

tidings!

January, 2008

MARK YOUR CALENDAR

April 16, 2008

National Healthcare Decisions Day 2008
www.nationalhealthcaredecisionsday.org

April 27-May 3, 2008

Cover the Uninsured Week 2008
www.covertheuninsured.org

June 22-24, 2008

2008 Catholic Health Assembly
"The Future of Compassion"
Manchester Grand Hyatt,
San Diego, CA
FFI: 202-296-3993

Sr. Carol Keehan addresses current issues while reaffirming the importance of Catholic healthcare

The Catholic Health Association membership was privileged to host Sr. Carol Keehan, President of CHA in Washington, D.C. at their Annual Meeting at St. Patrick's in Edina on Wednesday, November 7th. While trying to engage the Minnesota membership in critical issues facing Catholic healthcare, an affirmation of the importance of Catholic healthcare was the foundational message.

"Catholic healthcare is not an option, but rather a mandate," proclaimed Sr. Carol. "There is a Gospel mandate to reach out to the sick and the suffering..."



St. Kate's President Andrea J. Lee, IHM, CHA President Sr. Carol Keehan, and Sr. Mary Heinen, CHA-MN Past-President

The foundation of Catholic healthcare is the revelation of God and Jesus as Savior. It's important as we cope with what's going on in the world to remember this is a ministry of Jesus.

Catholic healthcare has a major presence in this country, where one out of every six people who need healthcare receive their care in a Catholic facility. You cannot say the same about where people attend Church."

Sr. Carol reaffirmed that those within Catholic healthcare are vital for the care of the sick and the poor, a vital witness for social change, and a vital ministry of the Church. "The foundation of Catholic healthcare is the revelation of God and Jesus as Savior. It's important as we cope

Annual Meeting *cont. on page 5*

Myths and Facts about the Uninsured

MYTH: People without health coverage don't work.
FACT: More than eight out of 10 people who are uninsured are in working families.

MYTH: Most uninsured people in the United States are minorities.

FACT: Non-Hispanic whites make up nearly one-half of the uninsured.

MYTH: Most people without health insurance are poor.

FACT: In 2006, more than 33 million of the uninsured had household incomes of \$25,000 or more, compared with 13.9 million in households earning less.

MYTH: It doesn't really matter whether a person has health insurance.

FACT: About 18,000 Americans die each year because they don't have health coverage, according to the nonpartisan Institute of Medicine.

MYTH: Virtually everyone who works for a large employer has health coverage.

FACT: In 2006, 22.4 percent of the nation's uninsured workers age 18–64 were in firms employing more than 500 people.

OTHER FACTS ON THE UNINSURED

FACT: As most elderly people are covered by Medicare, nearly all the uninsured are under age 65. Children are more likely to have coverage than non-elderly adults, which reflects their much higher rates of public coverage through Medicaid and SCHIP.

FACT: Relative to their numbers in the overall population,

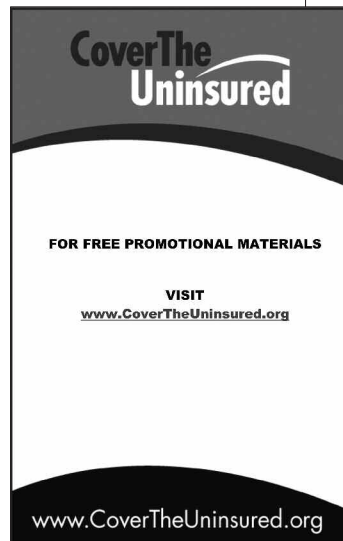
Cover the Uninsured Week

April 27–May 3, 2008

Forty-seven million Americans, including more than 9 million children, are living without health care coverage. It's time to start planning for the sixth annual Cover the Uninsured Week and help get America covered. There are many ways for you and your community to get involved in Cover the Uninsured Week 2008:

- Host an enrollment event at a hospital, community center or school
- Organize a health coverage forum with community, business and faith leaders
- Plan a seminar for small business owners
- Distribute information about available low-cost and free health coverage programs to uninsured individuals and families

For more information on the how to participate, visit www.covertheuninsured.org.



members of racial and ethnic minority groups make up a disproportionate share of the uninsured population. A variety of economic and social factors underlie these disparities.

FACT: Nearly twenty percent of uninsured Americans – 8.3 million individuals – are children. While children are

more likely to be insured than non-elderly adults, health insurance is particularly important for children. Uninsured children are more likely than insured children to lack a usual source of health care, to go without needed care and to experience worse health outcomes.

