



**COMMUNITY-UNIVERSITY
HEALTH CARE CENTER**

UNIVERSITY OF MINNESOTA

1966 to 2016
Celebrating 50 years of community health

Written by Sue Rohland

CUHCC History 50th Anniversary



1960s

1966: CUHCC established

- The University of Minnesota and Minneapolis Health Department joined to set up a clinic through funding provided by the Federal Children and Youth Projects and sponsored by the Department of Health, Education and Welfare.
- Focus is on pediatric care for low-income families in the Minneapolis Phillips community.
- Dr. Edward DeFoe, a pediatrician, is first Director
- Services offered in a renovated 4-story apartment building constructed in the late 1800s, located near Bloomington and Franklin Avenue. The building has no elevator or air conditioning. Patients with mobility issues are carried up the steps to medical, dental, and mental health departments.

"When I started at CUHCC, it was very much responding to the community's needs and had been doing so since it opened in 1966. Whatever the community needed us to provide, we did. We were accommodating and flexible."

Mary Clare Baldus, Behavioral Health Manager & Licensed Social Worker



1970s

1970s: CUHCC begins serving adult patients, expands mental health

Early 70s

- Pediatrician Jean Smelker is CUHCC's Director.
- 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.
- 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.

1975: CUHCC introduces an adult medical program.

"The experience of working in a community clinic like CUHCC is something that you don't get in a private practice. It was a great place to be."

*Dr. Joe Grayden
CUHCC Dental Director for 35 years*



1980s

1980s: CUHCC adapts services as patients become more diverse

- Early 80s: The first waves of Southeast Asian immigrants and other refugees settle into the Phillips neighborhood around CUHCC.
- 1984: Pediatrician Dr. Amos Deinard named Executive Director.
- 1989: CUHCC merges with Health Etc., a clinic that provided medical and dental services on Bloomington and Lake Street.

"I have moms that now come in and they remember that I gave their children their first shots. They tell me what their children are doing now and some are in their 20s!"

Certified Medical Assistant Linda Stoner



1990s

1990s: Move to new building

- 1991 – June: CUHCC moves to its newly constructed building on Bloomington Avenue, which is accessible and has air conditioning.
- 1993: CUHCC partners with law firm Leonard, Street and Deinard to offer pro-bono legal services to clients. The partnership, where a legal clinic is co-located within a health care setting, is one of the first of its kind in the nation.
- 1994: CUHCC becomes a Federally Qualified Health Center (FQHC) Look Alike clinic.
- Mid-1990s: East African and Latino immigrant and refugee groups begin to settle into South Minneapolis. CUHCC continues to refine and add services.
- 1996: University hospitals merge into Fairview-University Medical Center; University of Minnesota retains CUHCC and annexes it to the Academic Health Center.
- 1999: CUHCC Mental Health Director Bonnie Brysky named interim Executive Director.

"CUHCC saved my life."

Santa Dan Lundeen, CUHCC patient and Board Member



2000s

2000s: Education and training focus grows

- 2000: Dr. Karl Self, a dentist, becomes CUHCC's fourth Executive Director. He is the first non pediatric doctor to lead the clinic.
- 2001: CUHCC celebrates 35th Anniversary.
- 2002: CUHCC achieves full FQHC status and Board of Directors reconstituted to have 51% patients from clinic.
- 2005: Deanna Mills hired as Associate Director and becomes Interim Executive Director in 2006.
- 2007: Co-applicant agreement with University of Minnesota; defines each parties' responsibilities consistent with Section 330 of Public Health Services Act.
- 2008: Deanna Mills named permanent Executive Director.
- 2013: 20th Anniversary celebration of Deinard Legal Clinic – CUHCC Partnership.
- 2014: Vision for interprofessional education.
- 2015: Colleen McDonald Diouf, new CEO.

"CUHCC wants to be on the cutting edge of IPE by serving as an inter-professional training center. It's a natural fit. How do you train health care professionals to work in community clinics? By becoming a premier training and education center. And a new building is exactly what will make CUHCC the Center for Excellence for IPE."

Deanna Mills, former CEO

The History of CUHCC

The decade of the 1960s was a time of tremendous contradiction. A war raged in a small Southeast Asian country most Americans were only beginning to learn about – Vietnam. Race riots were exploding in cities like Los Angeles, Newark, and Detroit. The 1968 Democratic Convention nearly collapsed under the weight of a violent confrontation between war protestors and the Chicago police and National Guard. Bobby Kennedy and Martin Luther King were both assassinated that year.

But the 60s was also a simpler time. Multi-tasking was a word no one used. There was no internet, facebook, twitter, or cell phones. ‘Make love not war’ was a growing anthem and in 1969 half a million hippies gathered at Woodstock for a three-day festival of music and peace.

It was a time of tremendous social unrest but also a time of strong social causes – Civil Rights, the Women’s Movement, and the American Indian Movement.



1966: A clinic for low income children opens in the Phillips neighborhood



One of the major initiatives of the 1960s was President Lynden Johnson’s Great Society, a set of domestic programs with the main goal of eliminating poverty and racial injustice. The federal government had the blessing of the president and Congress to distribute funds throughout cities in the U.S. for housing, medical and other programs that would address the inequities faced by the poor and populations of color.

At that time, the University of Minnesota decided that it could do more to help out struggling population groups and decided to open a health care clinic that would address health inequities in low income children. In 1966, Community University Health Care Center (CUHCC) opened its doors in the Phillips neighborhood of Minneapolis under the guidance of two University of Minnesota pediatricians, Dr. Ed DeFoe and Dr. Charles Branthaver.

A 50-year community partnership between CUHCC and Phillips’ residents was born.

The Phillips neighborhood was chosen because it was one of the poorest neighborhoods in Minneapolis. It also had one of the largest urban Native American populations in the U.S. at that time - a group that faced tremendous health disparities. CUHCC started out as a pediatric clinic providing care to predominantly low-income African American, Native American and white children. To be eligible for care, children came from families with limited incomes (\$5,100 for a family of four).

CUHCC's original clinic was located in an old apartment building constructed in the late 1800s. It had no elevator and no central air conditioning. Yet from its start, CUHCC was ahead of its time providing what is in today's medical terminology, care coordination. A 1968 press release from the University of Minnesota described CUHCC's care delivery as an integrated team of nurses and specialists that addressed medical, dental and mental health issues of the clinic's young patients. According to the release the concept of having an integrated health care team grew out of a 1966 survey that uncovered the lack of medical and dental services for children in the Phillips community



The idea was to have an interdisciplinary approach focused on overall health rather than isolating medical and dental problems. Children received an all-purpose screening to identify and treat medical, dental, psychological, and social problems. They were then placed under

preventive care supervision that included regular checkups and health care services.



As an extension of the University of Minnesota, CUHCC benefitted from having access to University specialists as it created its integrated care including health professionals from a majority of the U's health divisions including the Pediatrics Department, the School of Dentistry, the School of Social Work, Psychology Department and the School of Nursing. Each of the disciplines also benefitted because CUHCC served as a training site for residents and students, providing them with a tremendous opportunity to work in a multicultural clinic where they addressed both the health and social challenges of the young patients.

The 1970s: CUHCC expands and grows

CUHCC was again ahead of its time in the early 1970s when a female was appointed to the director's position; pediatrician, Dr. Jean Smelker. It was a decade where CUHCC would expand to serve the growing needs of the Phillips community.

In 1975 Smelker and the clinic staff, responding to requests from the parents of pediatric patients, expanded services to include low-income adults. The clinic also expanded its social work program into full mental health services, becoming one of the first community health

centers to offer mental health. In another pioneering move, CUHCC worked to fully integrate medical and mental health services.

In 1978 CUHCC hired Dr. Jerry Kroll, a psychiatrist, to join the CUHCC team, a position he continues to hold today. Dr. Kroll, who is also a professor emeritus in the Department of Psychiatry at the University of Minnesota Medical School, said that community psychiatry was not on the radar of health care systems when he first started at CUHCC. “In the 50s and 60s psychiatric care was private practice and hospital-based and even when there was the call to bring psychiatric services into the community the funding stayed with the hospitals,” said Kroll. “There just weren’t that many community clinics equipped to offer psychiatry. CUHCC was able to do so.”

One of the major events of the 1970s, one that would change the face of CUHCC, happened on April 30, 1975, when U.S. involvement in Vietnam ceased. The 10-year Vietnam War was over.

It took a few years, but by the latter part of the 1970s the first wave of Southeast Asian refugees came to the U.S. starting with the Vietnamese and followed by the Cambodian, Hmong and Laotian. Both the Phillips community in Minneapolis and St. Paul’s Summit University neighborhood were resettlement areas. CUHCC stepped up to the challenge and began to enhance its services for the newest residents of the Phillips neighborhood including hiring a team of Southeast Asian interpreters who were often the first point of contact for the newly arrived immigrants, helping to smooth their transition.

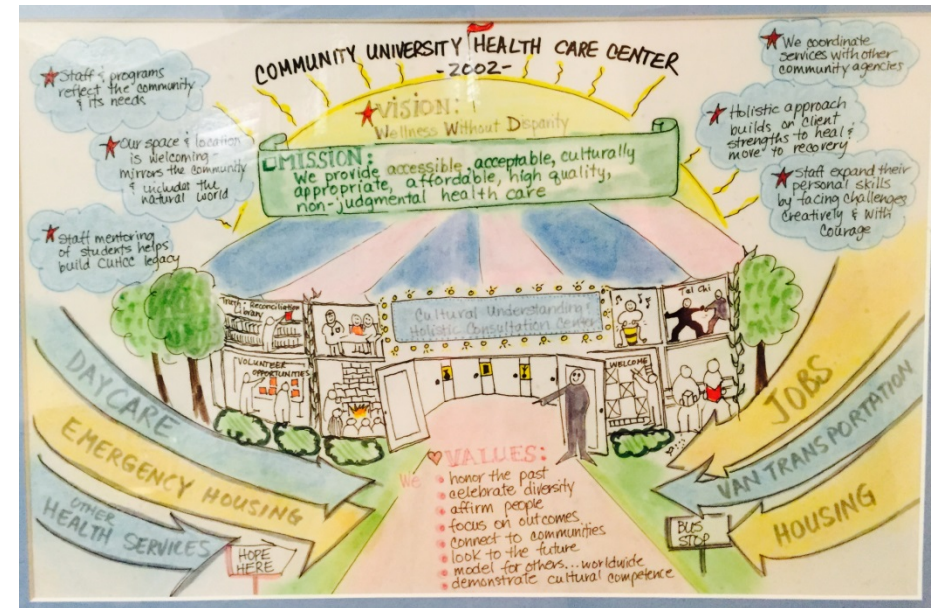
The clinic continued to attract a dedicated staff of professionals that included pediatricians, community health workers, nursing staff, speech and hearing therapists, dentists, hygienists, dental assistants, nutritionists, social workers and psychologists – all willing to work in an archaic building.

