



Health care with a heart, close to home!

2016 Report to the Community

Fremont Clinic
3300 Fremont Ave N
Minneapolis, MN

Central Clinic
2301 Central Ave NE
Minneapolis, MN

Sheridan Clinic
342 13th Ave NE
Minneapolis, MN



Our Mission: To improve and promote the health of our communities by providing quality health care services that are affordable and accessible.



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To the communities we serve...

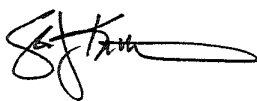
For almost 50 years, Neighborhood HealthSource has served our neighbors in North and Northeast Minneapolis by providing culturally competent and affordable primary care health services. During 2016, we were proud to extend the reach of our Mission to thousands of patients through our health care services community health programs.

2016 marked a year of positive performance for our organization. We generated a gain in net operating income, covered depreciation, and converted accounts receivable to cash. We saw improving patient volume, leaving the fluctuating provider capacity and facility transition problems of the last couple of years in the rear view mirror. And our Clinical Quality and Patient Satisfaction results continued to show high rates.

Even though we enjoyed this improved performance in 2016, and continue to see similar results so far in 2017, there are potential headwinds on the horizon. Very real political threats exist to the Federal Government's continued funding of Health Centers—funding that technically expired October 1, 2017. At the same time, operating grants are in increasingly short supply. These potential threats could lead to increased pressure on our ability to meet our Mission in the near future.

On behalf of the patients we serve, thank you to our donors, sponsors and volunteers for your continued generosity, and for playing a vital role in helping us accomplish our Mission to improve access and reduce the health care disparities in our community.

Sincerely,



Steven J. Knutson
Executive Director



Andrew Senn
Chair, Board of Directors

Our clinic locations

Fremont Clinic, 3300 Fremont Avenue N, Minneapolis, MN 55412
Central Clinic, 2301 Central Avenue NE, Minneapolis, MN 55418
Sheridan Clinic, 342 13th Avenue NE, Minneapolis, MN 55413

Our Role in Health Care Reform

NHS continues success in medical practice transformation

NHS is proud to be a member of FUHN—the Federally Qualified Urban Health Network—a coalition of 10 Federally Qualified Health Centers at the forefront of health care reform with the initiation of one of the nation's first safety net Accountable Care Organizations.



Check out our video to see how it works: <https://goo.gl/bVaqfL>.

At the end of the first three years of operation, FUHN has saved Minnesota taxpayers almost \$18M in claims costs for treating 32,000 Medicaid patients. NHS has directly benefited from this innovative program, generating almost \$225K in additional Medicaid reimbursement. FUHN has dramatically accelerated care transformation for our patients and has led to implementation of such activities as improved chronic disease work flows, care coordination and health care home, and pre-visit planning.

How did this group of Health Centers accomplish this amazing result? The simple answer is through the remarkable efforts of our staff. They used the data provided by FUHN to achieve an 18% decrease in emergency room utilization and an 8% decrease in inpatient admissions—all while maintaining our patient satisfaction and meeting the majority of our clinical quality metrics. NHS staff are very involved with FUHN, including NHS' Executive Director, Steve Knutson, who serves as FUHN's Board Chair, and Medical Director, Rahshana Price-Isuk who leads FUHN's Clinical Quality Committee.

Program Highlight: Care Coordination and Pre-Visit Planning



2016 saw our practice transformation continue as we built Electronic Medical Record and Practice Management System capabilities and expanded our Care Coordination and Pre-Visit Planning activities. **Our goal: to proactively reach out to patients and assist them in meeting their health care needs.** Care Coordination means dedicating assistance to patients between their clinic visits to ensure they are actively engaged in efforts to reduce the complications from chronic disease. Pre-Visit Planning

determines prior to clinic visits the services each individual patient needs to ensure they are on track with their health goals. These two functions did not exist in our organization three short years ago and have brought about the remarkable drop in emergency room utilization and patient admissions previously mentioned.

In 2016 this work spanned clinical and information technology teams. Care Coordination helps us provide much more well-rounded services to our patients. We developed and implemented

patient registries to monitor and support our patients to manage their chronic conditions, while also enabling staff to address other barriers such as medication refills or insurance gaps.

Our new, fully automated, pre-visit planning tool is being tested now and will launch in 2018 making us far more efficient and better able to meet all the needs of our patients. This enhanced capability helps us to empower patients to take an active role in managing their health and to reduce disparities in the neighborhoods we serve.

Clinical Outcome Measures



We monitor **clinical outcome measures** related to disease management and preventive care. Highlights include:

- ♥ 75% of 114 pregnant women began **prenatal care in the first trimester**, and more than 95% of their newborn babies had **healthy birth weights**.
- ♥ 514 patients with **diabetes** and 984 **hypertensive** patients received health care services.
- ♥ 95.3% of patients were screened for **tobacco use** during the year, and if a smoker, received cessation counseling.
- ♥ 869 children aged 0-11 received **preventive care well-child checks**.
- ♥ 95% of pediatric patients were **referred for dental care** by age 3.
- ♥ 100% of patients first **diagnosed with HIV** at NHS were linked to specialty follow-up care within 90 days.
- ♥ 1,157 patients ages 12 and older were **screened for depression**, and if screened positive, were provided a follow-up plan.
- ♥ We achieved a 13% improvement in providing screening and follow-up plans for adults indicated for **weight management**.