FACT: The likelihood of being insured increases as level of educational attainment rises.

However, fully 40 percent of the difference in insured rates between those with no high-school diploma and those with some post-college education would disappear if the two groups were alike with respect to

demographic, geographic and health status factors.

FACT: Only 9 percent of people in families with income over \$50,000 per year are uninsured, compared to 40.8 percent of people with family income below \$5,000.

FACT: Employment-based health insurance continues to be the predominant source of coverage for the non-elderly population.

FACT: In recent years, individuals with health insurance coverage have experienced increases in out-of-pocket expenses for health care.

FACT: Health care spending in the United States has grown rapidly since the 1960s, at an average rate of 10 percent a year.

Information provided through www.covertheuninsured.org

Healthcare has been the focus of multitudes of hearings during the summer, fall and winter. There have been working groups, legislative commissions, and Gubernatorial commissions. The works of these various groups will culminate during the 2008 session, when the various proposals are unveiled, debated and criticized.

Throughout the processes of hearings, listening sessions and meetings, CHA-MN has been present and lawmakers have asked for our input into the formation of the healthcare priorities for the state. Our input continues to rely on the principles we have consistently enunciated, as well as, the strategic plan of our organization.

WHO WE ARE

The Catholic Health Association of Minnesota (CHA-MN) is the leadership organization of the Catholic health ministry in Minnesota. By pursuing the priorities of the ministry, CHA-MN is working to create health care that works for everyone.

WHAT WE BELIEVE

Our advocacy is grounded in the values that drive each of our organizations. Our ethical standards in health care flow from the Catholic Church's teachings about the dignity of the human person and the sanctity of human life from conception to natural death. We are committed to ensuring that our advocacy efforts help to maintain our Catholic identity and to preserve the Catholic health ministry.

- **We believe** that health care is a basic right. The Catholic health ministry encourages a dialogue and public policies with the goal

As I See It

of providing affordable and accessible health care for all.

- **We maintain** a steadfast commitment to issues with compelling moral implications, such as preservation of conscience clause protections, ethical issues surrounding genetics advancements, and care of persons at the end of life.
- **We recognize** that health care is foremost a service, not a commodity. This conviction guides our efforts to address issues related to quality, patient safety, and environmental responsibility.

Our priorities for the 08 legislative session.

Above all, the Catholic health ministry is committed to health care that works for everyone, including the uninsured and underinsured individuals in our midst. We are committed to ensuring that the health care system provides high quality, safe services across the broad continuum of health care delivery. While we work to build the momentum to achieve this goal, we also will take a leadership role on issues of particular importance to the Catholic health ministry and work as partners with other organizations to advance common objectives. Our priorities include:

- **Accessible and Affordable Health Care for All.** As too many continue to be shut out of the health care system, we continue to advocate accessible and affordable health care for everyone. This long-term priority of the Catholic health ministry remains at the forefront of all our advoca-

cy efforts.

During the 08 session, we will:

- Work to make efforts to ensure health care coverage and access for everyone a local and national priority and the focus of legislative action.

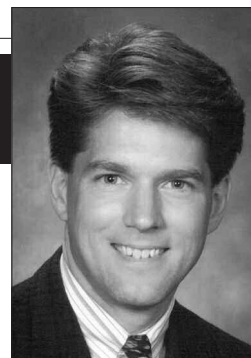
As we pursue this goal, we also advocate short-term measures to reduce the number of uninsured individuals, particularly vulnerable populations such as children, low-income workers, and immigrants. We support:

- Health coverage for all children, including measures to enhance the State Children's Health Insurance Program.
- Measures to preserve and strengthen the Medicare and Medicaid programs.
- Measures to strengthen and expand Minnesota Care.
- Policies to provide the elderly and persons with disabilities options in long-term care.

Sustaining Health Care Programs and Providers

As a vital component of the health care system and safety net, the Catholic health ministry advocates policies that sustain the viability of health care programs and providers in continuing their valuable services. We believe our legislative and fiscal priorities as a state and a nation should reflect these efforts, and we advocate:

- Adequate financing to ensure the ability of hospitals and long-term care facilities and services to pro-



Toby Pearson,
CHA-MN
Executive Director

Looking Back, As We Move Forward

Pearson *cont. on page 4*

Pearson *cont. from page 3*

- provide quality and compassionate care.
- Funding for programs to serve low-income individuals and marginalized communities, including those served by the Disproportionate Share Hospital program.
- Measures to support quality care and patient safety.

