



**Report of St. Benedict Health and Healing Ministry
(A Diocesan Institution)
To the 131st Annual Convention of the Diocese of Colorado
October 26-27, 2018**

Purpose

Our **goal** is to improve the physical, mental, and spiritual health of those people in our community who have need, but who lack access to health care resources and ultimately to help connect them to a medical home where they can receive the ongoing care they need.

Our **mission** is being an oasis of care, offering an environment of hospitality as we respond to the real human need for physical, emotional, and spiritual healing.

Our **vision** is one of a community:

- Where suffering is alleviated,
- Where holistic health and healing are available to all,
- Where health and healing are understood as integration of body, mind, and spirit,
- Where people are met and seen with hospitality and compassion, and
- Where connections are fostered:
 - between the uninsured and the underinsured and health care providers,
 - between the individual and God, and
 - between organizations dedicated to health and healing.

Our **values**, the shared and strongly held principles that guide us in our work, are those of Benedictine spirituality, including:

- Hospitality
- Dignity
- Compassion
- Seeking the face of Christ in all whom we meet

Members

Our work succeeds on the basis of relationships, which permeate all aspects of this ministry. Effective relationships require active listening, being present and showing respect. This begins with our Board of Directors, currently:

Ms. Elizabeth Adle, Secretary
Dr. Jeska Albuisson

Mr. Neil Borman, Treasurer
 -St. Aidan's Episcopal Church, Boulder
 Deacon Jan Dewlen
 -St. John's Episcopal Church, Boulder
 Ms. Elisabeth Dickinson, Vice President
 -St. Ambrose Episcopal Church, Boulder
 Mr. William Eliason, President
 -St. Ambrose Episcopal Church, Boulder
 Mr. Bill Goodwin, Executive Director
 -St. John's Episcopal Church, Boulder
 Rev. Michael Houlik
 -St. Mary Magdalene Episcopal Church, Boulder
 Mr. Jim Podolak
 -St. John's Episcopal Church, Boulder

Executive Summary

The Need

Under the heading “once vulnerable, still vulnerable”, the Colorado Health Institute (CHI) in its 2017 Colorado Health Access Survey (CHAS) estimates that about 350,000 Coloradans still do not have health insurance (including about 13,100 in Boulder County). These “final uninsured” are among the most vulnerable and hardest to reach.

As many as 25% of those still uninsured do not have documentation, making them ineligible for most public insurance and unable to use the Affordable Care Act (ACA) marketplace. Large numbers of them are under the poverty line, do not have a high school diploma, and are Hispanic.

One in 7 uninsured Coloradans does not even know how to get health insurance. CHAS data also reveal that, despite historic health insurance gains, many Coloradans skip medical care because of its cost. CHI concluded that the “affordable” part of the ACA is still elusive in Colorado.

Adding to the visibility of the need for a medical safety net, the Community Foundation reports that homelessness in Boulder County continues to be a problem, with increasing numbers of families living in cars or couch-surfing, single homeless people coming from outside the community, and seniors unable to afford escalating rents and costs of home ownership.

A count (the annual Point in Time Survey) of persons experiencing homelessness on one January 2018 night in Boulder County found 592 homeless persons either unsheltered, in emergency shelters or in transitional housing. This does not include those in temporary living situations or at risk of becoming homeless. Over one-third of the homeless population in Boulder County were experiencing chronic homelessness.

The Response:

St. Benedict Health and Healing Ministry (SBHHM) welcomes all medically underserved populations in Boulder County. Volunteer medical professionals offer clinics in Boulder, Longmont and Lafayette at sites where those in need of our services congregate for human services (i.e., soup kitchens, community centers and subsidized housing facilities).

Our focus in clinics is on blood pressure checks, diabetes education and prevention, acute illnesses and wounds, referrals to local clinics and services, and creation of a plan for care. Education and prevention includes information provided through consultations on such issues as mentioned above and/or alcohol use, smoking cessation, nutrition and exercise. We also regularly offer instruction in contemplative and stretching practices to assist patients to better handle physical and emotional stress.

All those whom we serve are either low income, uninsured or underinsured, covered by public health insurance, or without a regular source of primary care. All of our patients fall into at least one of these categories of need. All are in danger of falling through the cracks in the road to reliable health care. As such, we are the initial point of access for many into the health care system.

We are funded by grants and donations, and all services are free to recipients. In 2017, our volunteer staff provided greater than 8,690 health care services via 12 Free Clinics per month and the Don Burt Community Care Program. Through the latter, non-medical volunteers distributed free unit doses of over-the-counter medications at severe weather shelters in the City of Boulder. SBHHM also maintains a Medical Financial Assistance Program to help patients who cannot pay for prescriptions, diabetic supplies, or vision and dental needs.

