFCN partners with other health and community agencies. For those who needed other services the following referrals were made:

- 8 (1%) were to EC
- 92 (7%) were to Family HealthCare Center
- 174 (14%) were to Homeless Health Center
- 43 (3%) were to Urgent Care ***
- 180 (14%) were to Primary Care
- 97 (8%) were to Mental Health Provider
- 34 (3%) were to VA
- 0 (0%) Substance Abuse Services ***
- 5 (0%) South East Human Services

- 7 (1%) Lakeland Mental Health Center
- 0 (0%) Prairie Saint John's
- 48 (4%) were to Internal (Shelter)
- 24 (2%) were to Faith Community
- 16 (1%) Dental ***
- 5 (0%) Vision ***
- 1 (0%) Transportation Services
- 236 (19%) were to Other

The Parish Nurse Program made a total of 8,853 contacts with clients during FY 2011. 21% of those 1:1 contacts were referred to other services including the following:

- 792 (9%) were to a pastor
- 268 (3%) were to a physician or health care professional
- 244 (3%) were to a other healthcare provider
- 256 (3%) were to faith community resources – Befrienders, Helping Hands, etc
- 228 (3%) were to a community resource
- 85 (1%) were to other

19% of the contacts were made with clients who are not members of a faith community – demonstrating that this is a community-based program that extends the mission outside of its doors. During FY 2011 the following interventions occurred:

• Health Teaching/Counseling	3,077	35%
• Crisis Intervention	287	3%
• Bereavement	586	7%
• Rites/Rituals	3,217	36%
• Support	7,428	84%
• Community Liaison	348	4%
• Correspondence with the Parish Nurse	1,070	12%
• Assessment	3,958	45%

The 8,853 contacts facilitated improvement in health. The contacts with the parish nurse resulted in the following outcomes:

- 215 (2%) avoided a hospital or the emergency center visit
 - 191 (2%) received help in obtaining the appropriate medication or medical device
 - 1,162 (13%) of the contacts experienced enhanced independent living
 - 2,750 (31%) experienced an enhanced quality of living
 - 419 (5%) had an injury prevented
- There were 1,527 blood pressures taken throughout the 12 months.

Childhood Obesity

Sanford Health follows the American Academy of Pediatrics evidenced-based guidelines that were developed by the National Childhood Action Network Expert Committee. All pediatric patients within the Pediatrics and Family Medicine services are assessed for BMI during the Bright Futures visits. 21% of the pediatric patients at Sanford Health – Fargo Region ages 0-19 years of age have a BMI greater than the 84th percentile. Adjusting the age range to the 2-19 years of age, the percentage jumps to 30% with a BMI over the 84th percentile. Pediatrics and Family Medicine provide the 5-2-1-0 Childhood Obesity Prevention Program handouts at provider visits. These handouts recommend at least five fruits and vegetables each day, no more than two hours of screen time daily (including computer time needed to complete school work), at least one hour of physical activity daily, and no sweetened beverages.

A new childhood obesity prevention initiative at Sanford this year is WebMD *fit*. Backed by the clinical experts of Sanford Health, *fit* educates, empowers and motivates families to live a healthy lifestyle through a comprehensive suite of online resources for kids, parents, teachers and clinicians. *fit* is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep).

Also new in FY 2011 is the Family Fit Night in the Fargo area. The Sanford Health – Fargo Region licensed registered dietitians and exercise physiologists provided expert clinical guidance for the new Family Fit Night Programs in eight area schools. These programs were scheduled on a monthly basis and provided educational sessions on health, nutrition and physical fitness, as well as providing a time for creative physical activity with children and family members. Eight of the local elementary schools were selected in partnership with TNT Fitness and the Boys and Girls Club.

Weekly nutrition classes at Horace Mann/Roosevelt elementary schools continues this year and is a weekly nutritional talk that is conducted in the cafeteria over the lunch period. The students are very excited to welcome the Sanford Community Dietitian and a Sanford exercise physiologist who provides a fast-paced talk based on a weekly nutrition and fitness theme. A quick facts handout is sent home to the parents each week to reinforce the healthy recommendations both at home and at school.

Honor Your Health is a comprehensive wellness program developed by Sanford Health – Fargo Region which focuses on evidenced-based nutrition standards, physical activity and behavioral health. This class is offered for adults and provides a basis for young parents as well as all adults who will learn about health and wellness. This program is a comprehensive approach to healthy lifestyle practices and may facilitate healthy behaviors for families.

Construction of the new Family Wellness Center in southwest Fargo has taken place this year, and the center is set to open in October of 2011. This new resource will address wellness for children and families in partnership between Sanford Health and the YMCA of Cass and Clay. This facility has multiple group exercise rooms as well as classrooms for educational events.