Dr. Joe Grayden, who served as CUHCC’s dental director from 1975 to 2010, recalled how persuasive Dr. Smelker was when hiring staff. He stated, “I expected to be at CUHCC five years.”

The communal, caring environment kept him at the clinic another three decades.

Grayden credited early directors like Smelker and Bonnie Brysky, CUHCC’s mental health director, with hiring the caliber of staff that had

the stamina to work in somewhat primitive conditions with often limited resources and yet still provide top-notch care. “I think the early leaders had a good sales pitch so that they were able to get people who would think outside of the box,” said Grayden.



1980s: CUHCC adapts services as patient base become more diverse

The migration of Southeast Asians to the Phillips neighborhood continued in the 1980s; and CUHCC adapted to the changing needs of its patients, providing culturally sensitive care to an increasingly diverse patient population.

Coral Garner, director of Adolescent Health and Youth Development for the Minneapolis Health Department, joined CUHCC in 1982 as one of the clinic’s program managers. Garner, who is African American and

grew up in the South, recalled that when she arrived in Minneapolis with her husband she thought the city had no diversity; until she got to CUHCC.

“I came from Birmingham, Alabama, where there are a lot of people of color. I didn’t see that when I first arrived in Minneapolis,” she stated. “Then I got to CUHCC. It was a melting pot. I felt I was walking into a cultural emersion. There were Native Americans, African Americans, and Southeast Asians including Hmong, Cambodian, Laotian, and Vietnamese. CUHCC’s Mental Health Department even had a shaman. It was an exciting place to be working.”

In 1984, pediatrician Dr. Amos Deinard was named CUHCC’s executive director; a position he held until 1999. He was – and is - a visionary who believes in delivering health care services in any way that will benefit patients.

Patient services representative Mary Brown, who started working at CUHCC in 1988, said, “He set the example. He was a caring doctor; he wanted to give to the world. His heart was enormous.”

Deinard was instrumental in starting a training program for interpreters to help them understand and use medical terminology correctly. He pointed out that a word or description for a symptom or illness can vary from language to language. As an example, he stated that there is no word in Hmong for cancer.

CUHCC also began to grow in both staff and patients when the health center merged with Health Etc., a clinic that provided medical and dental services on Bloomington and Lake Street.

One thing about the clinic had not changed: CUHCC remained in the old 4-story apartment building. Brown, who has worked at CUHCC 28 years, recalled that the facility was, in polite terms, rustic. The windows, many with missing or torn screens, were wide open in the summer and became invitations for unwanted “visitors.” Squirrels got into the building and raced around the waiting room and mice would scamper over patients’ and employees’ feet.

Judy Leverty, a 33-year veteran at CUHCC, recalled the day she arrived at the CUHCC facility in 1983 for her job interview. Leverty said

when she walked up to the old building that didn’t resemble any health care clinic she had ever seen she said to herself, “Well, we’ll just go for this won’t we.”

She noted that there was no lobby and anyone who entered the building had two choices: “You either went up or you went down,” she said. Up was to the second through fourth floors that held medical, dental, mental health and administrative services. Down was to the reception and medical records areas.

Yet the building also brought a special camaraderie between patients and staff. Although it was inaccessible, everyone on the CUHCC staff, starting with the executive director, pitched in to ensure that patients with mobility issues received all the care they needed. Said Deinard, “I remember helping Joe Grayden carry a patient in a wheelchair up to the Dental Department, which was on the building’s second floor.”



CUHCC public relations representative Sue Weber and clinic director Amos Deinard discuss the new building plans in one of the present clinic’s cramped hallways.

1990s: CUHCC on the move

During the 1990s technology continued to gain a foothold on the world as the World Wide Web and the Google search engine debuted, more households had personal computers, and cell phones began to gain popularity.

CUHCC saw four major changes in the 1990s – the move into a newly constructed building, the addition of onsite pro bono legal services, new waves of immigrants settling in the Phillips neighborhood, and receiving the federally qualified health center (FQHC) Look Alike status.



CUHCC patients and staff as well as community members celebrated the grand opening of its new facility in early June 1991. The new clinic

was constructed close to the old apartment building, which was razed shortly after the grand opening. Not only was the new structure accessible; it also had central air conditioning and more space.

Two years later CUHCC became one of the first health centers in the nation to offer onsite pro bono legal services to patients and their family members. Deinaud, whose father and uncle were founding members of the Leonard Street Deinaud law firm, had the idea to provide free legal advice within a community health care setting since the early 1970s. When he became executive director of CUHCC, Deinaud brought the idea forward and, though his father had passed away, he convinced one of his father's colleagues at Leonard Street and Deinaud to take on the challenge. By its 20th anniversary at CUHCC in 2013, attorneys and staff had volunteered 102,229 hours -- \$21 million in time -- above and beyond their regular client work.

The new wave of African and Latino immigrants to the Phillips neighborhood brought a change to CUHCC's services as the clinic adapted to the needs of the community's newest members. Mary Clare Baldus, Behavioral Health Manager and licensed social worker at CUHCC since 1992, praised the clinic's legacy of hiring multicultural staff members and having translators on staff. Hiring on-staff translators, rather than having translators from an agency, provides a critical link in care continuity because patients usually have the same translator from one visit to the next. "Some of our patients see their translator as their primary contact person," Baldus stated.

When CUHCC received its FQHC-Look Alike status it meant that the clinic was eligible to receive grants based on the federal Health Resources and Services Administration (HRSA) recommendations. As an FQHC Look-Alike, CUHCC also received cost-based reimbursement for its Medicaid services.



2000s: CUHCC enters the 21st century

CUHCC started the new millennium with a new executive director/CEO who, for the first time in CUHCC's history, was not a pediatrician.

Dr. Karl Self is a dentist and served as CUHCC's leader from 2000 to 2006. It was Self's second time at CUHCC. He had been a dentist at the clinic in the mid-1980s.

During his two stints at CUHCC Self saw different levels of changes. In the 1990s the clinic physically expanded and in the 2000s the 21st century concept of health care delivery was enhanced.

"Today there is the overarching movement to integrate care," noted Self. "CUHCC always had care coordination but now it is on a higher level with higher expectations for better patient outcomes and a stronger health care delivery system."

It was under Self's administration that CUHCC received full FQHC status in 2002.

One of the major changes for a majority of clinics and hospitals since the late 1990s was the shift from paper patient records to paperless electronic health records (EHR), a change that CUHCC made in the last decade.

Deanna Mills, who was CUHCC's associate director, was named interim executive director/CEO in 2006 when Self returned to the School of Dentistry. She was named permanent executive director/CEO in 2008, a position she held until 2015 when Colleen McDonald Diouf, a 15-year employee of CUHCC, was named the clinic's new leader.

Today CUHCC serves nearly 11,000 patients annually through over 55,000 patient visits. The patient population comes from over 12 different racial and ethnic groups that span five continents. Services include medical, dental, mental health, legal services, victim advocacy, care coordination, education and training, and interpreter services.

Each year approximately 250 students and residents come to CUHCC to receive training in a community clinic setting. These students and residents come from the University of Minnesota's School of Dentistry, Medical School (Internal Medicine, Medicine-Pediatrics and Psychiatry), School of Nursing, College of Pharmacy, School of Public Health, and multiple other disciplines.

Over 15,000 hours of educational related activities are provided by faculty and staff. Students and residents serve in many roles, including providing education at community health fairs, completing analysis on administrative issues and providing clinical care. CUHCC employs a dozen part-time student employees – many who speak a second language – who gain experience in health care as they are assessing future career paths.

CUHCC is looking to the future and the need to expand as an interpersonal education training site. According to former CEO Mills, a serious crisis that is looming on the horizon is the shortage of qualified health care professionals to staff the community health centers. "We are now facing a huge health care professional shortage because many baby boomers who are in health care fields are retiring and many health care graduates have many options for employment," she stated.

As a practice site for the National Center for Inter-Professional Education (NCIPE), CUHCC is developing an interprofessional, team-based education and training model for residents, students, and staff. The interprofessional care teams will use a best practice curriculum across dental, mental health, medical, pharmacy, nursing, and other disciplines. This approach will equip students to integrate knowledge

from multiple disciplines and apply it to patient care. Additionally, the model will help to alleviate shortages among healthcare professionals. As an example: a primary care provider working together with a pharmacist can meet many needs typically met by a psychiatrist. Once fully developed, the model will be scaled for use in training programs across the country and will be used to enhance CUHCC's local community-based workforce training efforts.



Said Mills, "CUHCC wants to be on the cutting edge of IPE by serving as an interprofessional training center. It's a natural fit. How do you train health care professionals to work in community clinics? By becoming a premier training and education center."

For 50 years thousands of patients, employees, students, and community members helped to create a caring community clinic that changed with the times while always providing the best in care.

The shared memories are a lasting tribute to a clinic that has served the Phillips community for five decades.

Kim Tran was five-years old when she and her family came to the U.S. from Vietnam. They settled in Minneapolis and CUHCC became their clinic. Today Tran is a PharmD at CUHCC. She has had a loyalty to CUHCC from a young age and knew she wanted to work at the place that made her family feel they had a home.

"Coming from Vietnam to a new country was exciting and overwhelming," she said. "Being a patient at CUHCC gave me a feeling that I was cared for. It made me want to give back to other patients who might be experiencing what my family and I were going through when we first arrived here."

Bios of some of CUHCC's long-time staff and stakeholders



Macaran A. Baird, M.D., M.S.

*Department Head and Professor,
Department of Family Medicine and Community Health
University of Minnesota Medical School
Former CUHCC Board Member*

Dr. Macaran Baird, M.D., M.S. is an expert in community health and the best practices for providing health care to underserved populations. As head of the University of Minnesota Department of Family Medicine and Community Health, he worked with a multidisciplinary team to develop the Patient Centered Assessment Method, a tool to assess social determinants of health (SDOH) and help identify barriers to patient care.

He is a full-time educator and a nationally known leader in family medicine education, yet has also found time to volunteer, including serving on the CUHCC Board of Directors for a decade starting in 2002. He currently chairs the UCare Board of Directors.

“Community health centers like CUHCC are very important in serving our populations of color and low-income individuals and families,” Dr. Baird said. “The mission of community health centers is to provide high quality preventive and primary health care to patients regardless of their ability to pay.”

CUHCC is part of a network of federally qualified health centers (FQHCs) partially funded through the federal Health Resources Services Administration (HRSA). CUHCC is one of nearly 1,400 health centers operating 9,800 service delivery sites in every state, Washington D.C., Puerto Rico, the Virgin Islands and the Pacific Basin. The HRSA website states that approximately 1 in 14 people in the U.S. relies on a HRSA-

funded health center for medical care. According to HRSA, the health centers are the essential medical home where patients find services that promote health, diagnose and treat disease and disability and help them cope with environmental challenges that put them at risk. The 23 million patients who receive care at an FQHC include some of the most vulnerable individuals and families. Some health centers, like CUHCC, have been serving generations of families over many decades.