Not all of our volunteers worked directly with patients in our clinics. The combination of clinical and non-clinical hours of volunteer service exceeded 4,000, with a total value of \$87,758. Physician, Nurse Practitioner, Registered Nurse and Physical Therapist visits were provided at no cost. Types of services included acute illness or trauma care; foot or wound care; blood pressure screenings; diabetes screenings; and physical therapy.

We believe in the power of partnerships, and are continually looking for more ways to collaborate with local entities that promote healing and improve health. Over 130 health service referrals were made to either Urgent Care or Emergency Room facilities or to potential medical homes. Approximately \$1,300 of in-kind donations were received in 2017.

In 2018, St. Benedict Health and Healing Ministry said good-bye to founding Executive Director Rev. Sally Bowersox, RN, who began her retirement on July 1. Our reluctant good-byes were also happy, as we celebrated the tremendous growth of this ministry under her 13 years of expert guidance and wise decision-making.

Annual Report

The Need:

Affordability and Accessibility

According to *Boulder County Trends*, the Community Foundation's report on key indicators, 13% of county residents were estimated to be living below the federal poverty level in 2015. This equates to nearly 41,500 individuals. The 13% rate is three percentage points higher than it was in 2000. The rate is higher in the City of Boulder (21%) than in the cities of Longmont (14%) or Lafayette (8%).

Even those who live on the margins of society but are employed fear that a layoff or medical problem will push them into a financial crisis. The *Colorado Daily* in a July 27, 2018 editorial titled "War on Poverty: States have a role to play" observed that:

Slow wage growth barely keeps pace with the cost of living. Inflation hit 2.9% for the 12 months ending in June as costs for gasoline, housing and food kept growing. At the same time, wages rose by less than 3%.

To these rising costs we would add medical care and health insurance premiums. The Colorado Health Institute (CHI) recently concluded that the "affordable" part of the Affordable Care Act (ACA) is still elusive in Colorado:

The high cost of insurance continues to be the number one reason for not having health insurance, with 78.4% of the uninsured citing it... 10.1% of Coloradans say they didn't get needed doctor care because it was too expensive, the same rate as 2015.

Although having health insurance is the new normal for most Coloradans, CHI also reports that about 350,000 Coloradans still do not have it (including about 13,100 in Boulder County) and that these "final uninsured" are among the most vulnerable and hardest to reach. Its 2017 Colorado Health Access Survey (CHAS) concluded that as many as 25% of the uninsured do not have documentation, making them ineligible for most public insurance and unable to use the ACA marketplace. About 61,000 of the uninsured are under the poverty line, nearly 50,000 don't have a high school diploma, and about 115,000 are Hispanic. One in 7 uninsured Coloradans does not even know how to get health insurance; in Boulder County, 7.5% (or 2,224) of those persons eligible for Medicaid and premium tax credits are not enrolled, according to Internal Revenue Service tax data.

Only 8 of the 64 Colorado counties have more uninsured individuals than does Boulder County, according to CHI's analysis of the 2015 American Community Survey. Its own study (the 2015 CHAS) analyzed zip code level demographic and economic data to gauge

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the probability of not getting a medical appointment as soon as one was needed. Boulder County zip codes ranged from 16.1% to 33.4%, with the latter (representing the University of Colorado - Boulder) being by far the highest percentage in the entire state.

Homelessness

The *Trends* report notes that homelessness in Boulder County continues to be a problem, with increasing numbers of families living in cars or “couch surfing”, single homeless people coming from outside the community, and seniors unable to afford escalating rents and costs of home ownership.

The Point in Time (PIT) Survey is a snapshot of those experiencing homelessness on a given night. It was most recently conducted on January 29, 2018. Both sheltered and unsheltered individuals were counted. However, persons in temporary living situations or who are at risk of becoming homeless (such as those staying with friends or family or paying to stay in a motel) were not included in this count.

Five hundred ninety-two (592) individuals were found to be homeless in the PIT results. This included 158 unsheltered, 283 in emergency shelters, and 151 in Transitional Housing. The trends over the past three years are not encouraging, with steady increases in the percentages of those in emergency shelters and those unsheltered, and decreases in the percentages of those in transitional housing, as shown below:

Living Situation	2016	2017	2018
Emergency Shelter	40.9%	45.8%	47.8%
Transitional Shelter	41.3%	32.7%	25.5%
Unsheltered	17.8%	21.5%	26.7%

The PIT also concluded that over one-third (34.5%) of the homeless population in Boulder County were experiencing chronic homelessness. This includes those who were homeless for at least one year in the past three years and also have a disability. Half of the chronically homeless were in emergency shelters or unsheltered on the night of the count. The survey does not include a comparison with other years' data.