B-Well (Beltrami Wellness Education for Life - formerly known as the B-Team) continued to execute their strategic plan as a comprehensive model to address childhood obesity and other health prevention programs. This community collaborative organization works to change social norms to increase people's activities and eating behaviors.

Aging Services

The Parish Nurse Program continues to support the aging populations in our region. During FY 2011 53% of the population served by parish nurses were 65 years or older.

The Living Well Program serves the aging population and helps them set chronic disease self management goals.

Sanford Health's Occupational Therapy providers present the Car Fit Program for the senior population. Sanford Health – Bemidji sponsored a Senior Citizen's Health Fair for the regional area.

Analysis of the 2011 Community Benefit Inventory Data

Sanford Health – Fargo Region contributed \$64,363,555, in Community Benefit during 2011 which includes \$2,263,372 from Thief River Falls and \$127,891 from Mayville. This accounts for 6.2 % quantifiable benefit as a percent of total operating revenue.

The annual community benefit report is divided into two sections. The first section captures the losses incurred through the provision of traditional medical care; the second section captures expenditures in community benefit programmatic categories. An explanation of the FY 2011 data follows:

Charity Care and Other Means-Tested Government Programs

Charity care is free or reduced health services provided to persons who cannot afford to pay and who meet the organization's financial assistance policy criteria. Charity care is reported in terms of cost, not charges, and does not include bad debt. Sanford Health – Fargo Region's contribution for Charity Care for FY 2011 was \$7,450,531 including \$6,065 from Mayville and \$66,547 from Thief River Falls. Charity Care at Sanford Health – Fargo Region is known as the Community Care Program.

Government-sponsored means-tested healthcare community benefit includes unpaid costs of public programs for low income persons. This reflects the shortfall that is created when the facility receives payments that are less than the cost of caring for public program beneficiaries. This payment is not the same as contractual allowance, which is the full difference between charges and government payments. The unpaid cost of Public Programs (Medicaid and the general medicine and psych components of the Medicare program) is \$41,102,826, including \$82,050 in Medicaid at Mayville and \$2,004,350 for Medicaid at Thief River Falls for FY 2011.

Sanford Health – Fargo Region's contribution for low or negative margin services during FY 2011 is \$3,687,838. The following services are included in this category: Hospital outpatient services including trauma care, the blood bank, the Coordinated Treatment Center, Life Flight Services, Hospice Services, regional clinics, and hospital-based physician services that support Trauma and General Medicine such as hospitalists, ER physicians and intensivists.

Community Health Improvement Services

Community health improvement services are activities that are carried out to improve community health, extend beyond patient care activities, and are usually subsidized by the healthcare organization. These services do not generate patient care bills.

Sanford contributed \$1,737,713 for community health improvement services which include community health education, and community-based clinical services. This contribution includes \$44,512 which was contributed from the medical center in Thief River Falls in this category, and \$3,804 from the medical center in Mayville.

Community health education includes lectures, presentations, and other group programs and activities apart from clinical or diagnostic services. Key components of this category include the following Community Health Education Services which detail just some of the programs contributed by Sanford Health Fargo during FY 2011:

- The Ask-A-Nurse Program served nearly 91,000 individuals from throughout the region and nation during FY 2011.
- The community based licensed registered dietitians provided nutrition presentations to over 1,300 individuals.
- Cancer education for 406 patients and cancer survivorship for 976 individuals.
- The Living Well Program impacted 357 individuals who live with a chronic illness.
- The Consumer Health and Business Center served 5,425 individuals.
- The Parish Nurse Program which served faith communities throughout the region.
- Car Fit services for seniors where senior patients are evaluated by an occupational therapist to make certain that the car is adjusted to the patient's needs and assuring that every effort is made to improve safe driving conditions.
- Diabetes Education Classes for patients and families
- The Diabetes Advisory Board is part of the national certification as an American Diabetes Association Program. This Advisory Board is comprised of healthcare professionals and patients who work to improve the care and outcomes for patients with diabetes.
- Family parenting and sibling classes serving 4,874 individuals.

- Parent’s Fair is held annually and during FY 2011 had an attendance of 900 individuals. The Fair provides a variety of educational topics and expert presentations for parents from across the region.
- The Speaker’s Bureau provides numerous healthcare experts from Sanford who respond to a request to address specific topics to a broad range of community organizations.
- Numerous support groups are hosted by Sanford each month and receive indirect support as well as expert healthcare presentations as requested.
- The Workforce Development K-12 contributions include the Adopt-a-School Program with Horace Mann and Roosevelt Elementary Schools, Career Days, Youth Medical Experience, and SCRUBS Camp.
- Breastfeeding classes were provided for 425 individuals.
- Caring for Newborn classes were hosted for 360 new units.
- The childhood obesity prevention initiative provided direction for the standardization of materials for parents and children, weekly school lunchtime nutrition talks by a registered dietitian, and partnership with the development of WEB MD Sanford *fit* program.
- The Confident Living with an ICD meeting hosted by cardiology specialist met with 180 patients during this program.
- A Day Care Providers CPR course was offered to any interested day care personnel.
- The specialized “Labor – What to Expect” class was presented to 282 individuals.
- The Lamaze beginner course was offered and attended by 389 individuals.

