

# TIDINGS!

Newsletter of the Catholic Health Association of Minnesota

October 2012

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.

## Mark Your Calendar

### December 5, 2012

CHA-MN Board Meeting  
FFI: 651.503.2163

### June 2-4, 2013

CHA-USA 2013 Assembly  
Anaheim Marriot Hotel, CA  
FFI: www.chausa.org

## CHA-MN Annual Meeting Addresses the Future of Healthcare

With a backdrop of political uncertainty in the coming weeks, the Catholic Health Association met for their annual membership meeting on October 8th at St. Catherine's University to engage the unknown future of health care within our country. Sr. Carol Keehan, President and CEO for the CHA-USA, made it very clear from her opening comments that the potential future direction of healthcare was at a significant crossroads - repeal or continued reform.

With a gathering of health care professionals from throughout the state, Keehan was uncompromising in stating the need for healthcare reform. "The overall healthcare system is unsustainable, unfair and inefficient... something had to be done," cited Keehan. With almost 50 million uninsured, millions more underinsured, 18,000 preventable deaths each year due to lack of access, elderly choosing between food and medicine, and 9 million children uninsured, the need for reform was articulated clearly - though the solution still under debate.

Candy Hill, Senior Vice President of Social Policy with Catholic Charities USA, brought another perspective of reform and challenge facing healthcare to the annual meeting. Though identifying that over half of Catholic Charities clients involve mental and behavioral health issues, she noted the increasing number of seniors they are serving and the unique challenges it poses with this trend - citing the number of Alzheimer clinics being opened, in addition to adult day care centers. Recognizing the leadership role Minnesota has always played within health care, she applauded our state for all that it has done.

Conversation with Keehan and Hill raised further interesting discussions on such topics as the HHS mandate, potential improvements to the ACA, and the impending 'silver tsunami' of retiring baby boomers and their forthcoming needs. As to the latter issue, with an understanding that there is still a 'wait and see' posture, there was full agreement that planning for such increasing needs of seniors is seriously lacking within our country.

After a reception and formal dinner, participants welcomed an audience for a public dialogue on the future of health care with Andrea Lee, President of St. Catherine University, joining Keehan and Hill as the panelists. CHA is extremely grateful for the opportunity to have had these three talented and accomplished women come together for our annual meeting - a historically significant time for healthcare within our country.

*"The overall healthcare system is unsustainable, unfair and inefficient... something had to be done."*



PANELISTS SR. CAROL KEEHAN, CANDY HILL AND ANDREA LEE DISCUSSING THE FUTURE OF HEALTHCARE.

## The 2012 Election and The Year of Faith

On November 6, our country will be faced with the democratic opportunity to help create our future with the upcoming election. The impact of the decisions from this day appears to be quite monumental when it comes to the future of healthcare within our country. This becomes especially transparent when your two candidates base the success of their potential presidencies on polar positions – reform or repeal. Much can certainly be said, and has been said, regarding the need for reform, the concerns, the issues, the candidates themselves - and the importance of the Catholic vote. On these topics I will only say, God be with us in these coming days. And no matter the outcomes, God be with us in our important ministries of health care as we take on the new challenges of each day.

Interesting enough, in the backdrop of our local and national elections, we find something larger happening within the universal Church, the Year of Faith. Pope Benedict XVI announced that the Church will celebrate a Year of Faith beginning this past October 11, 2012, the 50th anniversary of the Second Vatican Council and the 20th anniversary of the promulgation of the Catechism of the Catholic Church. The

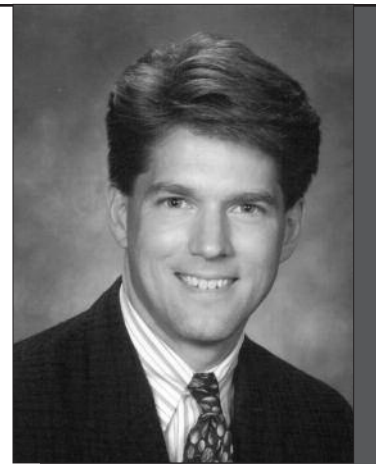
year concludes on November 24, 2013, the Solemnity of our Lord Jesus Christ, Christ the King.