Community Health Highlights

The **Mammogram Breast Health Program** hosts a mammogram screening event every month and offers mammograms to women ages 40 and older. Our partnerships with Susan G. Komen, Minnesota, MDH SAGE, and Park Nicollet help us provide services to our uninsured patients. We reduce barriers to screening by providing transportation, a small incentive, and a light meal. **We completed over 500 mammograms and 800 breast exams in 2016.** The program's Community Health Educator provided thousands of interactions through one-on-one education, screening navigation, and reminder calls.



We **counseled and screened 162 men, women, and their partners** for Chlamydia and Gonorrhea through our **Seen On Da Streets** walk-in STI clinic at Fremont Clinic, and provided education on sexually transmitted infections at community events, health fairs, and group presentations, reaching thousands. **The Guys Plan** is our community sexual health program focused on boys and men. Due to the authentic relationships our staff created, young men who would have otherwise passed us by now view us as a necessary resource. After inviting these young men to participate they always seek out our health educator and don't hesitate to come in to the clinic if they have questions.



Through **What's Your Plan?**, our family planning program, we taught **4,408 youth and young adults about family planning and sexual health** through presentations, classes, and one-on-one conversations. **2,197 patients received family planning counseling. 1,308 patients received the contraception method of their choice.** Our staff presents to middle and high school students, local organizations, parent groups, and others, and attends community events. Providing these services to adolescents helps them grow into healthy adults with medically-accurate, nonjudgmental, and inclusive safer sex knowledge.

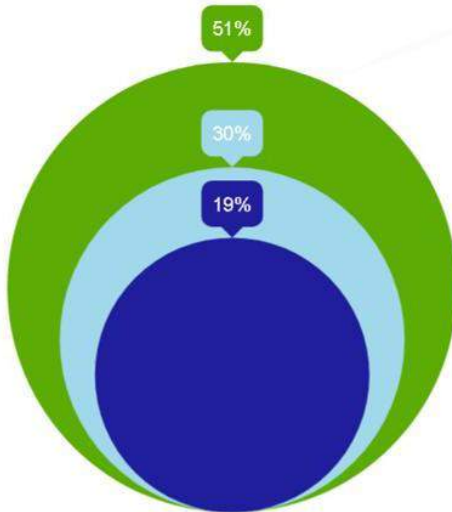




2016 Service Demographics

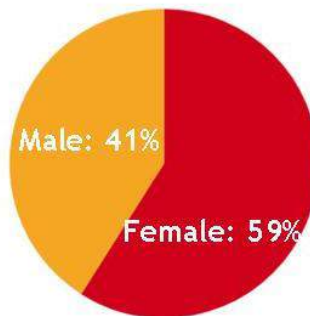
We provide high quality, affordable, and culturally appropriate health care to more than 9,000 people, offering adult and pediatric medicine, chronic disease prevention and management, mental health services, prenatal and postpartum care, nutrition counseling, health education and outreach, and comprehensive referrals.

Insurance Status

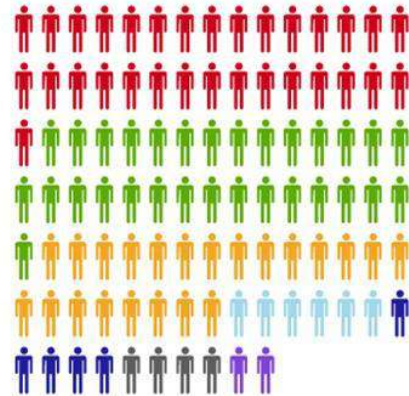


Safety net medicine helps our diverse, often low-income and **uninsured patients** in North and NE Minneapolis to achieve their best possible health. In 2016, 51% of our patients were publicly insured, 30% were uninsured.

Gender



Racial/Ethnic Background



- Black/African American (34%) ■ White (33%)
- Hispanic/Latino (24%) ■ Unreported (7%)
- American Indian (5%) ■ More than one Race (4%)
- Asian Pacific Islander (3%)

*Data aligns with federal data collection processes that capture Hispanic/Latino as ethnicity regardless of race. Total percentage does not equal 100.



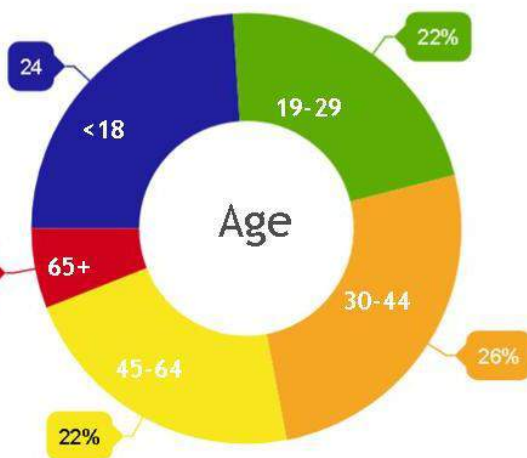
Language

22% of our patients are best served in a language other than English. 19% are best served in Spanish. We served patients in 38 languages.