Community-Based Clinical Services are services and screenings provided on a one-time basis or as a special event in the community. These services are designed to meet identified community needs or improve community health.

Key components of the Sanford Health – Fargo Region Community-Based Clinical Services for FY 2011 include the following:

- The shelter nurse program for homeless shelters has assessed and provided nursing care to 1,252 individuals.
- Biomed outreach is provided to the Family HealthCare Center, a federally-funded clinic. The physics team assures quality standards are met.
- Support services for the homeless populations in our area including the Cooper House, the Coalition for Homeless, the Community of Care Task Force, Churches United for the Homeless, Gourmet Soup Kitchen.
- Foot Care Clinic
- Screenings for colorectal cancer, cholesterol, prostate cancer, school-based sports physicals, and comprehensive physicals.
- Collaboration with the National Kidney Foundation KEEP Screening.

Health Professionals Education

Sanford Health is committed to investing in education. In serving healthcare professionals from across the region and from other healthcare organizations, nearly 4,000 healthcare professionals have benefited from this commitment during FY 2011. Each day over 300 nursing students are trained at Sanford Health – Fargo Region. Medical students, dietitians, pharmacists, respiratory therapists, occupational therapists, nuclear medicine, and other healthcare workers receive training at Sanford and stay to begin their careers with us or move on to other organizations where their Sanford training will be a benefit far beyond our walls.

Sanford Health – Fargo Region is primary site for physician training. During FY 2011 33 third-year University of North Dakota School (UND) of Medicine medical students and 15 fourth-year medical students trained within the organization. Sanford also provided rotations for 10 non-UND medical students. Sanford hosts medical students from the following Residencies:

- UND Internal Medicine Resident Physicians – 24 during FY 2011
- UND Transitional Year Resident Physicians – 8 during FY 2011
- UND Psychiatry Resident Physicians – 13 during FY 2011
- UND Surgery Resident Physicians – 15 during FY 2011
- Non-UND Resident Physicians – 5 during FY 2011

Sanford also hosted many professional development symposiums during FY 2011, including the annual Cardiovascular Symposium, the Diabetes Symposium, the Women and Children’s Conference, and the Nephrology, Dialysis and Transplantation Conference which was attended by over 400 healthcare providers. The contribution for health professional education during FY 2011 was \$4,212,544, including \$110,867 in contributions by Sanford - Thief River Falls and \$42 from Mayville.

Subsidized Health Services

Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the bad debt, charity care, and Medicaid shortfalls. The service is provided because it meets an identified community need and if it were not offered by Sanford, it would either be unavailable or fall to the responsibility of government or another not-for-profit organizations. Examples from our work include the renal dialysis services and radiology screenings during the Legs for Life event. \$244,297 was contributed to subsidizing health services during FY 2011, including \$2,365 from Thief River Falls.

Research

Contributions to research includes clinical and community health research as well as studies on healthcare delivery that are generalizable, shared with the public and funded by a tax-exempt entity, the government or by our own organization. We do not count research that is used only internally or is proprietary. Research in this category may involve research papers prepared by staff for professional journals or presentations, or it may be a study of community health and the incidence rates of conditions for special populations. \$302,337 was contributed to research during FY 2011, including the \$1,896 contribution from Thief River Falls.

Cash and In-Kind Contributions to Community Groups

In-kind services include hours contributed by staff to the community while on work time. This category may also include overhead expenses and the donation of equipment and supplies. Cash donations are provided to other not-for-profit community organizations, and are aligned with the mission and strategic priorities to meet the community needs. During FY 2011 Sanford contributed \$955,917 in cash to other not-for-profit organizations and \$316,044 through in-kind donations, including the \$11,822 in-kind contributions in Thief River Falls.

Community Building Activities

Community-building activities include programs and services that address the cause of health problems such as poverty, homelessness, and environmental problems. Key components of this category include physical improvements and housing, economic development, community support, environmental improvements, coalition building, leadership training for community members, workforce development, and advocacy for healthcare improvements. Several examples of Sanford's community building activities include the Community of Care Task Force, and leadership participation in the Chamber of Commerce and the Economic Development Council. Sanford contributed \$651,418 in community building activities during FY 2011 including \$35,930 in Mayville and \$2,690 in Thief River Falls.