CUHCC is one of the oldest FQHCs in the U.S., and throughout its history, it has been a trendsetter, according to Dr. Baird. “CUHCC has had a long-time engagement with health professional education by serving as a training site,” he noted. “The clinic has gone through extraordinary lengths to provide residents and other health care students with the opportunity to serve patients from many cultures and with complex health care situations. It may be a patient who was tortured in his home country, a family who is homeless, or someone with a series of chronic diseases that can include everything from diabetes to depression.”

CUHCC’s decades-long legacy of providing mental health services also makes the clinic stand out. Said Dr. Baird, “Today community health centers have the co-location of mental health services, but CUHCC was providing those services over 40 years ago.”

As a result, CUHCC was also ahead of its time by integrating behavioral health services into primary care. Integrating behavioral health and dental care, not just co-locating these dimensions of health care, is a significant step forward. “Many patients come to CUHCC with a heavy burden of mental health issues and complicated medical issues, and so the clinic has responded with the true integration of behavioral health and medical services.”

Addressing the social determinants of health, those social conditions that create health inequity such as poverty, where a person lives, or their race, takes a coordinated effort within a clinic and includes all services including medical, dental, and behavioral health, stated Dr. Baird.

“While care coordination and social determinants of health may be new concepts to many clinics, CUHCC has always had some form of care coordination that includes doctors, nurses, social workers, and community health workers,” Dr. Baird said. “It is that commitment to community health that has led to CUHCC’s longevity.”



Mary Clare Baldus

Behavioral Health Program Manager; Licensed Social Worker

Mary Clare Baldus, Behavioral Health Program Manager and licensed social worker at CUHCC, believes in social justice, health equity and ensuring the most vulnerable patients receive quality, coordinated care.

She joined CUHCC in 1992 after working at American Refugee Services and Lutheran Social Service. “When I started at CUHCC, it was very much responding to the community’s needs and had been doing so since it opened in 1966,” she said. “Whatever the community needed us to provide, we did. We were accommodating and flexible.”

As part of its holistic spectrum of care, CUHCC created specific programs that complemented the clinic’s health care services, noted Mary Clare. There were programs that addressed domestic abuse, sexual assault, chemical dependency, and gambling addiction as well as a partnership with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

One of CUHCC’s many contributions to the health of the community has been its legacy of hiring multicultural staff members and having translators on staff, said Mary Clare. Having on-staff translators, rather than translators hired from an agency, provides a critical link in care continuity because patients usually have the same translator from one visit to the next. “Some of our patients see their translator as their primary contact person,” Mary Clare stated.

Some of the changes Mary Clare has seen in her 24 years at CUHCC include the streamlining of services and the stronger care coordination that involves all the clinic’s services – medical, dental,

behavioral health, and social services. She said, “As one of the first community clinics to provide behavioral health services we were also one of the first clinics to truly integrate behavioral health in the clinic’s other service areas.”

The clinic’s Behavioral Health Department also has a history of focusing on severe persistent mental illness (SPMI), stated Mary Clare. SPMI is the term mental health professionals use to describe mental illnesses with complex symptoms that require ongoing treatment and management. SPMI includes schizophrenia, bipolar disorder, and severe depression. According to the National Alliance on Mental Health individuals with SPMI are estimated to be dying 25 years earlier than other Americans primarily because of natural causes. Eighty-five percent of the premature deaths were due to largely preventable conditions such as high blood pressure, high cholesterol, diabetes, and heart disease.

“The cases we deal with are getting more complex but the resources have shrunk and so the case managers work to find the resources patients need whether it is housing, food, legal advice or something else,” said Mary Clare. “Our cases are court-ordered through Hennepin County and many patients are in situations where their day-to-day ability to function has been impaired.”

Mary Clare said one of the reasons she remains at CUHCC is because of the teamwork between departments. “You can have someone in crisis and you have a physician or psychiatrist who is readily available.”

She also talked about the importance of care coordination and case management, especially for patients with SPMI. She gave an example of a CUHCC case manager who assisted a patient that was homeless, from a foreign country, with no legal documentation, and schizophrenic.

“The CUHCC case manager worked with the man for several years, finding him the services he needed, locating him when he dropped out of the system, and encouraging him. Today he has his documentation and housing, he is staying out of trouble, and is sober. Most importantly he is managing his life.”



Jody as a Candy Striper 1970s

Jody Bjerknes, R.N.

Staff Nurse

Jody Bjerknes started her medical career early in life - at age 14 when she volunteered as a candy striper at Mount Sinai Hospital in Minneapolis. The young helpers were called candy stripers because their red and white striped uniforms resembled candy canes. I loved volunteering at Mount Sinai and being part of a hospital," said Jody.

When she was old enough, she got a paid job working in the hospital's coffee shop and then became a nurse's aide. At the time, Mount Sinai was designated an "integrative psychological hospital," noted Jody. She said that the hospital performed shock treatments but was also innovative in its care, prescribing alternative treatments such as acupuncture.

While at Mount Sinai she received her nursing degree. In 1976 Jody started working across the street from CUHCC for Dr. Mildred Hanson who had an OB-GYN clinic. Jody said that working for Dr. Hanson, who was then the president of Planned Parenthood, was something of a baptism by fire, noting that Dr. Hanson was controversial, demanding and a tough taskmaster. Jody also praised her former boss stating, "She was also an excellent physician. I learned a lot from her."

Jody's commitment to helping patients in need grew, and she decided to take on a challenging position for the Hennepin County Sexual Assault unit where she examined victims of assaults. It was also stressful,

requiring meticulous record-keeping. Said Jody, "One error in documentation and the case could be thrown out of court."

Linda Stoner, one of CUHCC's long-time certified medical assistants, was a friend and former coworker of Jody's and in 1998 convinced her to join the CUHCC staff. "I have worked at CUHCC on and off since then," noted Jody. "I started in triage when it originated, working Mondays and on call." She was laid off for a short time when the University Hospital was bought by Fairview and then hired as a permanent staff member in 2000.

Jody has been working in the Phillips neighborhood for 40 years and said the community has always been a melting pot of populations and cultures. CUHCC, located in the Phillips community for 50 years, has been part of the neighborhood's foundation, said Jody.

There are many services and individuals that make CUHCC unique, she stated, but one service in particular stands out - the free legal clinic that has been housed at CUHCC for over 20 years. In 1992 Dr. Amos Deinard, Jr., a pediatrician and former director at CUHCC, invited the Leonard Street and Deinard law firm (now Stinson Leonard Street) to provide volunteer legal counsel to clinic patients. Dr. Deinard recognized that the health issues of CUHCC's patients were often directly intertwined with their legal issues particularly housing, immigration, family law matters and government assistance. The community clinic-legal partnership was one of the first in the nation; and, to date, the law firm has donated more than \$21 million in pro bono legal services to over 2,500 CUHCC patients and family members.

Jody also cited the camaraderie among staff members as another factor that has made CUHCC thrive, especially because clinic staff members come from all parts of the world. "I have enjoyed working with the staff and patients. We had staff parties where the interpreters would demonstrate making food from their homelands, and we celebrated with open houses for patients and community members."

Her love of the medical field started as a teen. Her commitment to health care justice and providing health care to underserved populations grew while she was working for Dr. Mildred Hanson and at the Hennepin County Sexual Assault unit. She found her home at a community clinic.

"CUHCC has always had a good reputation in the community for its excellent patient care," said Jody. "It's a special place."



Iris Wagman Borowsky, M.D., Ph.D.

*Professor and Director; Division of General Pediatrics and Adolescent Health, Department of Pediatrics
University of Minnesota*

Dr. Iris Borowsky, a pediatric physician at CUHCC, has a passion for health equity. In simple terms, she wants every patient who comes to CUHCC for their health care to receive the very best care with support services that will ensure a healthy life.

Today ‘social determinants of health (SDOH)’ is the new buzz word in health care, whether it is poverty, where a person lives, or their race. SDOH are viewed as being responsible for the health inequities faced by many population groups.

Dr. Borowsky said CUHCC was already addressing SDOH when she joined the clinic in 1994, noting that Dr. Amos Deinard, CUHCC’s executive director at the time, led the way in providing comprehensive care that went way beyond health care to include addressing the needs of the whole person.

“We have always been engaged with the community we serve and have focused on the psychosocial factors that impact our patients’ health and well-being.” She cited the thriving collaboration of CUHCC’s Medical, Dental and Mental Health Departments and how they worked together to address the complex set of challenges faced by so many patients – from the teen mother who was homeless and in an abusive relationship to the refugee who has witnessed violence in his home country and

struggled with the emotional pain and post-traumatic stress disorder.

Dr. Borowsky came to Minneapolis after completing residency and a fellowship at Harbor-UCLA Medical Center in Los Angeles, a county hospital similar to Hennepin County Medical Center with a diverse patient population. Since her arrival in Minneapolis she has been both a clinician at CUHCC and a faculty member the University of Minnesota Medical School. She noted that one of CUHCC’s vital roles has been to serve as a teaching institution for U of M medical residents and other students from the University.

“The majority of CUHCC’s patient base comes from the Phillips community, a neighborhood that has a long history of welcoming immigrant and refugee populations,” noted Dr. Borowsky, “and for decades CUHCC, as a teaching institution, has provided medical and dental residents, nurses, and mental health practitioners the opportunity to work with and understand multicultural populations.”

On any Monday or Thursday Dr. Borowsky divides her time between seeing patients and serving as a mentor to the many pediatric residents rotating through the clinic. She recalled one resident who went the extra mile for a patient he was seeing for the first time. His patient had already undergone multiple tests for digestive problems. When the resident discovered the patient was experiencing bullying at school he sent an email to the patient’s teacher and to the school principal. The school was unaware of the bullying and addressed it immediately. As a result, the patient’s medical problem was resolved.

Dr. Borowsky expressed her gratitude to be part of a diverse group of colleagues who are all passionate about the mission of CUHCC: “to seek health equity in our community by advancing the well-being of diverse people.



Mary Brown

Patient Services Representative

Mary Brown is a patient services representative at CUHCC. She is the person who answers the phones and helps patients make appointments. Having been at CUHCC for 28 years, she is also one of the clinic's foremost goodwill ambassadors.

"I like the medical field and I like helping people," she said. "I remember my first day on the job. It was May 16, 1988. A feeling enveloped me and I thought, oh my god, I am home. People I came into work with truly believed they were making a difference at the clinic and in the world. That is the cornerstone of CUHCC."

Dr. Amos Deinard was the clinic's executive director when Mary started at CUHCC. He was an extraordinary physician and leader, said Mary, "He set the example. He was a caring doctor; he wanted to give to the world. His heart was enormous."

Mary is a veteran employee who started her career in the old apartment building that served as CUHCC's first clinic. She marveled at how they kept the clinic operating smoothly in the days before personal computers and electronic health records, doing record keeping by hand using several procedures including:

- A large paper ledger that was used for monthly schedules. "We used colored pencils to help us track the different schedules," she noted. "I still remember Dr. Jerry Kroll (CUHCC'S psychiatrist) entering his appointments on the ledger."
- Mary submitted daily hand-written requests for the charts of patients coming in the following day.