For additional details on access to health care services, see
<https://www.coloradohealthinstitute.org/research/colorado-health-access-survey>

For additional details on socioeconomic trends in Boulder County, see
<https://www.commfoun-d.org/trends>

For additional details on the Point in Time Survey results, see
https://www.mdhi.org/pit_reports

The Response

St. Benedict Health and Healing Ministry (SBHHM) is part of Colorado's health care safety net. We are a community-funded source of basic medical care for low-income and/or uninsured adults in Boulder County, and one of only 43 community safety net clinics in Colorado. We work with medically underserved populations, including the underinsured, defined as those who have health insurance of some kind but cannot afford the out-of-pocket costs.

The CHI notes that those most likely to need a safety net are those with low incomes, those uninsured (or underinsured), those covered by public health insurance, and those with no regular source of primary care. All of our patients fall into at least one of these categories of need.

Volunteer doctors, nurses and a physical therapist offer direct services at clinics in the cities of Boulder, Longmont and Lafayette at soup kitchens (three times a month), community centers (seven or eight times a month) and subsidized housing facilities (once a month). After a health care assessment and health history, the provider determines the care that is needed. Physicians write prescriptions if indicated. If sufficient care cannot be provided at the clinic, the patient is educated and referred to another health care provider for additional services.

Education is based on the findings of each patient's medical history. Referrals may facilitate connections to regular ongoing health care so as to provide a medical home for dental care and care for chronic diseases such as hypertension, diabetes or asthma. Or the referral may be to facilities that can provide HIV/AIDS or Hepatitis C testing, mammograms, etc. Referrals are also made to non-medical community resources.

In 2017, over 25 volunteer health care professionals, Spanish translators and other volunteers provided greater than 8,690 health care services via 12 Free Clinics per month and the Don Burt Community Care Program (DBCCP). Through the latter, non-medical volunteers distributed free unit doses of over-the-counter (OTC) medications at severe weather shelters in the City of Boulder whenever they were open. Accordingly, we offered OTC medications to over 3,770 persons. We also regularly offer instruction in contemplative and stretching practices at selected locations to provide patients with relaxation techniques to better handle emotional stress. SBHHM also maintains a Medical Financial Assistance Program to help patients who cannot pay for prescriptions, diabetic supplies, or vision and dental needs. Patients have specific guidelines to follow, such as participation in budget counseling.

Not all of our volunteers work directly with patients in our clinics. Combined with those who did in 2017, over 50 key volunteers provided over 4,000 hours of volunteer time equating to \$87,758 worth of volunteer service. This breaks down as follows: \$39,970 in clinical value, and \$47,788 in DBCCP hours and other non-clinical hours.

We address the problems in health care accessibility and affordability by offering free direct and preventive services. By establishing a relationship, we are able to help people find a medical home. A count of services in 2017 reveal that 169 Physician or Nurse Practitioner visits were provided at no cost, as were 607 Registered Nurse visits. Types of services included:

- acute illness or trauma care (31);
- foot or wound care (79);
- blood pressure screenings (380);
- diabetes screenings (156); and
- physical therapy consults (17).

Equally important, over 130 health service referrals were made to either Urgent Care or Emergency Room facilities or to potential medical homes (i.e., full-service clinics such as Clinica and its affiliate People's Clinic, Salud Clinic, Hope Light Clinic, Dental Aid, or the patient's own primary care physician). Finally, in-kind donations such as hats, socks, personal care items, medical supplies, dental supplies, medications and office supplies valued at \$1,299 were received and distributed in 2017.

In 2018, St. Benedict Health and Healing Ministry said good-bye to founding Executive Director Rev. Sally Bowersox, RN, who began her retirement on July 1. The extra work required of her in preparing the organization to continue to be successful included orienting her successor, Mr. Bill Goodwin, to his many new responsibilities. The Board of Directors has also taken an active role in the transition based on the vast experience of its members in the operational and administrative aspects of our organization's work.

For additional details on Safety Net Clinics, see

https://www.coloradohealthinstitute.org/sites/default/files/migrated/postfiles/2016_Primer.pdf

For additional details on our results in 2017, see our Annual Report at

<http://www.stbenedicthealthandhealing.org/wp-content/uploads/2018/07/AnnualRpt2017.pdf>