Ethical Integrity and Social Justice

Our advocacy is grounded in the values that drive each of our organizations, and flows from the Church's teachings about the dignity of the human person and the sanctity of human life from conception to natural death. We support measures that maintain our Catholic identity and advocate social justice, including:

- Enhancing conscience clause protections and other measures to allow the ministry to provide services consistent with our faith.

The Minnesota State Legislature begins its 2008 session on February 12, 2008.

- Improvements in palliative care for those with progressive chronic illness and those at the end of life.
- Elimination of disparities in the provision of health care services.

Strengthening Nonprofit Health Care

As nonprofit organizations, Catholic providers continue to meet the current and emerging health care needs of America's communities by offering services such as charity care for those unable to afford services; community health services; free or low-cost clinics; education for health professionals; and subsidized services including mental health programs and trauma units. We will work to continue this tradition by:

- Encouraging greater transparency of financial assistance policies and reporting of community benefit.
- Promoting the current community benefit standard and tax-exempt status of nonprofit health care organizations.
- Supporting programs that improve community health.

Health Care Transformation Task Force soon to present their plan

The Health Care Transformation Task Force, chartered by law to create a broad collaborative to address health reform in Minnesota, has released its preliminary recommendations. These recommendations may be viewed at www.health.state.mn.us/divs/hpsc/hep/transform/action-plan.html#action.

The group is charged with presenting an action plan to the legislature and the governor by February 1, 2008 that must include the following, with specific and measurable goals and deadlines for each:

- "actions that will reduce health care expenditures by 20 percent by January 2011, and limit the rate of growth in health care spending to no greater than the percentage increase in the Consumer Price Index for all urban consumers plus two percentage points each year thereafter;
- "actions that will increase the affordable health coverage options for all Minnesotans and other strategies that will ensure all Minnesotans will have health coverage by January 2011;
- "actions to improve the quality and safety of health care and reduce racial and ethnic disparities in access and quality;
- "actions that will improve the health status of Minnesotans and reduce the rate of preventable

- chronic illness;
- "proposed changes to state health care purchasing and payment strategies that will promote higher quality, lower cost health care;
- "actions that will promote the appropriate and cost-effective investment in new facilities, technologies, and drugs;
- "options for serving small employers and their employees, and self-employed individuals; and
- "actions to reduce administrative costs."

Board Transitions

At the November CHA-MN Annual Meeting, Phyllis Novitskie of St. Joseph's Hospital in St. Paul was elected the new President of the Association. Sr. Mary Heinen continues as a part of the leadership team as Past-President, while Bret Reuter of CentraCare Health System of St. Cloud begins his new role as President-Elect.

Past-President Linda Doerr stepped down from the Board after the December meeting. Linda was a critical leader of CHA-MN during some challenging transition years in 2002-03 as the organization refocused its mission and hired a new Executive Director. The Board extends their gratitude for her leadership during this time, and her many years of generosity to the Association.

At the Annual Meeting, Peter Schuna, Administrator at Cerenity Care Center of St. Paul, was also elected to a three-year term to the Board. Cerenity is co-owned by three not-for-profit organizations: the Benedictine Health System, the HealthEast Care System and Milwaukee-based Clement Manor.

Annual Meeting. *cont. from page 1*

with what's going on in the world to remember this is a ministry of Jesus. Jesus' healing mission went beyond simply caring for the affliction – He touched people at the very core of their existence. He sought physical, mental and spiritual healing. He came that they might have life and might have it more abundantly... that's the ethical and religious directives”

Sr. Carol spent considerable time addressing how she and others have been fighting the more recent threat of Catholic health organizations losing their tax-exempt status. She has been a strong advocate for bringing attention to the fact that there are many services provided to our communities via Catholic health care that would never be afforded if it wasn't for our tax-exempt status. “We've used our resources to care for the most vulnerable in our country.”

The validity of paying a competitive salary within Catholic healthcare was affirmed in order to attract competent leaders in this important industry. But caution was advised as to be responsible while seeking talent. “The costs of healthcare are unbelievable, and that furthers the reasons for seeking reform in our healthcare system.”