- Each day she carried the stacks of paper charts from the basement up to the first, second and third floors. She laughed as she recalled, "We got our exercise!"

The old building was, in polite terms, rustic. There was no elevator or air conditioning and some of the windows, which were wide open in the summer, had no screens and thus became invitations for unwanted "visitors." Mary recalled when a squirrel got into the building and raced around the waiting room. Another time a mouse scampered over her foot.

Mary started out working in CUHCC's Mental Health Department and received training to do the behavioral health intake. "That made me feel real special; that someone saw something in me and tapped into that. They knew I was a good listener." She also said she grew from the experience, "I listened to sad stories."

Mary, who is Mexican-American, was born in El Paso, Texas, but spent the first 12 years of her life growing up in Juarez, Mexico. She speaks Spanish fluently and knows the challenges many of the immigrant and refugee patients face. She recalled that when she started at the clinic she learned all she could about the Native American population that is predominant in the Phillips neighborhood, CUHCC's main service area. She learned Native American dancing and for many years participated in Native American cultural events.

The respect for the many cultures and ethnicities represented at CUHCC and the care and concern for the thousands of patients are the reasons Mary loves CUHCC. "This is my place of worship – it's where I have grown emotionally and spiritually," she noted. "When people tell me how the clinic helped them, when people say, 'You saved my life', then I know why I am here."



Rhonda Degelau,

Executive Director

Minnesota Association of Community Health Centers

As Executive Director of the Minnesota Association of Community Health Centers (MNACHC), Rhonda Degelau looks at the big picture when it comes to health care, health equity and the ways in which community clinics will continue to serve patients in the future.

MNACHC is a non-profit membership organization of Minnesota's Federally Qualified Health Centers (FQHCs). The agency works on behalf of its members and their patients to promote the cost-effective delivery of affordable, quality primary health care services, with a special emphasis on meeting the needs of low income and medically underserved populations. It provides a voice for community health centers, partnership opportunities, community development and training, and technical assistance.

CUHCC is part of the network of FQHCs serving low-income individuals and families throughout the U.S.

"All FQHCs are critical," Rhonda said. "Community health centers are federally mandated to provide medical, dental and behavioral health. They can't just specialize in a single disease like diabetes or a single service such as medical care. As a result, each FQHC plays an important role in keeping communities healthy. They also serve a critical role in empowering communities through their boards of directors which have residents and patients on the boards."

Having served as MNACHC's executive director for 24 years, Rhonda knows well the strengths of the community clinics and their important history throughout the years. Several of the community clinics in Minnesota started in the 1960s during President Lynden

Johnson's War on Poverty. Said Rhonda, "CUHCC having opened in 1966 is one of the oldest community clinics in Minnesota. That alone is significant."

She mentioned that 'social determinants of health' is now a term used throughout the health care landscape and that while many clinics are working to address the socioeconomic challenges that affect an individual's health, CUHCC was a leader in doing so. "CUHCC always addressed the social determinants of health and did so creatively," Rhonda noted, pointing out the free legal services that CUHCC began offering onsite in 1993, a service that continues today.

As one of the first community clinics to provide behavioral health services, CUHCC has been a pioneer in that field by having a psychiatrist on staff for nearly 40 years, Rhonda added.

One area that sets CUHCC apart is that it has served as a training site for educating medical and dental residents and other health disciplines such as social workers. Said Rhonda, "CUHCC takes the community health model a step further by training the safety net providers of tomorrow. They train their residents the way we want them trained – through the team-based model of care."

Noting that the Affordable Care Act (ACA) was created in part to bring health equity to every person living in the U.S., Rhonda said there are some things the ACA cannot do. "The ACA doesn't change a patient's socioeconomic situation or status – it may be language, transportation, housing, a low-paying job or no job at all," she noted. "As more people understand the social determinants of health they see that community health center's like CUHCC play an important role in addressing those social conditions that can and do affect an individual's health and longevity."

When reflecting on CUHCC's 50 years, Rhonda noted, "CUHCC has been located in the Phillips neighborhood for five decades, addressing the changing needs of its population in a culturally sensitive way. It is part of the community's foundation. One of CUHCC's hallmarks has been their response to the community. They listen to the community and respond with services that meet their needs."



Amos Deinard, M.D., M.P.H.

*Pediatrician, Adjunct Associate Professor, University of Minnesota
School of Public Health
Former CUHCC Executive Director*

Anyone afraid of getting old should sit down with pediatrician and former CUHCC executive director Dr. Amos Deinard, Jr., for a short conversation and any fear of aging will disappear. At 80, Dr. Deinard has the energy of someone half his age, continues to work, including as a faculty member at the University of Minnesota Medical School, and not only remains concerned about health inequities but has been doing something about it since he got out of medical school.

Dr. Deinard also has what is probably one of the best explanations for CUHCC's origins. The story goes that in the mid-1960s, the Legislature told the University of Minnesota: "if you want any more money from us, you will have to prove you care about the community," said Dr. Deinard. The University went to work bringing health care to the community; and in 1966 two pediatricians, Drs. Ed DeFoe and Charlie Branthaver, were part of the founding members of what became Community University Health Care Center. An old apartment building, constructed in the late 1800s, on 16th and Franklin served as CUHCC's first facility.

As CUHCC was being launched, Dr. Deinard had just completed his residency. He joined the faculty of the University of Minnesota Medical School in 1969 and was also a consultant for the Minneapolis Health Department in the Maternal and Infant Care (MIC) and Children and Youth (C&Y) programs, creations of President Lyndon Johnson's Great Society Program in the pre-Medicaid era.

By the time Dr. Deinard was named CUHCC's executive director in 1984, the clinic had expanded from a children's health center to serving all family members. CUHCC remained in the old 4-story apartment building which had no elevator or central air conditioning until its current facility opened in 1991. Said Dr. Deinard, "I remember helping Joe Grayden (CUHCC's dental director) carry a

patient in a wheelchair up to the Dental Department, which was on the building's second floor."

It was that kind of workplace that brought employees together to do whatever they needed to do to ensure patients got their health care. Leading the charge was Dr. Deinard, a visionary and a man who believes in delivering health care services in any way that will benefit patients.

In the 1990s CUHCC offered free diabetes and high blood pressure screenings in the Phillips community targeted to the Native American population because of their high rate of diabetes. The targeted area was a natural because, at the time, the Phillips neighborhood was known for having one of the highest urban Native American populations in the nation. However, very few residents participated in the screenings. Staff members discovered that the reason residents didn't take advantage of the screenings is because they had seen their parents and other relatives die young from chronic diseases (primarily diabetes) and they assumed that was their fate too. "They had no idea that if they took care of their health they would live longer," noted Dr. Deinard.

Early in his career, Dr. Deinard, whose father and uncle were founding members of the Leonard, Street and Deinard law firm, had the idea to provide free legal advice within a community health care setting. When he became executive director of CUHCC, Dr. Deinard brought the idea forward and, though his father had passed away, he convinced one of his father's colleagues at Leonard, Street and Deinard to take on the challenge. According to Dr. Deinard, the pro bono legal clinic housed in CUHCC was the first Medical-Legal Partnership in the U.S. It is a service that continues to this day, with the attorneys from the firm meeting their clients at the clinic. Dr. Deinard also worked toward expanding the clinic's funding sources, including achieving federally qualified health center (FQHC) look-alike status.

One of his current missions is to work with 80 counties in Greater Minnesota to ensure that children receive fluoride varnish, which has proven to be crucial to cavity prevention. Greater Minnesota has a shortage of dental providers so Dr. Deinard is training medical staff, from doctors to medical assistants, on fluoride application - a procedure that can take less than five minutes. He has also been working with groups like the Lions Club to help spread information about the fluoride varnish program throughout Greater Minnesota. Last November he received the John W. Knutson lifetime achievement award for *public health dentistry* from the American Public Health Association, Oral Health section. It was the first time over 34 years that a pediatrician received the award.

Does he plan on retiring? No - there are too many unmet needs and too much work to do.



Coral Garner, M.S.

*Director of Adolescent Health and Youth Development
Minneapolis Health Department,
Former Program Manager at CUHCC*

Coral Garner, Director of Adolescent Health and Youth Development for the Minneapolis Health Department, has a strong loyalty to CUHCC.

“CUHCC is very important to me,” she said about the clinic where she received her first professional opportunity.

It was 1982 and Coral was doing her residency at St. Mary’s Hospital under the guidance of Sister Mary Madonna Aston, CEO for St. Mary’s. Sister Mary Madonna introduced Coral to Jean Smelker, CUHCC’s medical director, who hired Coral as one of the clinic’s program managers. She joined two other managers; Bonnie Brysky in mental health and Sue Weber who was in charge of finance and billing. Coral handled the operations for the medical, dental and pharmacy.

She was one of the emerging African American leaders in health care at that time. “I received a master of science in health administration from the University of Alabama. I was one of five people of color in my class and had been recruited into the program through the National Health Service Corps; a program to help bring minorities into the health care field.”

Coral recalled that when she arrived in Minneapolis with her husband she thought the city had no diversity. She smiled, “I came from Birmingham, Alabama where there are a lot of people of color. I didn’t see that when I first arrived in Minneapolis. Then I got to CUHCC. It was a melting pot. I felt I was walking into a cultural emersion. There were Native Americans, African Americans, and

Southeast Asians including Hmong, Cambodian, Laotian, and Vietnamese. CUHCC’s Mental Health Department even had a shaman. It was an exciting place to be working.”

One of CUHCC’s assets is its ethnic and racial diversity, said Coral. “The clinic provided an opportunity to learn about many cultures because of the diversity of the patients and employees and it also gave staff members a pathway to learn and grow as they expanded services to meet the many different needs of the patients.”

She has many fond memories and noted, “We were like a close-knit family. I remember we were in an old building. The administrative offices were on the fourth floor, which we walked up to because there was no elevator. It was archaic but we made it work. It was an amazing experience.”

When she lists CUHCC’s contributions to the expansion of community health she said that behavioral health stands out. “It was such a rarity back then. At the time, behavioral health was a niche service for community health centers and at CUHCC the department was even more exceptional because of the diversity of the mental health staff.”

Addressing all the needs of each patient, including social needs such as housing, also sets CUHCC apart. “Today there is talk about the fact that we have to move away from risk care and think about social conditions; the social determinants of health,” she noted. “CUHCC was addressing those social conditions over 30 years ago when I was there. It was their hallmark. That and looking at innovative ways to address social conditions.”

She cited the free legal clinic that became part of CUHCC in 1993 with services offered through the Leonard, Street and Deinard law firm (now Stinson, Leonard and Street) as one of the inventive ways CUHCC addressed the needs of patients.

“CUHCC’s longevity in the Phillips neighborhood is also an important asset,” she said, “Phillips is a crossroads. It’s an area that changes every five to 10 years with new populations that have new needs and often complex health and social conditions. CUHCC has been a cornerstone in the community; offering the culturally sensitive health and social services that address a whole person or an entire family.”

Joe Grayden, D.D.S.

