Defining CUHCC

Promoting Wellness without Disparity

CUHCC has come a long way since its humble beginnings in a 100-year-old converted apartment building with leaky ceilings and slanted floors on 16th Avenue in the Phillips neighborhood. Many CUHCC veterans remember how it was in the old building. The building “had gone through two fires,” according to Bonnie Brysky, the director of the mental health area. “Though the physical condition of the building was adverse…it brought people together—we were all in it together and doing good work.”

For 37 years, improvements—large, small, traditional and cutting edge—have taken place to contribute to today’s CUHCC: holistic in approach, eclectic, yet convivial and friendly.

The clinic began in 1966 as an outreach multi-disciplinary pediatric program to address the high infant mortality rates in the Phillips neighborhood. “When I first worked at CUHCC in 1986 we had a staff of 50 people and had 25,000 visits a year,” says Dr. Karl Self, executive director. “Now, we have 110 full-time staff and 55,000 visits a year. Doubling in size has really been a change for the clinic…the continual growth has necessitated changes in operations.”

CUHCC provides a comprehensive array of health care services that include medical, dental, and mental health services, as well as social services to treat the whole person. The pro-bono legal clinic, sponsored by Leonard, Street & Deinard, assists patients with legal matters such as family law, housing discrimination and issues regarding public benefits. Services are offered to 9,000 patients in the surrounding South Minneapolis neighborhoods: English, Hmong, Vietnamese, Laotian, Cambodian, Spanish and Somali.

Stepping into the waiting room on any given day, one is immediately struck by how the myriad of life at CUHCC resembles life in the world-at-large. Staff members, who reflect the diversity of the communities they serve, are abuzz in their daily routines. A Hmong baby and Somali baby discover touch as they reach for each other’s hands and noses. A volunteer offers a crying child a new book that quickly distracts her as she waits for her dental appointment.

Meanwhile, the Vietnamese day...

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Letter from the Executive Director

I am excited about the release of this inaugural issue of our clinic newsletter. The commitment to providing affordable, culturally competent health care is one that I share with our clinic staff who often go beyond the call of duty to continue this mission. A CUHCC “veteran,” I worked at CUHCC as a dentist and administrator from 1986 to 1996, earning an MBA in 1992. After having left CUHCC to experience private practice in an HMO setting, I came back to CUHCC in 2000 because I realized that my heart and passion lie in working in community health services.

In the past three years, the community governing board and I have implemented several initiatives to improve our quality of care and services. Our accomplishments include receiving 330 Bureau of Primary Care funding, streamlining clinic operations, enhanced community partnerships, and increased productivity. Now we are well-positioned and financially viable to pursue a capital campaign to expand the building and meet a growing demand for services. We look forward to continuing to do great work in the community!

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treatment group gathers in the waiting room, preparing for a field trip that will teach them how to use public transportation.

Patients from all walks of life identify CUHCC as their clinic. “Over the span of 34 years that I was at CUHCC, I started by serving mothers, their children and then their grandchildren,” Joanne Bednar recalls. Generations of families have come to CUHCC for care, and many patients who have moved out of the surrounding Phillips neighborhood to the suburban areas of Hennepin County still return to receive their health care services here.

“I’ve never seen a group of people in an organization where they really spend energy to build unity and fellowship for understanding of different people and cultures,” says one staff member. “That’s the big distinguishing factor, a definite plus, and of course ‘this communal feeling’ with people…we usually try to show that through food—hopefully you’ll get to experience the very best potlucks yet…”

Upon examination, one finds that CUHCC is a cultural experiment that works. While the rest of the world may be engaged in conflict and war, inside CUHCC’s walls one finds peace, healing and positive stimulation. Hope and courage are shared by staff and patient, through simple actions such as a pat of reassurance on the shoulder of a Latino client, the recasting of a fractured knee of an American Indian who was injured doing construction work, and the grand task of welcoming a baby girl as her mother brings her in for her first immunizations. Life is a precious investment—a pediatrician gets to see rewards for painstaking effort growing before his very eyes, for the little girl in pigtails with the hiccups 10 years ago is now a bubbly teenager who dreams to be a doctor someday.

Here, life lessons are taught and learned by healer and by patient. This is the point where real healing and recovery begins and where zeal and ardor for the mission prevail. So, what is it that keeps people and staff returning to CUHCC? The magic that defines CUHCC is its humanity.