As the Holy Father has put it, The Year of Faith is designed to renew the faith of Catholics so that we will be credible, joy-filled witnesses to the Risen Lord in the world today, capable of leading others to faith. “We cannot accept that salt should become tasteless or the light be kept hidden.” The goal of the Year of Faith is to foster an encounter with Christ (the foundation of our faith) through authentic witnesses to faith, and a deeper understanding of the truths of our faith that Jesus revealed.

Benedict proceeds to give practical recommendations as to how we can enter into this Year of Faith – be it simply the lay faithful, or at the national level, or by the bishops, or within our local parishes. Every initiative for the Year of Faith should be designed to aid in the joyous rediscovery of the faith and its renewed transmission.

I am convinced there are great opportunities within our own healthcare ministries to experience renewal in this Year of Faith. What greater place within the Church should we see the witness of faith than within the healing mission of Jesus, Catholic healthcare. Perhaps this would be a great year to hold a staff retreat or conference that promotes the understanding of our faith. Maybe there is somebody locally who would want to establish a reading group this year to deepen their knowledge of the Catechism. Perhaps a special celebration of the Eucharist or a Penance service for your staff would be an easy way to enter into this season of grace within the universal Church.

God be with us in these coming days with the 2012 Election. God be with us as we enter more fully into this Year of Faith. God be with us in our important ministries of healthcare.



### As I See It

Toby Pearson  
CHA-MN Executive Director

#### PRAYER BEFORE AN ELECTION

Lord God, as the election approaches, we seek to better understand the issues and concerns that confront our city/state/country, and how the Gospel compels us to respond as faithful citizens in our community. We ask for eyes that are free from blindness so that we might see each other as brothers and sisters, one and equal in dignity, especially those who are victims of abuse and violence, deceit and poverty. We ask for ears that will hear the cries of children unborn and those abandoned, Men and women oppressed because of race or creed, religion or gender. We ask for minds and hearts that are open to hearing the voice of leaders who will bring us closer to your Kingdom. We pray for discernment so that we may choose leaders who hear your Word, live your love, and keep in the ways of your truth as they follow in the steps of Jesus and his Apostles and guide us to your Kingdom of justice and peace. We ask this in the name of your Son Jesus Christ and through the power of the Holy Spirit. Amen.



Each of our organizations is diligently trying to navigate the white water of constant change. We all know that far more turbulence lies ahead. In charting our course forward we will encounter several significant issues. These issues will challenge us and yet will offer us great opportunity for the future. It is these significant challenges and opportunities that I would like to focus on:

### THE AFFORDABLE CARE ACT

**Additional Costs to Providers:** Affordable Care Act will require our organizations to fund a greater portion of health-care insurance costs. Each of us certainly wants all of our employees to have access to affordable healthcare. However, very little analysis has been done on what effect this cost will have on our respective organizations. It is very possible that it will be far more costly than we anticipate. If employers choose not to provide insurance coverage, they will face significant financial penalties. It is imperative that we quickly and thoroughly determine the potential impact to our organizations. We then need to begin to plan proactively how to provide expanded healthcare coverage to our employees and prepare to deal with a potential increase in costs.

**Bundled Services:** The Affordable Care Act also provides an opportunity for organizations to package their services across a continuum of care to demonstrate improved quality and reduced costs. However, we lack data which demonstrates how cost effectiveness can be achieved through efficient use of a care continuum. There are many who believe that the future of long term and post-acute care depends on a partnership with acute care to manage cost along a care continuum. Among the major challenges we face are the prevention of re-hospitalizations, and the improvement of our care management systems. One area that would greatly enhance the management of care across a continuum would be the linking of health information technology between the hospital, long term care and the community based services.

### THE WAGE GAP

Another major challenge facing providers is the growing gap in wages between health care workers RN's, LPN's, and Nursing Assistants working in acute care and those working in long term care. In many cases, RN's can make \$30,000 more a year in a hospital setting. Reimbursement for care from Medicaid has prevented many facilities from giving wage increases for several years. As long term care providers, we need to find ways to improve wages and benefits for our workers especially our nursing staff. We also need to hire and train staff with

## Navigating the White Water of Constant Change: *Core Issues Confronting Long Term Care/Post-Acute Care*

Lee Larson, CEO/Administrator  
St. Gertrude's Health & Rehabilitation Center,  
Shakopee

greater clinical competencies who are capable of delivering care to patients with high acuity needs.