“We need to challenge the way we are using our wealth in America,” stated Sr. Carol. Even though many of us have access to great healthcare in the United States, 47 million remain uninsured. It was noted that when you look at the enormous per capita spending on healthcare in America, we actually rank 6th in the world for the most effective healthcare systems according to Commonwealth.

As CHA and other organizations have created coalitions in their efforts to address the uninsured in our country, they have intentionally not come out with a specific plan, but rather a set of principles. They want everyone to be covered,



CHA-MN members visit prior to the Annual Meeting

an economically fair plan, with a great emphasis on balance. By taking this principle-approach, Sr. Carol states that regardless of who is in the White House, or Congress, there are principles that a plan can be built upon. “As long as people are of good will, we are willing to work with them to reform healthcare in a way that is consistent with the greatness of our nation.”

Sr. Carol concluded her time with the membership addressing questions from the audience with a consistent message of advocacy and the importance of Catholic healthcare.



Newly elected CHA-MN President Phyllis Novitskie addresses the membership



CHA-MN Executive Director Toby Pearson and Sr. Carol Keehan at the 2007 Annual Meeting

As long as people are of good will, we are willing to work with them to reform healthcare in a way that is consistent with the greatness of our nation.”

MISSION:

BELIEVING IN THE WORTH AND DIGNITY OF THE HUMAN PERSON MADE IN THE IMAGE AND LIKENESS OF GOD, THE CATHOLIC HEALTH ASSOCIATION-MINNESOTA ASSISTS ITS MEMBERS TO FULFILL THE HEALING MISSION OF THE CHURCH.



Catholic Health Association of Minnesota
P.O. Box 65217
St. Paul, MN 55165-0217

INQUIRING MINDS *want to know...*

...what's happening in your organization. Please send your news to Toby Pearson, CHA-MN executive director. Telephone: (651) 503-2163; e-mail: tpearson@chamn.org. Ask your public relations or communications director to put us on the news release list: CHA-MN, P.O. Box 65217, St. Paul, MN 55165.

News and Notes

- **Madonna Towers, Rochester**, received a \$1 million milestone gift to a fund new \$2.7 million dementia and memory care facility. The donation from the Emil and Dorothy Gauthier Donor Advised Fund is the largest solicited gift in the history of Benedictine Health System of Duluth, Minn.
- **Mayo** is hosting an Ethics Conference, February 6-8 entitled *Ethical Dilemmas Throughout the Medical Spectrum*. The course will focus on practical ethical issues encountered in various specialties with practical suggestions for addressing these ethical dilemmas. For more information and registration: www.mayo.edu/cme/feb2008.html
- Catholic Health Initiatives (CHI) named **St. Joseph's Area Health Services, Park Rapids**, a Top Ten Hospital within its system. The designation goes to hospitals with the highest ranking in inpatient care, obstetrics, emergency, same-day surgery and imaging combined. Further, St. Joseph's placed first in the nation for both inpatient and obstetrics patient satisfaction.

Catholic Health Association of Minnesota Board of Directors

Ms. Phyllis Novitskie, President
HealthEast St. Joseph's Hospital
(651) 232-3434; pnovitskie@healtheast.org

Mr. Bret Reuter, President-Elect
St. Cloud Hospital/St. Benedict's Senior Community
(320) 251-2700; ReuterB@centracare.com

Sr. Mary Heinen, CSJ, Past-President
Carondelet LifeCare Ministry, St. Paul
(651) 690-7028

Mr. Mark Cairns, Secretary-Treasurer
Madonna Towers of Rochester
(507) 288-3911; mcairns@bhshealth.org

Sr. Mary Eliot Crowley, OSF
St. Marys Hospital-Mayo Clinic
(507) 255-6166; mecrowley@mayo.edu

Mr. Thomas Crowley
St. Elizabeth's Hospital, Wabasha
(612) 565-4531; stetomc@wabasha.net

Mr. Lowell Larson
Benedictine Health System
(763) 689-1162; lowell.larson@bhshealth.org

Mr. Chris Leifeld (ex-officio)
Minnesota Catholic Conference, St. Paul
(651) 227-8777; cleifeld@mncc.org

Mr. David Nelson
St. Francis Medical Center, Breckenridge
(218) 643-3000; davidnelson@catholichealth.net

Mr. Peter Schuna
Cerenity Care Center, St. Paul
(651) 220-1742; peter.schuna@bhshealth.org

Ms. Kathy Tomlin
Catholic Charities – St. Paul/Mpls
(651)291-4537; ktomlin@osjpm.org