What does it take to provide culturally competent Care?

Many wonder what it takes to provide culturally competent care. An example of one best practice to providing culturally competent care is the integration of on-site, trained interpreters in patient care. With our long-term interpreters we are able to ensure access to primary care services and continuity of care in seven languages.

Due to funding cuts from the state and the county, it has become increasingly difficult to finance healthcare services for the uninsured or people on public assistance, particularly for immigrants and refugees. Reimbursement for interpreter services is minimal or nonexistent. CUHCC only received payment for 22% of the expenses incurred for providing interpreter services in fiscal year 2003.

Without interpreter services, many immigrants would not seek out health care because the cultural and language barriers would be too prohibitive. Many patients have established trusting relationships with interpreters, which supports positive patient outcomes in treatment such as medication compliance. While seeking to balance the budget, policymakers and legislators should consider best practices that promote health care access for all.

Patient Demographics

- **Ethnicity**
  - American Indian: 8%
  - Hispanic: 7%
  - Cambodian: 3%
  - Hmong: 12%
  - Laotian: 3%
  - Vietnamese: 6%
  - Other Asian Pacific Islander: 1%
  - European American: 26%
  - Other African: 3%
  - Somali: 13%
  - African American: 12%

- **Gender**
  - Male: 3,716
  - Female: 5,309

- **Age**
  - Children: 3,217
  - Adults: 5,811

Patient demographic data is estimated based on available billing information.
The CUHCC board will begin to work with other community clinic boards to press for attention to adequate access to medical, dental and mental healthcare in 2005. This problem is no longer confined to the urban core as concentrations of low income, uninsured and high-risk populations grow across the Metro area.

Stabilizing community-based health care is vital to heading off a crisis in the prevention, treatment and control of health problems among the most at-risk populations. Shrinking of the funding base for basic public health functions has only added fuel to this problem. Continued revenue shortfalls and lack of consensus on priorities at the local, state and federal levels suggest this situation will only worsen in the foreseeable future.

We hope to work collectively with board members from Metro Area community clinics to identify gaps in the safety net that require immediate stabilization. At CUHCC, our sponsorship by the Academic Health Center enables us to draw on special resources and advantages in tackling this challenge. With this support, we hope to work to ensure the safety net for years to come.
Supporting Healthy Lifestyles

Medical Health Services

This past spring a 64-year-old grandmother from rural Mexico, Maria, came in speaking a distinct, local Spanish dialect and was unable to read or write. As a recent undocumented immigrant to the Twin Cities, Maria lacked health insurance and was ineligible for public health insurance through Hennepin County or the state. Her family brought her to CUHCC where administrative staff and interpreters worked with the family to enroll her in our sliding-fee prepaid plan. For a monthly fee, she was able to receive full coverage for her medical visits and lab tests performed at CUHCC.

During a routine physical exam she reported classic symptoms of diabetes: increased thirst, hunger and urination, and blurred vision. Her primary care provider ordered lab tests and her glucose level came back extremely elevated. The provider connected her with CUHCC’s diabetes educator, enrolled her and her family in our Spanish diabetes education group, and provided free medication samples.

Faced with language and literacy barriers, our diabetes educator worked with the women’s husband and two sons to teach them about diabetes. Maria attended both one-on-one and group education sessions to learn how to monitor blood sugar levels, prepare healthy foods, increase physical activity and take medication as directed. Her family is also very helpful in managing her diabetes. Maria is now a regular, active member of the diabetes education group. Since first coming to CUHCC, she has lost weight and her glucose levels are under control. Now she is feeling healthy, energetic and reports being satisfied with her health status.

Patient Outcomes

Ninety percent of pregnant women identified as using alcohol discontinued use.

Seventy percent of pregnant women identified as using illicit drugs discontinued use and another 10% decreased their use.

Performance Statistics Medical Health Services

98% of children 3 months to 5 years, 88% of children ages 6–11 years, and 84% of teens are up-to-date on Well Child Checks.

96% of children ages 0–3 years, 95% of children 3–11 years, and 80% of teens are up-to-date on immunizations.

85% of sexually active teens have received screening for STIs and, of those with STIs, 100% have followed-up with appropriate treatment recommendations.

Diabetes Outcomes

94% of at-risk female patients and 96% of at risk males are being appropriately screened for diabetes.

Hispanic Diabetes Education Group:
100% of attendees reported increased exercise, decreased fatty foods in their diet and increased fruit and vegetable intake. 80% of group members have sustained weight loss over the last year.

Laotian Diabetes Education Group:
100% of patients engaged in regular exercise.

Diabetes is a condition that occurs when the body is unable to make or use insulin properly, and contributes to nearly 10% of all deaths in the Phillips Neighborhood.
Supporting Healthy Lifestyles

Dental Health Services

The need for specialty dental services for low-income patients is growing in the Twin Cities, where the majority of providers report financial losses from treating patients on government-sponsored programs. At CUHCC, we provide a unique array of comprehensive, complex services and emergency dental care to patients from diverse backgrounds. CUHCC is also the only community clinic in Minnesota to offer experienced dental specialists from around the world: a periodontist from Mexico, endodontists from the University of Minnesota, and a pediatric dentist from India.

One of CUHCC’s popular dental services was developed by Dr. Juan Vesga, a prosthodontist from Columbia, who initiated a program to make dentures for patients in one week. Mai, an elderly Hmong woman on Medical Assistance, was referred to Dr. Vesga from our Mental Health Area. She was recovering from a stroke, and because she could not eat, she was very thin and needed a wheelchair. Mai came to CUHCC Dental on a Wednesday morning with her son and daughter-in-law for a five-hour appointment to fit her mouth for dentures. During the week, CUHCC’s dental staff produced the dentures and Mai received her new dentures the following Wednesday. Three months later, Mai has regained her strength, completed physical therapy for her stroke, and no longer needs wheelchair assistance.