### DECLINING OCCUPANCY LEVELS

Declining occupancy is an issue plaguing many facilities across the state. During the recession, many individuals chose not to have elective surgery. In addition, nursing homes are experiencing shorter lengths of stay. Seniors are also using housing options in the com-

munity vs. having their care provided within an institutional setting. Many providers have either closed or downsized by putting their beds in lay away. This trend will likely continue and accelerate. As providers, we need to constantly seek new business opportunities to counter declining census i.e.: growing sub-acute care, developing senior housing and fostering the creation of new community based services.

### PAST/PRESENT AND FUTURE BUDGET CUTS

In addition to looming and massive cuts on the federal level, the state of Minnesota has experienced years of budget deficits. This in turn has translated into frozen rates and rate reductions to long term care providers. As a result, many of our workers have received little or no wage increases. Declining revenue affects our ability as providers to make improvements to our aging physical plants and to complete necessary maintenance and renovations. All these things put our industry at a distinct disadvantage. However, as providers we need to seek new ways of improving quality while lowering costs. In addition we must also continually lobby intensely for adequate reimbursement.

### MEDICAL RECORD INTEGRATION

As previously mentioned, technology within our organizations is not adequately prepared to deal with integration of records between hospitals, long-term care/post-acute care, clinics, and community. What is needed is a significant investment in the infrastructure that bridges data between all parts of the care continuum.

### CONCLUSION/NAVIGATING THE WHITE WATER

Despite the presence of many turbulent and significant issues, we as providers have the opportunity to develop a new and unparalleled continuum of services for seniors. This continuum will connect and coordinate acute care; long term/post-acute and community based senior services. As providers, we have always had to deal with and overcome huge challenges and find opportunities in the midst of adversity. We have prevailed and thrived successfully before and will again!

## Keehan Addresses the Challenges of Reform and Advances

Referencing a recent conference with Italian Cardinal Gianfranco Ravasi, president of the Vatican's Pontifical Council for Culture, Keehan spoke about the

Though emphatic for the need for reform, Sr. Carol Keehan recognized that the current health care reform law (ACA) is not the perfect solution when she addressed the members of the Catholic Health Association at their recent meeting. Though lacking in certain areas, she emphasized the great potential the ACA had to help the American people. She compared the signing of the Affordable Care Act on March 23, 2010 with the significant signing of the

amazing potential with regard to adult stem cell research and its future impact on health care. She cited a recent study whereby 155 adults in need of knee replacement were provided (licit) adult stem cell therapy. Of the 155 within the study, only 3 still required knee replacement after therapy.

Countering this great potential, Keehan identified the significant ethical challenges we face with continued genome advances. "When there is an identification of a medical predisposition to diabetes, this can be quite helpful – but when one is determined to be inclined toward alzheimers or becoming a sociopath, we have serious questions to face."

Though CHA remains principled in their support for reform, Keehan recognizes the issues surrounding the religious freedom issue, and the requirement of religious employers to buy contraception and sterilization for their employees. "With the upcoming election, we are very polarized right now, and we will need to work to improve the language; we are confident we have time to get this done." Of particular concern was the assisted suicide vote that is occurring within Massachusetts, citing predictions that if approved, this trend may spread within the eastern states.

Keehan, the self-proclaimed 'eternal optimist' finished her comments with a note of encouragement noting that 'the current daunting challenges but pale in comparison to the ones our founders faced in a new country....the faith dimension to our ministry is our greatest strength.'



ANDREA LEE AND SR. CAROL KEEHAN AT THE ANNUAL MEETING

1965 signing of the Medicare/Medicaid law which was met with great resistance, and needed various amendments to meet its intended purposes. She again emphasized the need to start the journey somewhere stating, "we can't wait for the perfect solution."

Keehan gave an overview of what provisions of the ACA are already working today, especially in a state like Minnesota that has been a frontrunner with healthcare historically. She highlighted the perceived myths and misinformation on healthcare reform including the added expense, the potential federal intervention with doctor's decisions and the more politicized issue of funding removal with Medicaid.

Looking beyond reform, she addressed some of the serious issues facing current systems of healthcare including cost, scope, structure, system quality, cost of medical education, quality of life for the M.D. and impact on national economics. Of particular note were her perceived 'major drivers of change' within healthcare– most notable being technology and scientific advances, which presents both great promise and challenge.



