From the Executive Director

The Community-University Health Care Center had an eventful year adapting to challenges such as cuts in support for non-profits as well as the increase in those seeking our services—specifically diverse, low-income individuals, many of whom are uninsured. Although fiscal realities are daunting, we continue to make great strides in improving the ability of our organization to serve our patients and support the health and well-being of the communities we serve. One measure of our success is reflected in our capacity to serve 7% more patients in the past year without a significant increase in providers. We have also achieved stable financial footing for our future growth.

Our commitment to community health in 2002 occurred on many different levels. The medical area piloted culturally specific groups to assist immigrants and refugees with chronic diabetes. These groups have improved trust amongst its members and between the provider and the patient. We sought new community partnerships to increase the effectiveness of our outreach services: services to alleviate the health disparities found among racial minorities, immigrants, refugees, and the unstably housed. We have taken on leadership roles in the Neighborhood Health Care Network (a consortium of 15 metro-area community clinics) and the Minnesota Primary Care Association (a statewide organization supporting the efforts of federally funded clinics) to support those organizations’ efforts to improve community health.

As local policy-makers struggled with budgetary difficulties, we advocated for cost-effective programs with proven outcomes for our patients. Specifically, we advocated for the health care needs of the uninsured with officials from the City of Minneapolis and the needs of those suffering from mental illness with the officials from Hennepin County. At the state level, we are active participants in the efforts to address the dental access crisis, and we contributed to the state’s assessment of the needs of the uninsured. We also had the opportunity to highlight our successful programs and share the realities of our current health care system, which is not meeting the needs of the growing population of the patients, during a recent visit with U.S. Senator Mark Dayton.

There is still a lot more that needs to be accomplished to reach our goal of access to high quality health care for all people. Yet, working with our many partners at the local, state, and federal levels, CUHCC is poised to build on these past efforts to continue to make a difference in this coming year.

Patient Demographics

**Ethnicity**

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

**Gender**

- Male 3,716
- Female 5,309

**Age**

- Children 3,217
- Adults 5,811
As CUHCC emerges as one of the leaders in community health care in the Twin Cities, the CUHCC board has stepped up its emphasis on board development. Over the past three years, the board focused on basic board skills, recruiting board members, and deepening relationships with the CUHCC leadership team and the Academic Health Center. The August board meeting dedicated three lively hours talking about our progress so far, what’s important to each member, what hinders and helps our work, and what our focus will be over the next six months.

During our discussion, board members talked about why they care about CUHCC. They spoke about how they value the diversity of patients and staff, and how staff treat families and children respectfully and compassionately. The board agreed we would spend more time training new members, mentoring each other, increasing effectiveness of meetings, and stressing participation. Our immediate focus will be building external relationships and preparing for physical expansion starting with our first open house event that we hosted on October 9th. It was a huge success, and we look forward to continuing to engage the community within the coming year.

Staff learn about Vietnamese culture and history with guest speakers from Vietnamese Social Services. The clinic is engaged in a 3 year cultural competency initiative to raise staff awareness of the links between culture and health.
Supporting Healthy Lifestyles

Medical Health Services

One of our African American mothers came in for prenatal care rather late in her pregnancy. She had gestational diabetes and also tested positive for cocaine. We immediately referred her to Hennepin County Child Protection and she went into its BASICS program that assists women with substance use issues. While she attended the program, we made follow-up calls to ensure that she would attend her appointments and to ensure that she was getting the help she needed. When she came to her appointments, we spent considerable time educating her about the effects of substance abuse on her child and worked to identify ways for her to support the healthy development of her child. Since she had gestational diabetes, we explained what foods to avoid and showed her how to monitor her glucose levels. Through the program, she developed a good relationship with her provider and advocate who helped her find transportation so she could attend all of her medical appointments.

Although she initially had some difficulty kicking her cocaine habit, she has stopped using for over two years now. Her relationship with her boyfriend (the father of her child) that had deteriorated due to her substance abuse, has developed and they are going to be married in two months. The baby, meanwhile, is meeting all developmental milestones. While the baby is still too young to identify any neurological effects from cocaine use, the baby is growing and healthy.

Patient Outcomes

More than 95 percent of infants were born within a normal birth weight range.

Children at age 2 were 96 percent up-to-date with required immunizations.

Drug use decreased or discontinued among 91 percent of women participating in perinatal case management services.

Performance Statistics Medical Health Services

2,156 children and 3,535 adults made more than 20,000 visits

92 percent of adolescents received education about nutrition and exercise

100 percent of pregnant women received nutritional and social service evaluations.

88 percent of all women were screened for violence and abuse.

96 percent of adult women were provided with mental health guidance.

Community Outreach Services

Services are provided at several outreach sites, including the American Indian OIC (AIOIC), Centre for Asian and Pacific Islanders (CAPI), Anishinabe Wakiagun, and the Phillips Neighborhood Clinic, located at Oliver Presbyterian church. The clinic has been able to reach out to various populations who may not access care due to lack of trust, economic, or cultural barriers.

Culturally Specific Care of Chronic Illnesses

Since March 2003, six culturally specific support groups have been offered to patients with diabetes. So far, approximately 50 individuals are participating. As a result of recent grants from the Park Nicollet Foundation and General Mills, these groups will be extended to include all family members who are interested in better understanding the lifestyle changes necessary to optimally manage diabetes.
Supporting Healthy Lifestyles

Mental Health Services

An American Indian/Hispanic family was referred to the clinic because the 17-year-old girl had been sexually abused by her mother’s live-in boyfriend. The boyfriend bought her pot and alcohol and assaulted her when she became intoxicated. The mother’s boyfriend left after Child Protective Services began investigating the case. The mother contacted the clinic because she was court-ordered to participate in family therapy and counseling.