*Adjunct Professor, Division of Restorative Dentistry
School of Dentistry
University of Minnesota
CUHCC's Dental Director for 35 years (1975 – 2010)*

Dr. Joe Grayden, CUHCC's dental director for 35 years, has a favorite story that exemplifies the clinic's special relationships with its patients. When he first started at CUHCC in 1975, he was right out of dental school, single, with an apartment off Franklin Avenue near Tracy's bar. One evening he was at the neighborhood Laundromat folding his clothes when a woman shoved him aside.

"I turned and looked," he said. "The woman was one of our Native American patients. She said to me, 'You may be a great dentist, Dr. Grayden, but you don't know how to fold clothes.' And she finished the job for me."

Dr. Grayden developed a passion for community health while in dental school and working at the Union Gospel Mission in St. Paul. When he heard that CUHCC had an opening for a dentist, he walked through the clinic first without announcing who he was. He wanted to get a sense of CUHCC and its mission. He liked what he saw.

He met with executive director Dr. Jean Smelker who asked him to serve as dental director. He agreed and now says, "I expected to be at CUHCC five years."

The communal, caring environment kept him at the clinic another three decades.

Early in Dr. Grayden's tenure CUHCC, which was known as a Children and Youth clinic because of the federal funding it was receiving, began to expand to serve all family members. Staff conducted surveys of CUHCC's target service area, the Phillips neighborhood in Minneapolis, and found a long list of medical conditions from rat bites and bad oral health to complex chronic diseases and mental health issues. Staff worked together to create the services most needed to address the health conditions of the community and its residents.

Dr. Grayden, who started his career in CUHCC's first facility, a nearly 100 year old apartment building, was generous and

congenial when describing the antiquated structure: "Well, it was a source of endless entertainment."

With only a few portable air conditioners, most of the building's windows were open, torn screens and all; an invitation to outdoor critters. He recalled one staff member, who escaped the takeover of her home country Czechoslovakia by the Communists, was terrified of mice and would hop on tables to escape the rodents.

The facility with all of its flaws also brought staff and patients together, said Dr. Grayden. The 4-story building had no elevator; with medical and dental services located on the second floor and mental health on the third, it was inaccessible to patients with mobility issues. Said Dr. Grayden, "Anyone who was in a wheelchair or who could not walk, we just carried up the stairs."

Dr. Grayden credited early directors like Dr. Smelker and Bonnie Brysky, CUHCC's mental health director, with hiring the caliber of staff that had the stamina to work in rustic conditions with often limited resources and yet still provide top-notch care. "I think the early leaders had a good sales pitch so that they were able to get people who would think outside of the box."

His 35 years of memories are centered on the staff and patients as well as moving into the new (and current) building with "air conditioning that worked." He added, "When I started at CUHCC there wasn't a huge age difference between any of the staff members. Most of us were single and active. We had softball teams and each Christmas Jean Smelker and her husband had a party at their house and we all did skits. Everyone participated."

Dr. Grayden also recalled the special friendships he developed with Native American, Southeast Asian and Somali patients that continue to this day as a one of the greatest memories and benefits. "The experience of working at a community clinic like CUHCC is something that you don't get in private practice," he said. "It was a great place to be."



Carol Kottom

Independent Contractor, Computer Programmer

Even though she was an ‘outsider’ Carol Kottom was part of the CUHCC family. Carol was an independent contractor who was hired in the late 1970s to help out with the computer programming, working closely with the clinic’s computer wizard – Judy Leverty.

During the 1970s the computer world was ruled by IBM, or the Big Blue, as it was nicknamed. IBM’s history with computers dates back to the 19th century and it was known as a company that specialized in office equipment and computers.

Carol and her husband started a computer consulting firm called A & K Designs in the early 1970s. She got interested in computers at her first full-time job as a secretary for State Farm Insurance where she was punching cards and, as she said, “one thing led to another.”

At that time IBM offered free classes in computer programming although access to the computers was limited so there were a lot of times when she took classes at odd hours of the day. She also said, “Back then you were doing a lot of OJT – on the job training.”

Some of the early training included working an enormous mainframe computer that was reel-to-reel.

Carol said one of the first computers she helped program at CUHCC was the IBM Systems 32. “The funny thing was someone

had installed an attorney’s package onto the computer so Judy and I had to change all the programs.”

That meant changing the multitude of documents in the computer including letterhead, general ledger accounts and account payables; a process that took about three months to complete.

Carol said CUHCC had three different IBM computers while she was working at the clinic: the 32, which she said was about the size of a small desk; the 34 which was the large 8-foot machine; and the 36, about the size of a 2-drawer filing cabinet.

“We had to build programs right into the computers because there were no software packages like there are today. You have to remember; back then you couldn’t go to a Best Buy or Office Max or the Apple Store and buy a computer package, install it and have everything at the click of a button. That just didn’t exist. So everything had to be programmed.”

She said there was a benefit to working as a consultant and recalled writing the program for CUHCC’s patient charts while she was also writing a program for an insurance company. “I was getting familiar with the requirements and codes needed for patient charts while working at the insurance company so it made the CUHCC project much easier.”

Carol loved being part of CUHCC and working with the staff. She said that during their breaks they would watch the “soaps” on the lunch room television because this was, after all, the years *way* before facebook, twitter, and the internet were invented; a time when television and daytime soap operas were a popular form of entertainment.

And, for anyone who remembers, one of their favorite soaps was “All My Children.”



Jerome Kroll, M.D.

Chief Psychiatrist - CUHCC

Professor of Psychiatry Emeritus

Department of Psychiatry, University of Minnesota Medical School

CUHCC's long-time psychiatrist Dr. Jerry Kroll is a native New Yorker – he still has his Brooklyn accent after being in Minnesota 40 years. He's soft-spoken and gentle. You get the sense that anyone could sit down and talk to him about anything. He says he's 'a grunt in the trenches' doing the day-to-day work of helping patients find a way toward better mental health.

But Dr. Kroll is much more than that – in many ways he is CUHCC's foundation. He arrived in Minneapolis in 1976 to run the University of Minnesota's inpatient clinic. Jimmy Carter was elected president, the Vietnam War had only ended a year before, the average house cost \$12,704, there were no personal computers, and gas was 59 cents a gallon.

The mental health care landscape was going through a seismic shift as state psychiatric hospitals started downsizing and closing. Noted Dr. Kroll, "People who were schizophrenic and with massive depression were on the streets with no help. This is when CUHCC stepped in."

CUHCC had a thriving mental health department in the mid-1970s – something most other community health centers did not have – and they saw the need to bring on a psychiatrist. Dr. Kroll stepped into the position in 1978 providing psychiatric services two days a week at CUHCC as he continued his faculty position at the University of Minnesota.

He is modest and does not acknowledge his contribution at CUHCC when he talks about the clinic as a leader in providing mental health

services, especially in community psychiatry. "In the 50s and 60s psychiatric care was private practice and hospital-based and even when there was the call to bring psychiatric services into the community the funding stayed with the hospitals. There just weren't that many community clinics equipped to offer psychiatry. CUHCC was able to do so."

CUHCC's and Dr. Kroll's work gained recognition locally and at the University of Minnesota where community psychiatry was written in as part of the rotation for psychiatric residents. Medical students and social workers would also sit in with Dr. Kroll and soon he had medical students from around the country that came to him to learn more about community psychiatry.

Located in the Phillips neighborhood of Minneapolis, CUHCC serves as a crossroads of many cultures, Dr. Kroll noted. He recalled the 1980s as the first political refugees began to settle in Minnesota from Southeast Asia and CUHCC's Mental Health Department had Cambodian, Hmong, Laotian and Vietnamese interpreters. Twenty years later CUHCC and Dr. Kroll began treating refugees from Somalia, Sudan, Liberia, and other nations in Africa.

His psychiatric expertise working with refugees and immigrants from around the world as well as his research regarding community psychiatry and multicultural populations has garnered Dr. Kroll national and international attention. Most recently he was named Psychiatrist of the Year by the Minnesota Psychiatric Society. Dr. Kroll and lawyers from the University of Minnesota were also mentioned in a December 2015 New Yorker article titled "The Refugee Dilemma" for a deportation case they worked on.

He is a dedicated practitioner who in nearly 40 years of working at CUHCC has never had a sick day. He remembers well the white 4-story apartment building that housed CUHCC's health care services when he first arrived. "It was hot; there was no air conditioning. It had no elevator; it was totally inaccessible"

There was one positive aspect to the building. It had windows that faced the south and west and thus staff members who worked on the fourth floor, as he did, had front row seats to beautiful sunsets. He said it was a special benefit in the fall and winter when daylight is much shorter and he could enjoy the tranquility of the sunsets as the work day was ending.



Judy Leverty

Computer Programmer and "The Fixer"

When Judy Leverty started working at CUHCC one of her first work partners was a computer. But it wasn't that little device you hold in your hand or that sits on your desk. The year was 1983 and at 8 feet in length, 4 feet high, and 3 feet wide her computing partner was something out of a science fiction movie, an *old* science fiction movie

She laughed when she emphasized, "This was *way* before electronic health records, patient portals, cell phones, and that thing called the Internet."

The early computer was used much like one is used today – for storing and retrieving information - only there was just one Main computer and it needed an operator – Judy. "I was doing everything, typing in codes, helping the programmer set up programs, retrieving data. Running bills and reports."

Disks were needed for storing information and Judy noted, "We worked with 8-inch floppy disks. We had to use extra care with them. They were very touchy; they would warp, you couldn't bend them. When I ran the monthly reports it would take eight disks and an entire day to run the report!"

Judy started her career in CUHCC's old facility – a former apartment building. She recalled clearly the early day in February when she walked up to her new place of employment, took a look at the old building that had no resemblance to any medical clinic

she had ever seen, and thought, "Well, we'll just go for this won't we."

She entered the building, which had the lobby in the basement. As Judy stated, "You either went up or you went down." Down was to the basement where CUHCC's reception area was. Up was to the second, third and fourth floors to the medical, dental and mental health services.

Said Judy, "There was no elevator so if patients couldn't walk up or down the steps we just carried them."

While at the old facility she became known as the 'fixer.' She has a natural knack for machines of any kind, and she became the go-to person for repairing anything from the finicky copiers to changing the building's electrical fuses.

She recalled how elated staff members were in 1991 when they moved into the new building and the demolition of the old apartment building, "There were only six inches between the apartment building and the new clinic. When the old facility was demolished they did it on a Saturday because the clinic would need to be closed and they didn't want to disrupt patient care."

More than anything, she talks about CUHCC's legacy of serving patients who have complex needs: "We want to know all about the person – do you have a place to live? Do you have food? Are you safe? We look at each patient's needs. I remember one time a patient couldn't get out of the car and one of our docs came out to help the patient."

Although she wanted to remain part of the University system, she did not have a long-range plan for staying at CUHCC. When asked what kept her at CUHCC for 33 years she said, "I stayed for one reason – the patients. I know a lot of them by name and watched their families grow. I am here all these years because of them."