Do come in. You are most welcome at CUHCC.
**Snapshot: Changing Demographics**

So how does the CUHCC of today compare with the CUHCC of yesteryear? In 1968, there was a total patient enrollment of 385 families with 1,445 children from primarily European American and African American racial backgrounds. This number rose over the next decade with patients totaling 5,500 in the mid-80s. CUHCC’s population grew significantly more diverse through outreach efforts and the changing demographics of the Phillips neighborhood. In the mid-80s, 46 percent of the population was European American, 30 percent was Southeast Asian, 14 percent was American Indian, 9 percent was African American and 1 percent was Hispanic.

Today the clinic is more diverse than ever following a rise in the Southeast Asian, Somali, and Hispanic populations. Twenty-eight percent of the clients served are African/African American. European Americans compose 27 percent of our total population, almost equal to the Southeast Asian populations (Hmong, Cambodian, Vietnamese, Laotian) who make up 25 percent of the population. While the American Indian population decreased due to the presence of American Indian agencies available to meet their health care needs (8 percent), the Hispanic population rises every year (7 percent) as more people of Hispanic descent move into Phillips Neighborhood. The remaining “Other” category, which usually refers to other sub populations or people of multi-racial backgrounds, compose 5 percent of the total CUHCC patient population.

Our patient population in 2002 was overwhelmingly poor, with 53 percent of patients living below the Federal Poverty Guidelines. Forty-four percent of adults were unemployed, and only 23 percent were employed full-time. An estimated 41 percent of patients had no or extremely limited English proficiency. Almost 10 percent of patients were uninsured, while 71 percent are on public assistance, 6 percent receive Medicare, and only 13 percent have private insurance.

**Partnerships in the Community**

CUHCC has formed several partnerships with other community agencies to combine existing resources to address emerging community needs. Examples include the Neighborhood Health Care Network, a consortium of 15 community clinics within the Twin Cities metropolitan area and Immulink, an immunization registry sponsored by Hennepin County.

Increasingly, CUHCC has “outposted” services, or provided services at other community sites that complement an agency’s existing services. For example, CUHCC currently provides mental health services at the three Fremont Community Health Services sites, at Southside Community Health Services and Cedar/Riverside People’s Center. The goal is to provide accessible mental health services at primary care neighborhood clinics where people have already developed trusting relationships with their providers. Other partnerships include specific outreach efforts to increase access to specific medical, mental health or dental care:

- CUHCC sponsors a twice-per-week, two-hour medical clinic at Anishinabe Wakiagun, a permanent supportive housing program for late stage chronic inebriates;
- A satellite family planning clinic at American Indian OIC, a local jobs and training program;
- A portable dental clinic at Centro, a Latino clinic providing prenatal and pediatric care and family counseling; and,
- The Phillips Neighborhood Clinic, located within Oliver Presbyterian Church on Bloomington, for people who are homeless or unstably housed, and need medical attention. Services are provided by students and residents from the University of Minnesota’s Academic Health Center.

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If you would like to find out how you can support the clinic by making a donation, please call Colleen McDonald at 612-638-0700 x 265.
Clinic Milestones

1966—The University of Minnesota establishes CUHCC as a pilot project for pediatric health care to low-income families in the Phillips neighborhood. The clinic was designed to provide comprehensive health care to all children from birth to 21 years of age. Medical and dental services were available at this time.

Early 70s—The Social Work Program at CUHCC expands into a full-fledged Mental Health Program with psychologists, psychiatrists, and social/mental health workers on staff to provide mental health services.

Early 70s—Clinic employs community health workers to provide culturally appropriate health care to American Indians from the surrounding neighborhoods. At the time, Phillips neighborhood had one of the highest urban American Indian populations in the nation.

1975—CUHCC introduces an adult medical program in response to requests from the parents of pediatric patients. Services were made available through a sliding fee scale, pre-paid health care program.

Late 70s to early 80s—The first waves of Southeast Asian immigrants and refugees settle into the neighborhood around CUHCC.

1989—CUHCC merges with Health Etc., a clinic that provided medical and dental services on Bloomington and Lake Street.

June 1991—CUHCC moves to its current building on Bloomington Avenue.

1993—CUHCC partners with law firm Leonard, Street and Deinard to offer pro-bono legal services to clients.

Mid-1990s—East African and Latino immigrant and refugee groups settle into South Minneapolis.

1996—University hospitals merge into Fairview-University Medical Center; University of Minnesota retains CUHCC and annexes it to the Academic Health Center.

October 2001—CUHCC celebrates 35th anniversary with then UMN President Mark Yudof, Senior Vice President Dr. Frank Cerra joining in the pancake breakfast served by staff from Maria’s Cafe.

At CUHCC’s 35th anniversary (October 5, 2001), then-University of Minnesota President Mark Yudof, Senior Vice President Frank Cerra and CUHCC Executive Director Karl Self serve pancakes for breakfast.