STEWART LAIRD WITH REGINA MEDICAL CENTER OF HASTINGS RAISING A QUESTION TO OUR PRESENTERS

---

## Hospital Perspective on The Future of Catholic Health Care, in Our Market Area

---

David Nelson, President/CEO  
St. Francis Healthcare Campus, Wabasha

In 1899, Catholic health care began in Breckenridge, Minnesota, also serving residents in its sister community of Wahpeton, N.D. It has continued to serve those communities and people living in the rural areas of the southern portion of the Red River Valley. Not just serving -- but truly caring for those in need in an area with more than 25,000 citizens. As health care itself moves forward, Catholic health care will move forward in new directions as well, yet will be grounded in the principles first established by the sister communities of commitment -- commitment to the healing ministry of Jesus.

The future of Catholic health care delivery in our rural market will look different than in an urban community. The state and national level is changing the delivery models, and those model changes are based on local market factors. These factors include competition, climate, and integration will continue to change, as will technology. Payer sources are moving towards improving the quality of care delivered to bend the cost curve while meeting continued growth in demand.

As a rural critical access hospital provider, any changes in regulations that restrict and or reduce reimbursement would affect availability of services that St. Francis Health Campus provides to the community. As the government dictates the future funding changes, it will be important to find a way to balance the need for services in the community with community involvement. Both are important to the future of rural health care. In the center is the patient and their needs for episodic and chronic care as well as work on improving the health of the community.

The Catholic health ministry's focus has always had its foundation in meeting the needs of the community. That includes the whole community, particularly the poor, the underserved and marginalized people within the community. This focus on care for the community will continue.

As in the past, Catholic health care will continue as a ministry to all people. The compassion, hope and spiritual awareness of the caregivers serving the needs of others is a strong base to build on. Reverence for others while providing necessary care will continue. Technology and resources will change, but the people who provide the care will change very little.

Sometimes it is in the area of fostering relationships that we as a people lack sensitivity. This is when a faith-based ministry of healing can stand out among others as a preferred care giver. As members of the Catholic health care ministry, we need to stand up for the most vulnerable in our society. We need to remember the strength and courage of our founding sister orders that took on the responsibility of caring for the ill and the elderly in our communities.

Those sisters were risk takers and visionaries. They understood their role in the healing ministry and stood up to the many challenges they faced. Change is inevitable. Change has always been a part of the health care delivery environment. Evolving payment methods, technology and the availability of health professionals will continue to change. The future will require integrity in relationships, by boards, physicians and employees. There will always be challenges for direct and indirect care givers to provide quality, "affordable" care, while focusing the future on educating citizens to move towards healthier life styles.

Educating citizens on the importance of healthier living habits can help reduce the costs of health care by eliminating some of the major illnesses caused by these unhealthy habits. Catholic health providers and community health organizations must align incentives with outcomes that matter to each individual to improve lifestyle habits. Under health care reform, more financial investment in capital and human resources will be required during the transition period. There will be technology advances coming forward that will be costly. Catholic Health Initiatives, a Catholic health organization that sponsors many providers around the nation, including St. Francis Healthcare Camps, is creating an organizational environment for adaptation to this "new normal" of health delivery in the future.

The future will involve continued assessment of market drivers. This includes payers, the changing insured population, and incentives for individuals to adopt healthy lifestyle behaviors that are assisted by us as a provider of health services. The movement will be towards further clinical integration. To improve health outcomes, these changes that will include establishing and changing relationships as required to best serve the people of the community. St. Francis has benefited greatly with the sponsorship of CHI in leading Catholic health care through health care reform. As a national health care system, CHI is living its mission every day. Its mission and that of St. Francis is to nurture the healing ministry of the church by bringing it new life, energy and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of

*Perspective cont. on page 6*

## St. Mary's Health Clinics Celebrating 20 Years, Planning for the Future

Sr. Mary Heinen, CSJ

St. Mary's Health Clinics (SMHC) are marking their twentieth anniversary in 2012. Founded by the Sisters of St. Joseph of Carondelet (CSJ) under the visionary leadership of Sister Mary Madonna Ashton, SMHC were to be in existence for three to five years anticipating the implementation of the President's Health Security Plan in 1993.

St. Mary's Health Clinics are a network of primary care neighborhood clinics serving uninsured and medically underserved person, the low income, working poor. The Clinics, located in Minneapolis, St. Paul, Apple Valley, Spring Lake Park, Maplewood, and Shakopee are housed in rent-free churches, schools and social service agencies.