The mother works to support a family of six—a 17-year-old girl, 15-year-old boy, 14-year-old girl, 12-year-old boy, and a 10-year-old boy. Abused and abandoned by her family when she was young, she married a man who had been diagnosed with schizophrenia and who physically abused her. The kids were traumatized by the dysfunctional relationship of their parents. The 17-year-old girl belongs to a gang; it is suspected that the 12-year-old is dealing drugs. The 14-year-old and 12-year-old both have been diagnosed with Attention Deficit Disorder and are on medication. To empower the mother, the therapist asked her to formulate a list of problems and then connected her with resources to help deal with those problems. Since she started working with the therapist, the mother has become more responsible in keeping appointments, and now holds a steady job that she enjoys. She prepares for her family’s long-term future by putting aside savings every month to buy a house.

To reduce the abusive nature of their interactions, the therapist taught the family conflict resolution and communication skills. The therapist has also worked to help them increase emotional support for each other through positive comments and gestures. The children are learning appropriate ways of getting attention rather than skipping school or acting out. The mother is learning that one parenting style doesn’t fit all of her children. She continues to improve on keeping the kids in school and giving them more positive attention.

Patient Outcomes

People reduce risk of harm to self or others: 97 percent of clients achieved improvement or resolution of risk factors.

People resolve or manage their mental health concerns and live successfully in the community: 75 percent maintained stable living arrangements in 2002.

Adults with serious and persistent mental illness maintain or increase independence in the community: 97 percent avoided hospitalization in 2002.

Performance Statistics Mental Health Services

2,522 patients served: 398 children; 2,124 adults

Of 2,124 adults, 708 (33 percent) have serious and persistent mental illness.

Of 398 children, 287 (72 percent) have emotional disturbances.

Victims Services

160 primary child abuse victims received needed advocacy services.

82 secondary child abuse victims received intervention and advocacy services.

180 survivors of sexual assault received advocacy services.

249 survivors of domestic violence received advocacy and supportive services.

Community Education about Mental Illness

75 caregivers received parenting education and support to strengthen their skills.

103 providers received training on how to provide advocacy and intervention for families from the four Southeast Asian communities.

361 Somalis received education about trauma, the impact of resettlement, and mental health symptoms.

400 community members and service providers learned strategies to utilize when serving Somalis experiencing mental health symptoms.
Supporting Healthy Lifestyles

Dental Health Services

The need for dental education is great, particularly among low-income people who have chronic physical or mental illnesses. At CUHCC, we attempt to integrate our health care across dental, medical, and mental health services. One of our Health Promotion Groups for adults with serious and persistent mental illness recently made a field trip to the dental area. Since adults taking psychotropic medications often experience dry mouth as a side effect of the medication, they tend to have a high incidence of dental disease. Moreover, their mental health symptoms sometimes interfere with their ability to seek care.

For example, one of the group members hadn’t seen a dentist for 10 years, and suffered from toothaches for over one year. He had developed a phobia that prevented him from seeking care and had panic attacks when going to the dentist. After the field trip, we worked to gradually help him feel comfortable and established trust with him over a period of time. Eventually he allowed us to look into his mouth, and we found that he had multiple abscessed teeth. After two meetings, we planned for him to have his teeth removed at the University of Minnesota and we accompanied him. We utilized oral anesthesia and were able to remove the abscessed teeth. Throughout surgery, he motioned to us if he felt any discomfort. Now he experiences less pain, and regularly seeks preventive care from CUHCC dental staff.

“The residency and training programs at CUHCC benefit staff, University students and patients alike,” says Dr. Joe Grayden, dental health area director. “While staff profit from exchanging ideas with students, trainees and residents get an orientation toward the community other than private practice and see the benefits of providing comprehensive care to patients.”

Performance Statistics

Dental Health Services

1,437 children and 1,816 adults made 9,029 visits in calendar year 2002

Centro Portable Dental Clinic
Through this partnership, the clinic developed baseline data regarding the need for dental education in the Hispanic community.

95 percent of all examined patients had experienced decay, and 70 percent reported that they had never before seen a dentist.

110 school age children in grades K–3 received oral health education in their schools and participated in decay prevention activities at the Centro Portable Clinic.

51 adults and 34 children made a combined 156 visits to the Centro Portable Clinic.

Published an article, “Culturally Sensitive Medical and Dental Model: Dental Care Access for Hispanics in Minnesota” which appeared in Northwest Dentistry, July-August 2003.

Linking the Community to University Resources
On Sealant Saturdays, dental students and dental hygiene students provide children with sealants.

Building on the partnership with the University of Minnesota has allowed us to increase access to specialty dental care for our patients. University of Minnesota endodontic residents treat patients one-half day per week, and provide root canals. An on-site prosthodontist is able to assist with missing teeth, dentures, partials and most complex cases.

Preventive dental care and periodontal cleanings are provided by University of Minnesota dental residents, students, and hygienists.
Reach Out and Read/RIF Program

Our clinic’s Reach Out and Read/RIF Program promotes children and families’ involvement with books. Volunteer readers read to children while they are waiting for their appointment, and health providers speak with parents about the value and enjoyment of reading to babies and young children. Each time a child comes to the clinic for a medical, dental, or mental health appointment, he or she receives a new, high quality book to take home and enjoy with parents and caregivers. We gave away more than 4,000 books to children in 2002.

Pro Bono Legal Services

For the last 10 years, a major focus of Leonard, Street and Deinard’s pro bono program has been to provide legal representation to patients of the Community University Health Care Center (CUHCC) in the Phillips neighborhood in South Minneapolis.

Lawyers from Leonard, Street and Deinard donated 4,200 hours of legal service to 64 CUHCC patients in 2002.
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Variety Children’s Clinic

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