Deanna Mills, MPH
Consultant and former CUHCC CEO

In 1975, when CUHCC was just nine years old, Deanna Mills was working her first professional job as a dental hygienist at a bustling private clinic. She never dreamed that 30 years later she would be named CEO of CUHCC. Her original plan was to marry and adopt children from around the world. She has partially fulfilled that plan but her life changed as she pursued a master's in public health with a focus in maternal child health. After a graduate internship in Kenya, East Africa she developed a passion for community health and health equity.

She was named Executive Director at Southside Community Health Center, one of the 17 federally qualified health centers (FQHCs) in Minnesota, and her leadership trajectory began. She subsequently became Executive Director at Fremont Community Health Services (now Neighborhood Healthsource), and had an 8-year stint as a Senior Consultant at a local Health Consulting firm. Eventually she returned to the FQHC system in 2005 when she was named CEO at CUHCC, a position she held for 10 years.

"Working at a community clinic is not like working anywhere else," Deanna said. "You are part of the world, the community, and the struggles that people face. You learn first hand what health equity means. Why wouldn't you want to work at a community clinic? You have an opportunity to be part of something much bigger than yourself."

CUHCC started as a clinic serving children, especially from the Native American population in the Phillips neighborhood where the clinic has been located for 50 years, Deanna noted. She said that as

the demographics of the Phillips community changed with the arrival of Southeast Asian immigrants in the 1980s and Somalis in the 1990s CUHCC adapted to the needs of the area residents. "At CUHCC we didn't need specific programs for specific populations because our diverse staff knew what was needed in the community and how to respond with services that community members would trust and use," said Deanna. "We understood that in order to provide the best care to patients, the services needed to be organic."

When she talked about the changes she has seen in her 40 years working within the community health arena Deanna noted, "Early on, CUHCC and all the community clinics thought the need for their services would subside but the need continues. Poverty hasn't gone away; in fact it is probably the same or worse. The number one situation that pushes a person or family into poverty is a medical condition."

Deanna noted that an even more serious crisis is looming on the horizon – the shortage of qualified health care professionals to staff the community health centers. "We are now facing a huge health care professional shortage because many baby boomers who are in health care fields are retiring and many health care graduates have many options for employment."

Always the community activist with an eye toward the future, Deanna is working with CUHCC staff to transform CUHCC's facility to make interpersonal education or IPE a reality. IPE is a collaborative approach to develop healthcare students as future inter-professional team members. At its core, is the care coordination that is already part of community health centers.

Said Deanna, "CUHCC wants to be on the cutting edge of IPE by serving as an inter-professional training center. It's a natural fit. How do you train health care professionals to work in community clinics? By becoming a premier training and education center. And a new building is exactly what will make CUHCC the Center for Excellence for IPE."



Paula Rausch
Dental Assistant

Dental Assistant Paula Rausch has one of the longest – if not the longest – connections to CUHCC of any employee who has worked at the clinic.

The first time she set foot in the clinic was in 1968; two years after CUHCC opened its doors. She was two-and-half years and it was where her mother, who was struggling financially, took the family for health care.

Paula grew up in the Phillips neighborhood, within walking distance of CUHCC. “From the time I was 13 I would walk to the clinic on my own for my appointments,” she stated.

For most of the past 48 years Paula has been a patient at the clinic. Though she never made any plans to work at CUHCC it became a natural fit when she received a degree as a dental assistant from Century College. But CUHCC has been more than just her clinic and her place of employment – it has also been her anchor.

Paula grew up in an unstable home with a mother who struggled to raise her children while also coping with an abusive second husband. Paula started working at 11 years at Catholic Youth Center (CYC). Her grandmother, mother, aunt and brother also worked there, with her grandmother managing the kitchen. Paula earned \$2.50 an hour and up to \$100 a weekend. By the time she was 17 she was running the kitchen at CYC.

At a young age Paula developed a strong work ethic and continually sought to improve her situation, including receiving a scholarship to the University of Minnesota when she was in the 9th grade. She became a single mom, raising a daughter who is now 23 and recently received a degree in animation from Century College.

Her life-long bond with CUHCC strengthened when as a dental assistant student Paula walked into the Dental Department for the first day of her externship in 1998. She smiled and said, “It was like coming home.”

She worked at a dental office in Maplewood before joining CUHCC as a full-time employee in 2004. Dr. Joe Grayden, CUHCC’s dental director at the time, became one of her chief cheerleaders and guiding lights. “I knew him when I was a patient and as an employee,” Paula stated, “He supported me throughout my life. He kept me out of trouble. He pushed me to quit smoking; he told me I was bright.”

With Dr. Grayden as a mentor and through her own tenacity, Paula enrolled at the University of Minnesota in 2009 to pursue a four-year degree and on May 7, 2016 she received a bachelor of science in Community Health Management.

Juggling school, working full-time and being a single mom was tough and though, at times, she didn’t think she could make it Paula said, “I’ve come so far, I can’t stop now”

She hasn’t had time to put together a new resume since receiving her degree but she knows one thing – she wants to remain as an employee at CUHCC where she has developed her own strong bonds with the patients.

She also still holds the University of Minnesota scholarship she received in the 9th grade and while she doesn’t have any plans for further education it is only natural to think she will be looking at a master’s degree in the not too distant future.

Paula says her life could have turned out much differently and remains grateful to CUHCC, Catholic Youth Center, and especially Dr. Grayden who provided caring support, stating simply, “They saved my life.”



Karl Self, D.D.S., M.B.A.

Clinical Associate Professor

Director, Division of Dental Therapy, U of M School of Dentistry

Former CUHCC CEO

Dr. Karl Self is in many ways a pioneer. He was one of a growing number of African Americans who were entering the oral health field as dentists when he graduated from the University of Minnesota Dental School in 1984. Years later he was instrumental in supporting the implementation of a totally new oral health care concept in the U.S. – dental therapy. He also served as CEO at CUHCC for six years.

Dr. Self said he took a nontraditional pathway to becoming the leader of a nonprofit community health center, starting out in a private practice in Kansas City, Missouri.

“Going to Missouri really helped put me on a path toward working in community health settings because I worked in an all black, low-income clinic,” said Dr. Self. “It showed me for the first time there were health disparities - a term that didn’t even exist in 1984! I probably wouldn’t have understood the concept had I not been at the clinic in Missouri. It opened my eyes.”

It didn’t take long before he wanted to return to Minnesota and in 1986 he was at the U of M Dental School instructing part time and also working at CUHCC. Noted Dr. Self, “Joe Grayden, who was CUHCC’s dental director at the time, told me he wanted a two year commitment. I agreed. I fell in love with the clinic. It allowed me to provide high quality care to people in need. It was professionally rewarding.” He split his time between the Dental School and CUHCC his first four years but he wanted to do more in the community health arena that continued to grow more complex. He returned to school and received a Masters in

Business Administration (MBA) in 1992. HealthPartners was looking for a dentist with administrative skills and in 1996 Dr. Self took the leap and joined their team. It was, he said, a move that provided him with a multifaceted background that included health care-related finance, organizational development, and long-range planning.

At the dawn of the 21st century he got a call that he said was very humbling – he was asked to apply to lead CUHCC as CEO. It was an opportunity he couldn’t pass up and was thrilled to have been selected.

“You look at the mission of a clinic like CUHCC – to have 100 percent access and zero disparities and you say this is something I want to be part of,” said Dr. Self. “It’s not just about a patient’s income; it’s about where and how the patient feels comfortable. Race, culture, language – they all play a part in making patients feel comfortable at CUHCC. They are all vitally important in the health care delivery system.”

Dr. Self’s pioneering ways didn’t stop once he left CUHCC in 2006 and returned to the University full-time. He was one of the first supporters of having a dental therapy program in Minnesota. Dental therapy was a new concept in the U.S. but had been in European countries for several decades. The dental therapist provides restorative dental treatment services, disease prevention and oral health promotion programs. Dr. Self was part of a team that researched existing dental therapy services in Canada, Great Britain, and New Zealand, where the concept originated. In 2009, Minnesota became the first state in the country to authorize the creation of dental therapist educational programs and became the first director of the School of Dentistry’s program.

During his two stints at CUHCC Dr. Self saw different levels of changes. In the 1990s the clinic physically expanded – moving from a 4-story apartment building to its current building, and the 21st century expansion of health delivery in general.

“Today there is the overarching movement to integrate care,” noted Dr. Self. “CUHCC always had care coordination but now it is on a higher level with higher expectations for better patient outcomes and a stronger health care delivery system.” He added, with a hint of pride, “Federally qualified health centers like CUHCC have always been the leaders in integrated care.”



Linda Stoner

Certified Medical Assistant

Certified Medical Assistant (CMA) Linda Stoner is an Army veteran who has lived in other parts of the world. She didn't originally plan on a health care career but landed at CUHCC on June 4, 1992, and found a home.

She grew up in Winona and was working in a factory when she decided to join the Army. She met her husband, Thomas, in an army mess hall and within six months they were married. While stationed at Fort Carson, Colorado, Linda graduated from the certified medical assistant course at Denver Technical College. In 1989, with the arrival of their third child Linda and her husband decided it was time to settle down and returned to Minnesota.

Linda was working at Planned Parenthood when she applied for a CMA position at CUHCC. "At first, I was interested in the CUHCC position because it had better benefits. But once here, I stayed because of the patients. I love the patients here."

She started her career at CUHCC working with pediatric patients and noted, "I have moms that now come in and they remember that I gave their children their first shots. They will tell me what their children are doing now and some are in their 20s!"

CUHCC has gone through major changes since she started 24 years ago. Said Linda, "We had just a couple of doctors and only three CMAs – now there are at least 11. There was no electronic health records system – we were working with stacks and stacks of paper charts!"

The patients are what provide Linda with her greatest joy. "If you treat patients with respect, they will respect you. They may come

here and they are homeless. You don't know why they ended up homeless but you know they deserve the same respect as anyone else."

The culturally sensitive care that CUHCC has provided since its beginning is another reason Linda works at the clinic. "CUHCC is like a mini-international community. There are so many cultures, countries, languages, questions, medical conditions, and needs. We are here to provide the care that often includes medical, dental, behavioral health, social services – something as critical as finding someone a place to live."

She said that providing health care to the many population groups requires both respect and sensitivity and cited the new arrivals to the US who may not have experienced Western medicine. "They may not have seen a thermometer or had a pelvic or breast exam," she stated. "It can be frightening. Even a simple task like taking someone's temperature can take skill and the kind of person who can calm someone who is new to the whole medical experience.

Linda recently received news that she will have to take a permanent medical leave from work; something she never expected would happen and not something she is looking forward to for one simple reason: she loves her job.

As a long-time CMA at CUHCC, Linda is loyal to her patients and they feel the same way toward her. One patient brings Linda the special latte that she likes, another patient brings her hard candy. When her husband was serving a tour of duty in Iraq, many patients were worried about Linda's well-being as well as her husband. "They would ask me how he was doing, if he was ok. It was a tremendous help that they were so concerned."