Federal Poverty Level



The 2015 MN Compass *Minneapolis Community Profile* reveals that 59% of North and 36% of Northeast residents have **income below 200% of Federal Poverty Guidelines (FPG)**. Of our patients for whom income is known, 83% were under 100% FPG, another 8% were under 150%, and another 5% were under 200%.

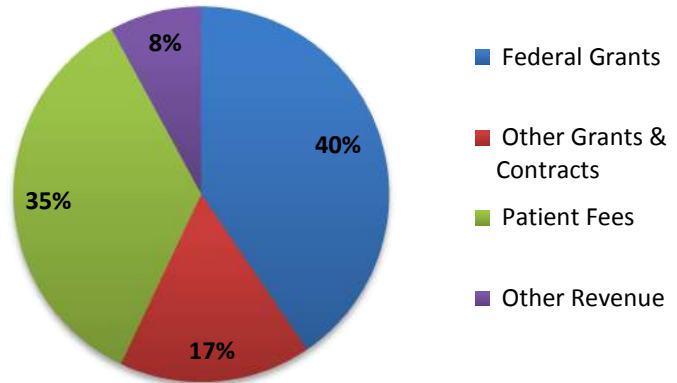


Financial Summary

2016 Revenue

Federal Grants	\$2,174,910
Other Grants & Contracts	\$890,091
Patient Fees	\$1,882,315
Other Revenue	\$425,215
Total Revenue	<u>\$5,372,531</u>

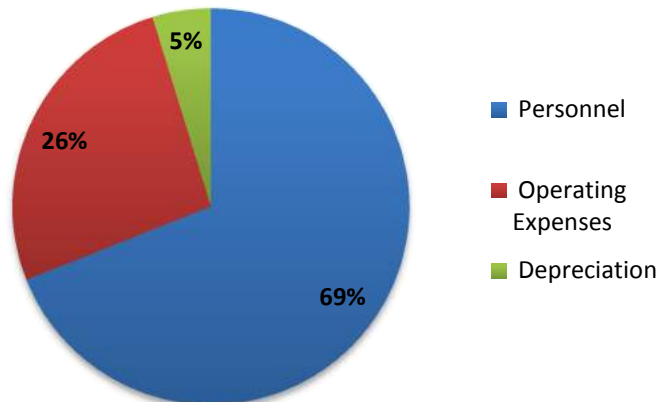
2016 Revenue



2016 Expenses

Personnel	\$3,673,744
Operating Expenses	\$1,399,940
Depreciation	\$253,718
Total Expenses	<u>\$5,327,402</u>

2016 Expenses



A critical piece of what sets us apart is our ability to serve patients without insurance on a sliding fee scale. We operate the only two clinics in Northeast Minneapolis with a sliding fee scale, and are one of two available in North Minneapolis.

We provide a half-million dollars in uncompensated care each year.



Volunteers

We are grateful to the many individuals who generously donated their time to us in administrative, outreach and clinical support, as well as through special projects and events. Their assistance, energy and creativity have been indispensable. Non-Board volunteers and interns donated 1,850 hours in 2016.

Bruce Adams
Zahra Ahmed
Kimberly Anderson
Marlene Blake
Kari Carlson
Devon Chambliss
Angeline Change
Carly Curry
Allisa Dean
Brandon Drazich
Thelma Dukuly
Tega Ewefada
Blessing Ferguson
Caitlin Fujisawa

Erin Galegher
Andy Knutson
Lynda Koren
Rob Leeson
Carolyn Lockwood
John Loftus
Chang Ly
Kelly Maynard
Jessica Miller
Nick Milligan
Bumana Mulongo
Isaac Muscanto
Gloria Peterson
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Caterina Romagosa
Tina Sabin
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Ali Shaaban
Katelin Super
Maria Swora
Jeanne Terhaar
Yeng Thao
Samantha Thomas
Kelsie Watson
Patrick Williams
Alyssa Woodward
Yang Zhang

Donors

A host of individuals, corporations, organizations and governmental agencies provided invaluable financial support. We could not do what we do without their contributions.

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Blue Plus of Minnesota
Community Health Fund
Delta Dental of Minnesota
Margaret A. Cargill Foundation

Medica Foundation
Mutual of America Foundation
Minneapolis Foundation
Susan G. Komen Minnesota
United Health Group
United Way of the Greater Twin Cities

Government

Hennepin County Human Services &
Public Health Department
Minneapolis Health Department.

Minnesota Department of Health
Minnesota Department of Human Services
U.S. Dept. of Health & Human Services/HRSA

Individuals

Bruce & Carla Adams
Amy Anderson
Eric Ann
Margo Ashmore
Lesa Bader
Kari Bailey
Brice Baradel
Megan Barp
Peggy & Tom Beck
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