Like many other dental clients, Mai is very grateful for the prosthodontic services and dentures she received at CUHCC. She and her family were able to participate actively in the process and dental staff was responsive to her needs during the fitting. Most importantly, Mai received affordable, accessible dental services at one site that would be difficult to find elsewhere in the Twin Cities.

Perfomance Statistics Dental Health Services

84% of children ages 3–5 years, 70% of children ages 6–11 years, and 74% of adolescents have had a dental appointment at CUHCC or have been referred to the dental provider of their choice (Jan.–Sept. 2004)

100% of pregnant women received dental education in 2004.

New Programs

Reaching School Age Children—In October 2003, CUHCC expanded its dental outreach to increase access to dental care for children at three charter and alternative schools in high-risk neighborhoods of South Minneapolis: Southside Family School, Cedar Riverside School and Aurora.

The project is a collaboration with the University of Minnesota School of Dentistry and was funded in part by the Minnesota Department of Health. Dr. Marlene Pineda, from Honduras, coordinates this dental outreach effort. In its pilot year, the school outreach program has already served 150 school age children.

Innovative Implants and Dentures—

Dr. Renee Camera is a periodontist faculty member at University of Minnesota Dental School, originally from Mexico, who will be offering weekly periodontal treatments and surgeries. She will also play an active role with Juan Vesga, prosthodontist, in establishing our new implant program.

Implant-supported mandibular dentures will help people who have lost teeth and have jaw bone atrophy increase their chewing capacity from 0 to 70%. Implant-supported mandibular dentures will restore normal speech functions, esthetics and confidence that leads to a greater overall quality of life.

CUHCC’s implant program will be one of few programs in the U.S. that places dental implants in a community clinic setting at a reduced fee.

Student Comments

“While I was there [at CUHCC] I feel like I gained more practical knowledge during those two weeks than I would have during a month spent at the clinic at school.”

“Variety [of patients]! Kids, adults, teens...love it. Ability to truly practice comprehensive dentistry with assistants, hygienists, dental staff were wonderful and welcoming.”
Supporting Healthy Lifestyles

Mental Health Services

At CUHCC, our Mental Health staff works with diverse clients with mental illness to integrate them into the community. For four years, we have worked with a Sudanese man, Mohamed, suffering from extreme schizophrenia. He was referred to us by the County under a court order to take his medications. When he first arrived in Minneapolis, he had no connections in the community and isolated himself in his apartment.

Abdi, a case manager at CUHCC, was first assigned to Mohamed. Initially, he would not let Abdi into his apartment. During this time, Abdi spoke to the public housing building managers to educate them about Mohamed’s illness. Over time, the managers agreed to contact Abdi if Mohamed didn’t leave his apartment for one week. His doctor also called Abdi if he suspected that Mohamed wasn’t taking his medications. This system allowed Abdi to intervene early and ensure that Mohamed was taking his medications.

The real turning point in Mohamed’s treatment occurred when he attempted suicide. After surviving the attempt, Mohamed was hospitalized for a period of six months due to his physical injuries. During this time, Abdi visited him regularly and arranged with government agencies to replace documents lost during his hospitalization. Abdi also coordinated with the building manager to clean his apartment for his return.

Since coming home from the hospital, Mohamed regularly attends his doctor appointments and is moving towards reintegration in the community. He is learning how to buy food; he takes care of his banking, and is able to ask for help when his symptoms begin to worsen. He takes trips with Abdi to get coffee and is beginning to participate in social activities. Actively suicidal for a long time, he now sees that he is not alone and that he is supported by a network of people—his case manager, the building manager and doctor who want to see him well.

Patient Outcomes

More adults with serious and persistent mental illness are able to maintain or increase independence in the community:

Avoided hospitalization: 90%*
Achieved positive treatment outcomes: 70%*

Performance Statistics Mental Health Services

95% of adults managed their mental health concerns and maintained stable living arrangements.

94% of high-risk children avoided out of home placement through county, family and community coordinated care.*

93% of children with serious emotional disturbance avoided out-of-home placements.*

88% of adults experiencing serious mental illness reported no or slight problems accessing medical or dental care as needed.*

According to self-reported information, 15.6% of Phillips residents have, at some point in time, received a diagnosis of depression by a doctor or other health professional.

*First, second and third quarters of calendar year 2004 reported.
Financial Report

**Revenue**
- Patient Revenue: $6,721,756
- Grants: $1,686,728
- Gifts and Other: $336,756
- AHC Support: $647,549
- Total: $9,392,789

**Expenses**
- Medical Services: $2,819,105
- Dental Services: $1,389,778
- Mental Health Services: $3,377,421
- Management: $1,768,448
- Total: $9,354,752

**Increase in Net Assets**: $38,037

The Leonard, Street & Deinard pro-bono legal clinic continues to serve CUHCC patients. In spring of 2004, CUHCC and Leonard Street & Deinard celebrated the tenth anniversary of their unique partnership.

**Kinds of cases seen in 2004**

- Family: 37%
- Housing: 17%
- Immigration: 14%
- Other: 11%
- Government Benefits: 10%
- Employment: 3%
- Consumer: 5%
- Wills: 3%

This report includes financials for fiscal year 2004, ending June 2004.