She also feels the pain and hurt of the patients. Linda recalled one of her long-time patients who passed away earlier this year. "Clarence came here years ago with severe frostbite from helping a friend start his car. Anytime he was sick his family would call me and I would help set up an appointment. So many patients are like that – they are part of the family. The hardest part of leaving work is that I will miss the patients tremendously."



Kim Tran

Pharm D, Pharmacist

Kim Tran, one of CUHCC's Pharm Ds, vividly recalls the day in 1993 when she and her family arrived in Minnesota from Vietnam: "It was in December; the middle of winter, and so it was a big shock both culturally and because of the weather. We had never experienced such cold temperatures!"

She was 5 years old when she started her new life in North Minneapolis with her parents and two brothers. When her parents were looking for a health care clinic the pastor at their church recommended CUHCC. The clinic made an immediate impression on Kim. "CUHCC had interpreters that spoke our language. It wasn't just medical care; it was everything we needed," she stated, noting that the clinic assisted the family in navigating the medical and social service system, helping the family address their basic needs from food to transportation.

CUHCC had been serving a large Southeast Asian population since the early 1980s and had several Southeast Asian interpreters on staff when Kim and her family became patients at the clinic. She said it helped the family in their transition to a new culture to receive services at a clinic where the family felt welcomed and could speak to someone in their own language. She said it was particularly easy for her because she so young. "Even though it was a new language and culture it wasn't scary. I remember having all of us at the clinic. My brothers and I found things to occupy ourselves with in the lobby. There were toys and learning tools and the providers gave us cartoon stickers."

Even the children's magazines became useful tools, Kim said. "I started kindergarten as soon as we arrived in Minnesota. The children's magazines in CUHCC's lobby helped us with our reading skills."

Kim attributed part of her interest in the medical field to her days as a young immigrant at CUHCC. "I saw all the staff people as doctors – the medical assistants, everyone. They were all so kind. It instilled in me a sense that I want to be in this environment. I wanted to help people as my family and I had been helped."

She chose the pharmacy field because medications and medication management can be complex and challenging for any patient; especially those individuals who may be struggling with language and cultural barriers. "As a member of the pharmacy team I provide overall education both for patients and providers," Kim explained. "I help patients understand the reason and purpose of the medications they are using and also explain how to use the medication. We discuss the side effects and we work together to set up their medication schedules."

The pharmacy staff also has the time allotted to spend with the patients that other providers don't always have. A Pharm D like Kim may meet weekly with a patient for half an hour or an hour, depending on the patient's needs and the complexity of the prescribed medications. The sessions may involve family members or other caregivers who will be assisting the patients with the medication.

"We get to know patients and learn about their history and their cultural background. It can take time to gain a patient's trust," she stated and smiled as she added, "It is very rewarding when patients say, 'I want to see you because you know my story.'"

Kim has had a loyalty to CUHCC from a young age and knew she wanted to work at the clinic. "Coming from Vietnam to a new country was exciting and overwhelming. Being a patient at CUHCC gave me a feeling that I was cared for. It made me want to give back to other patients who might be experiencing what my family and I were going through when we first arrived here."



Kim Watson in a whimsical mood with bunny ears

Kim Watson

Dental Assistant

Dental Assistant Kim Watson has a kinship with many of the patients who come to see her. She knows how difficult life can be. She grew up in a foster home. She was a single mom. And she lost her first born son when he took his life six years ago.

“You don’t think it will happen to you,” she said. “You don’t think about it all. When it does happen you think your world has fallen apart.”

Kim said she gained much more empathy for patients as a result as what happened. “You never know what a patient’s story is,” she said as she reflected on her own life. “Sometimes they will tell you and sometimes they don’t. But if they are having a bad day there must be a reason. Some of them come from horrendous situations and when they do tell you their stories you think – I don’t have it so bad.”

Kim began her career as a dental assistant at CUHCC in 1992. She had been working as a server in a restaurant when she saw a television commercial for Lakeland Dental Academy (now Herzing University) and thought, why don’t I try this? She enrolled in classes and while at Lakeland did her externship at CUHCC.

Dr. Joe Grayden was the dental director when she started at CUHCC and Kim remembers him both for his easy going manner but also for serving as a guiding light. “He was just a wonderful person to work for and with. He could be tough but he was also fair and he had a great sense of humor.”

Like many of CUHCC’s long-term employees there are two

things Kim remembers clearly: no personal computers and no electronic health records.

“We entered appointments into a big ledger. And the patient charts were all paper so you had to write down what occurred with each patient. And of course the files would get bigger and bigger as each year passed because of all the entries.” She added, with her own wry sense of humor, “That meant they got heavier and heavier.”

Kim also remembers that dental offices were getting rid of other archaic practices. “When I was in dental school it was a fairly new policy to wear gloves. It used to be that dentists and dental assistants didn’t wear gloves. They washed their hands a lot, but they didn’t wear gloves.”

She recalled the huge machines that were used for dental x-rays and how dental assistants would take the x-ray and then have to wait to have the negative developed, which slowed up the entire patient visit. “It is much more stream-lined now,” she said, “and that has helped in decreasing the length of the patient visit and keeps overall flow better.”

Many of the other tools used by dental assistants have also improved over the years making them easier to use but also adding to patient comfort. Kim has also seen physical changes as the Dental Department has been renovated over the years. She can provide a quick tour of the modifications that have been made to make the department more accessible for patients and employees.

Kim made a major personal change in 2012 when she took a hiatus from work and moved to California for a few years. “I needed to take a break,” she said. “It was part of the healing process.”

Ultimately she wanted to return to Minnesota and to CUHCC. Throughout all that has happened to her, Kim has retained her sense of humor and goodwill. “None of this is easy,” she noted. “It can make you stronger or weaker. You have to choose how you want to be.”



Norie Wilson, B.A., B.S.N., R.N., P.H.N.
Clinical Quality Analyst

Norie Wilson, one of CUHCC's long-time RNs and currently the clinic's Clinical Quality Analyst, has a multi-faceted background and understands the meaning of 'knowledge is power.' She received her first degree in French. When her husband was stationed in Vista, CA with the Marines, Norie got a job as a health educator and took a course in Spanish in order to better assist the many Hispanic clients.

When Norie and her husband returned to her home state, Minnesota, she received a nursing degree from the University of Minnesota. She graduated in 1991 and went to work at the U hospital and then, as she says, "made the seamless transition to CUHCC in 1994."

In fact, she is linked to one of the clinic's founders. "Joanne Bednar, who helped open the clinic in 1966, hired me," stated Norie. "Joanne was instrumental in creating the model for community health."

There are a few things that stand out from her first years at CUHCC. She said, "When I first came to the clinic there were only 11 exam rooms; now there are 21, including the trailer. Everyone makes fun of the trailer but it has been very useful."

The clinic also got a parking lot: "The parking lot didn't exist when I started. It was storefronts with apartments on top," said Norie. "When the man who owned the storefronts passed away, he willed them to CUHCC. As far as anyone knows, he never came to the clinic. But that's how CUHCC got a parking lot."

CUHCC as a clinic has done a good job in staying relevant and often ahead of health care trends, Norie stated. She recalled that when she started, CUHCC had the care coordination that complements community health. "Nurses, social workers and others were involved in patient care.

In fact, nurses were usually the first provider patients saw. CUHCC was also one of the first community health centers to have behavioral health services and full-time interpreters."

For years CUHCC has been serving as a training site for the University of Minnesota Medical School and other health programs, providing medical and dental residents, social workers and dental assistants and hygienists with invaluable training. Said Norie, "Having residents rotate through CUHCC provides them with the opportunity to work in a multicultural setting that they may not otherwise experience."

CUHCC was also ahead of the curve when it began hiring pharmacy residents. "The pharmacy residents provide patient education, instructing patients on how to use medications, explaining side effects and answering questions," she said.

As someone with a thirst for knowledge, Norie is looking toward the future, much like CUHCC's predecessors, in order to find better ways to serve patients.

One of the more innovative ways of keeping health care delivery running smoothly is through nurse informatics. Norie has a certificate in nurse informatics and is looking at pursuing a doctorate. Informatics, she explained, "is turning data into information. Providing health care has gotten complicated; a lot of times a computer wizard and provider can't necessarily communicate what one wants and the other one can provide." The informatics nurse serves as a translator both in working with a computer technician to retrieve information through the complex web of electronic charts and codes but also in disseminating it and communicating what the information means.

The experts who retrieve and analyze information can create a picture of the health outcomes of an entire patient population within a clinic and when those numbers are combined with other clinics they can provide a profile of the overall health of a state or the entire nation. The information can change or enhance how health care is delivered.

While health care delivery and outcomes are important, Norie said there is one main reason for working in a community clinic like CUHCC. "You are here because you care. You care about the patients and their families and addressing the many needs they may have."

Quotes and Memories

"While care coordination and social determinants of health may be new concepts to many clinics, CUHCC has always had some form of care coordination that includes doctors, nurses, social workers, and community health workers. It is that commitment to community health that has led to CUHCC's longevity."

Macaran A. Baird, MD, MS
Department Head and Professor,
Department of Family Medicine and Community Health
University of Minnesota Medical School
Former CUHCC Board Member

"When I started at CUHCC, it was very much responding to the community's needs and had been doing so since it opened in 1966. Whatever the community needed us to provide, we did. We were accommodating and flexible."

Mary Clare Baldus,
Behavioral Health Program Manager; Licensed
Social Worker

"The majority of CUHCC's patient base comes from the Phillips community, a neighborhood that has a long history of welcoming immigrant and refugee populations. For decades CUHCC, as a teaching institution, has provided medical and dental residents, nurses, and mental health practitioners the opportunity to work with and understand multicultural populations."

--Iris Wagman Borowsky, M.D., Ph.D.
Professor & Director; Division of General Pediatrics and Adolescent
Health, Department of Pediatrics
University of Minnesota

"I have enjoyed working with the staff and patients. We had staff parties where the interpreters would demonstrate making food from their homelands, and we celebrated with open houses for patients and community members."

Jody Bjercknes, R.N.
Staff Nurse

"The clinic provided an opportunity to learn about many cultures because of the diversity of the patients and employees and it also gave staff members a pathway to learn and grow as they expanded services to meet the many different needs of the patients."

--Coral Garner, M.S.
Director of Adolescent Health and Youth Development
Minneapolis Health Department
Former Program Manager at CUHCC

"CUHCC has been located in the Phillips neighborhood for five decades, addressing the changing needs of its population in a culturally sensitive way. It is part of the community's foundation."

Rhonda Degelau
Executive Director

"You are part of the world, the community, and the struggles that people face. You learn firsthand what health equity means. Why wouldn't you want to work at a community clinic? You have an opportunity to be part of something much bigger than yourself."

Deanna Mills, M.P.H.
Consultant and former CUHCC CEO

"I remember my first day on the job. It was May 16, 1988. A feeling enveloped me and I thought, oh my god, I am home. People I came into work with truly believed they were making a difference at the clinic and in the world. That is the cornerstone of CUHCC."