### DEMOGRAPHICS AND SERVICES

Select demographics of patients served include 40% men and 60% women; approximately 75% between the ages of 20 -55. Hispanics are 60%, Caucasians 28%, and the remainder are African-American, Asian, Native American, and multi-racial.

The most frequently identified diagnoses of patients are upper respiratory, elevated cholesterol, heart, gastrointestinal, orthopaedic, urinary problems, and diabetes, among others.

Physical examinations, pap smears, laboratory and x-ray procedures, as well as medications are provided. Diabetes education, nutrition classes and grocery shopping suggestions are offered in several Latino parishes. While mental health and dental care are not provided, referrals are made to professionals who offer these services at low or no cost.

### VOLUNTEERS, REFERRALS AND COLLABORATION

All direct care to patients at SMHC sites is provided by volunteers. Physicians and nurses are licensed; admissions personnel, interpreters and drivers meet their specific job qualifications. Several volunteers have served the clinics for 20 years; others for fewer years, yet for a significant time.

Not all of the health care needed by patients is delivered at, or provided by, volunteers at the clinics. A patient requiring specialty services such as surgery or sophisticated diagnostic tests will be referred to a local hospital or specialist's office for such services. Through collaborative efforts these services are provided free to the SMHC patient and costs are deeply discounted by the provider.

There is significant collaboration with other entities, such as St. Catherine University, Catholic Charities, Catholic Health Association of Minnesota, Joint Religious Legislative Coalition, and the Minnesota Council of Non-profits, among others. These efforts are particularly important in advocacy activities with state legislators as health care reform is being implemented.

---

*"If it wasn't for St. Mary's Health Clinics and the staff I wouldn't have a place to go."*

---

### ACA AND THE FUTURE OF CATHOLIC HEALTHCARE

With the signing into law of the Patient Protection and Affordable Care Act (ACA) by President Barack Obama in March 2010 and the Supreme Court ruling on its constitutionality in June 2012, effort continues in refining, reconciling and implementing aspects of the law for citizens of Minnesota.

Staff of SMHC anticipate that a certain percentage of uninsured patients will receive coverage under insurance plans, including Medicaid. However, there will be segments

**St. Mary's** *cont. on page 7*

### **Perspective** *cont. from page 5*

healthier communities. The vision of St. Francis is to be the health care provider of choice, with innovation and partnerships that promote healthier communities. This provides a foundation for addressing and navigating the sea of changes that lie ahead in health care reform. The future is changing but the foundation of caring for those in need will continue, like it has over 100 years

Changing to the "new normal" under health care reform won't be about the four walls of a hospital's physical structure. More importantly, it will be about eliminating the four walls and reaching out to those in need. Finding new ways to make our presence known in the community, to go where the people are, and not have them always come to us when more appropriate care is available in a different setting. This was our founding Catholic Sister's legacy too. The pioneering sisters went out of the convent to find communities in need of health care. It's important to realize that today, since there will be evolving adaptations in the new delivery models of health care for tomorrow as we continue to create healthy communities. Together with providers, payers and patients, this can be done with success, bringing diverse needs and resources to serve as Jesus did.

**St. Mary's** cont. from page 6

of the population not eligible because of their poverty status and will be served by SMHC.

We firmly believe in a vibrant future for Catholic health care in the St. Mary's Health Clinics. While the Sisters of St. Joseph continue to sponsor health care, in collaboration with multiple partners who share our vision of the healing ministry of Jesus, Catholic health care will be preserved and continue to flourish. The works of mercy and tenets of Catholic social teaching are the foundation of St. Mary's Health Clinics. Our mission reflects the two aspects of Catholic social action, namely direct care to patients and the work of justice in advocating for health care access and coverage.

From time to time the question is raised: "What is the future of Catholic Health Care in the United States? In Minnesota?"

I cannot speak for all religious sponsors nor for all types of Catholic facilities and services. I do believe care for

uninsured, undocumented, those persons who continue "to fall through the cracks" of health care delivery will continue. For Sisters of St. Joseph continuing health care is a moral imperative. We continue to take great pride in HealthEast St. Joseph's, the first hospital in Minnesota and St. Joseph's within the Woodwinds Health Campus.

We also take great pride in our St. Catherine University's Henrietta Schmoll School of Health which prepares health professionals in 36 programs at the certificate, associate degree, baccalaureate, masters and doctoral degrees.

The Affordable Care Act offers a significant focus on health education, advocates a healthy lifestyle and promotes illness prevention. The Sisters of St. Joseph support Catholic health care and education well into the future.

---

*"St. Mary's Health Clinics is a fantastic resource and a huge blessing for a family with no medical insurance."*

---

**Dan McGinty**, Executive Vice President of Essentia Health's Hospital Division and Administrator of Essentia Health-St. Mary's Medical Center. McGinty served as Senior Vice President of Operations for the Benedictine Health System from 2001 to 2007, when he was named President and Chief Operating Officer of Essentia Community Hospitals and Clinics. Most recently, he served as President for Essentia's Critical Access Group and Senior Vice President for Business Development at Essentia. He plays a key role in formulating business strategies and operational planning for five Essentia hospitals – Essentia Health-St. Mary's Medical Center in Duluth, Essentia Health-Duluth, Essentia Health St. Mary's Hospital-Superior, Essentia Health-Northern Pines Medical Center in Aurora and Essentia Health-Sandstone.

### CHA-MN Welcome New Board Members

At the Annual Membership Meeting on October 8th, CHA-MN welcomed the following two additional Board members:



**Sr. Tierney Trueman, OSF**, is a member of the Sisters of St. Francis in Rochester, Minnesota. Sister Tierney Trueman is the Coordinator of Sponsorship at Saint Marys Hospital. The Sponsorship

Board and the Coordinator collaborate to insure the Catholic Identity of Saint Marys Hospital. The Coordinator at Saint Marys provides the ongoing education of Mayo Clinic staff relative to the values and to the Religious/Ethical Directives of the United States Bishops. The Coordinator also provides leadership for the "Values

Review," which is a departmental self-assessment of the integration of the values in the workplace. From July 2006 - June 2012, she served as Community Minister/President of the Sisters of Saint Francis, Rochester, MN. Prior to that, she worked in Bogotá, Colombia, for 31 years, and served as the Coordinator of the Franciscan Mission in Bogotá.

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

**Updates from our membership...**

■ ■ ■ **W**hat'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](mailto: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. ■



SR. MARY ELLIOT RECOGNIZED FOR MANY YEARS OF DEDICATION.

**CATHOLIC HEALTH ASSOCIATION OF MINNESOTA BOARD OF DIRECTORS**

**Mr. David Nelson, President**

St. Francis Medical Center, Breckenridge  
(218) 643-3000; [davidnelson@catholichealth.net](mailto:davidnelson@catholichealth.net)

**Mr. Lee Larson, President-Elect**

St. Gertrude's Health Center, Shakopee  
(952) 233-4408; [lee.larson@bhshealth.org](mailto:lee.larson@bhshealth.org)

**Sr. Mary Heinen, Secretary**

St. Mary's Health Clinics, St. Paul  
(651) 690-7028

**Ms. Colleen Hegranes, Treasurer**

St. Catherine University, St. Paul  
(651) 690-6501; [cahegranes@stkates.edu](mailto:cahegranes@stkates.edu)

**Mr. Bret Reuter, Past-President**

St. Cloud Hospital/St. Benedict's Senior Community  
(320) 251-2700; [ReuterB@centracare.com](mailto:ReuterB@centracare.com)

**Mr. Jason Adkins, Ex-officio**

Minnesota Catholic Conference, St. Paul  
(651) 227-8777; [jadkins@mccc.org](mailto:jadkins@mccc.org)

**Mr. Thomas Crowley**

St. Elizabeth's Hospital, Wabasha  
(651) 565-5559; [Tom.Crowley@ministryhealth.org](mailto:Tom.Crowley@ministryhealth.org)

**Rev. Steve LaCanne**

St. Joseph's Hospital, St. Paul  
(651) 232-3000; [sjlacanne@healtheast.org](mailto:sjlacanne@healtheast.org)

**Mr. Daniel McGinty**

Essentia Health, Duluth  
(218) 786-2630; [Dan.McGinty@essentiahealth.org](mailto:Dan.McGinty@essentiahealth.org)

**Ms. Kathy Tomlin**

Catholic Charities – St. Paul/Minneapolis  
(651) 647-2588; [Kathleen.tomlin@cctwincities.org](mailto:Kathleen.tomlin@cctwincities.org)

**Sr. Tierney Trueman**

Saint Mary Hospital, Rochester  
(507) 255-3125; [Trueman.Tierney@mayo.edu](mailto:Trueman.Tierney@mayo.edu)