Mary Brown
Patient Services Representative

"I knew him when I was a patient and as an employee. He supported me throughout my life. He kept me out of trouble. He pushed me to quit smoking; he told me I was bright." Describing her former boss,

Paula Rausch,
Dental Assistant
CUHCC's Dental Director Joe Grayden

"The experience of working at a community clinic like CUHCC is something that you don't get in private practice. It was a great place to be."

-Joe Grayden, D.D.S.
Adjunct Professor, Division of Restorative Dentistry
University of Minnesota School of Dentistry
CUHCC's Dental Director for 35 years

"I remember helping Joe Grayden (CUHCC's dental director) carry a patient in a wheelchair up to the Dental Department, which was on the building's second floor." Describing CUHCC's original facility, a 100+ year old inaccessible apartment building and how employees worked together to help patients with mobility problems.

Amos Deinard, M.D., M.P.H.
Adjunct Associate Professor, Epidemiology & Community Health
University of Minnesota School of Public Health
Former CUHCC Executive Director

"You either went up or you went down." Judy describing the front "If you treat patients with respect, they will respect you. This may be the first time you will see a patient who is not a patient. Down where the basement where CUHCC's reception area was. Up was to the second, third and fourth floors to the medical and mental they ended up homeless but you know they deserve the same respect as anyone else."

Linda Stoner
Certified Medical Assistant
Judy Leverty
Computer Programmer

"I saw all the staff people as doctors – the medical assistants, everyone. They were all so kind. It instilled in me a sense that I want to be in this environment. I wanted to help people as my family and I had been helped." Former CUHCC patient and current employee. Kim was 5 when she and her family became patients at CUHCC shortly after they arrived in Minnesota from Vietnam

Kim Tran
PharmD

"You are here because you care. You care about the patients and their families and addressing the many needs they may have."

Norie Wilson, B.A., B.S.N., R.N., P.H.N.
Clinical Quality Analyst

"In the 50s and 60s psychiatric care was private practice and hospital-based and even when there was the call to bring psychiatric services into the community the funding stayed with the hospitals. There just weren't that many community clinics equipped to offer psychiatry. CUHCC was able to do so."

Jerome Kroll, M.D.
Chief Psychiatrist - CUHCC
Professor of Psychiatry Emeritus
Department of Psychiatry

"We entered appointments into a big ledger. And the patient charts were all paper so you had to write down what occurred with each patient. And of course the files would get bigger and bigger as each year passed... That meant they got heavier and heavier." Describing the days before electronic health records.

Kim Watson
Dental Assistant

"It's not just about a patient's income; it's about where and how the patient feels comfortable. Race, culture, language – they all play a part in making patients feel comfortable at CUHCC."

Karl Self, D.D.S., M.B.A.
Clinical Associate Professor
Director, Division of Dental Therapy,
University of Minnesota School of Dentistry

"We had to build programs right into the computers because there were no software packages like there are today. You have to remember; back then you couldn't go to a Best Buy or Office Max or the Apple Store and buy a computer package, install it and have everything at the click of a button. That just didn't exist." Describing CUHCC's huge old computers, in the days before personal computers.

-- Carol Kottom,
Independent Contractor, Computer Programmer

Area Clinic Serves Community, Keeps Costs Down to Earth

by William Hoffman
Associate Editor of Report

Contrary to rumor, it is not true that rockets are being scrapped and astronauts soon will ride health care costs into space.

In fact, the cost of medical care for most people need not be astronomical at all, as many health maintenance organizations like Group Health Plan, Inc., have shown. But CUHCC is ex-

ceptional, for it serves the needy and saves money.

The Community-University Health Care Center (CUHCC — pronounced

"kook") provides comprehensive health care to low-income people at a price they can afford yet it stays within a tight budget, thanks to new ideas, a dedicated staff, and support from the University.

The clinic, located near the Native American Center on 16th Avenue South in Minneapolis, was established 12 years ago with funds from the Children and Youth (C and Y) Projects, a forerunner of President Johnson's War on Poverty. Of the 71 pilot projects intended to deliver health care to children from low-income families, it remains the only one in which a large proportion of patients are American Indian.

CUHCC's staff of 60 includes physicians, psychologists, nurse practitioners, nutritionists, social workers, chemical dependency counselors, and lab technicians. They work in a converted four-story apartment house, built in 1886, and they work as a team.

"There are no handmaids here," said center director Jean Smelker, who divides her time between administrative and medical duties. "We are peers on a first-name basis."

Jim Nordin, a pediatrician, agreed: "People here are good to work with. There's a real sense of camaraderie."

Smelker and Nordin are among "the 5 to 10 percent of medical professionals we can count on to dedicate themselves to such programs in spite of their low-paying status," according to Vernon Weckwerth, University professor of community health.

Smelker has directed the center since 1970, no small accomplishment. Weckwerth noted that two and a half years following the beginning of the C and Y projects, half the project directors had resigned. But during Smelker's tenure, CUHCC has expanded its services and added new programs, including an adult care program requested by community residents.

About 3,000 children and 1,000 adults are currently registered at the center. About 40 percent are American Indian, 5 to 7 percent are black, 2 percent are Spanish or Oriental, and the rest are white. CUHCC serves an area bounded roughly by highway I-94 on the north, Hennepin Avenue on the west, 38th Street on the south, and 34th Avenue on the east.

Cycle of care

The C and Y projects evolved in the early 1960s from the ideas of Arthur Lesser, then director of the Department of Health, Education, and Welfare's Children's Bureau. Lesser noticed that the national infant mortality rate was higher than that of several other countries. At his direction, new maternal and infant care programs



A coterie of customers in CUHCC's playroom

Health care center serves children of low-income families

By CERISSE ANDERSON

The Community University Health Care Center (CUHCC, pronounced kook) appears too good to be true.

Not only does it provide continuing comprehensive health care for children of low-income families in South Minneapolis, but it also is a unique educational resource for a variety of students from psychology interns to home economics nutrition majors and medical students.

It's a community agency which attempts to be sensitive to the needs of its mixed ethnic clientele and encourage citizen participation in the direction of the clinic's operations.

The converted four-story apartment building on the corner of Franklin and 16th Avenue houses a collection of pediatricians, community health workers, nursing staff, speech and hearing therapists, dental personnel, nutritionists, social workers and psychologists.

CUHCC has been part of the community since 1966 when the University and the Minneapolis Health Department joined to set up the clinic with federal monies from the Children and Youth Projects sponsored by the Department of Health, Education and Welfare.

Approximately 2,200 children, infants to 18-year-olds, are registered for the clinic's services from a community that is 44 percent native American, five to 10 percent black and the rest white. Dr. Jean H. Smelker, director of the clinic, estimated.

CUHCC's geographic limits match the boundaries of three elementary school districts: Greeley, Irving and Seward. The children at these grade schools and all others living within the bound-

aries, whether they are infants, preschoolers or attend parochial, alternative, junior high or high schools, are eligible for the center's preventive health services and health assessments. In order to detect minor problems before they become major, a complete medical and dental examination, and nutritional, social and development evaluation, is given to each child every two or three years.

However, in order to be eligible for treatment at the clinic, the child's family must qualify as low-income members. Smelker explained that probably one-third of CUHCC's family members receive Aid to Families with Dependent Children (AFDC) funds. But even though the other two-thirds earn incomes above the government assistance level, they could not afford to take their children to a private doctor except in emergencies.

At CUHCC the emphasis is on "outcome rather than output," Smelker said. The object is to change the disease pattern of the community's population, she said.

Smelker cited statistics showing higher maternal and infant death rates for Indians in the Franklin area community than in any other part of the state.

A supplemental diet program for women, infants, and children ages one to four, was started in February with federal funds. Figures show that the number of children living in the neighborhood who are below the 25th percentile in average height and weight is more than twice the usual number.

Dr. Elliott Karpeles, the center's full-time dentist, said he has noticed a great decrease over the years in dental problems in the children at the clinic. When he first came to CUHCC seven years ago,

the demand for dental care was so great that Karpeles said he was 10 weeks behind in appointments.

Now, with a dental hygienist and dental assistant, two chairs and a third one expected soon, patients can be seen more regularly and within a week to 10 days, he explained.

The dental hygienist and dental assistant are just two of the allied health professions represented at CUHCC. A nutritionist shares office space in the dental waiting room; that location was chosen, Karpeles said, so she can talk to the parents about balancing food budgets, food stamps and so forth while their child is in the dental chair.

Down the hall in the medical examination rooms, one full-time and two part-time pediatricians are assisted by a pediatric nurse practitioner, nurses, well-child workers and health aides.

The apartment layout of the building causes congestion, and lack of privacy is a problem, Smelker said. But the center hopes to be able to do some remodeling soon, she added.

Pointing to a small room which serves as the clinic's lab, Smelker explained, "We're a long way away from what we need, but we make do with what we have."

The mental health program at CUHCC has been able to obtain funds so that treatment may also be extended to the adults in a child's family. One of the goals at the clinic is to integrate mental health care with physical health care, Smelker said.

The community health workers or family health coordinators help bridge the gaps between medical, social and psychological services. They are all recruited from the community. It is their job to follow the family after the initial ex-

posure to CUHCC and help them receive services from the health clinic or any other agency in the community.

Tom Kottke, a Phase D medical student at the University, spent six weeks working at CUHCC last spring and explained that CUHCC's comprehensive care is "much more than the kid with the sore throat or pneumonia." The community workers help children having problems at school, find the parents employment or help them find adequate housing.

"The physician, as he is trained at the University, doesn't learn a goddamn thing about Indians. It's the family health worker who can reach the Indians," Kottke said.

Cindy Sayers, a member of the Red Lake Band of Chippewa Indians, is a family health coordinator and heads the Indian Advocate Office of CUHCC.

Indians are not as embarrassed and are more at ease if they are approached by another Indian, Sayers said, and therefore, the Indian health workers are attempting to get a policy approved which would allow the Indians to counsel other Indians exclusively.

"We want to take care of our own," she explained. Many whites are too "aggressive" with Indians, which drives them away, Sayers continued.

There aren't any Indian representatives on the center's advisory board because it seems to be uncomfortable to be so outnumbered by whites, Sayers said.

CUHCC's advisory council consists of 15 to 20 representatives from the community who meet twice a month to hear complaints and suggestions from the neighborhood families, Joseph Labovsky, head of the advisory council, said. Their input resulted in the clinic hours being expanded

to remain open until 8:30 p.m. one night a week, the institution of a bus service for patients who need transportation and the establishment of babysitting facilities.

Labovsky, whose family has owned and operated a grocery store in the neighborhood for 40 years, pointed out that the center's present services are limited to children, but the advisory council is trying to expand the center to also serve the adult population of the area.

About half the members of the advisory council are also members of a nonprofit corporation, Community Health Incorporated (CHI), which was organized almost two years ago to seek funds for including the treatment of adults at the center, Labovsky said.

CHI has been successful in obtaining resources to expand the mental health and mental retardation programs to serve the entire family.

Specific plans have not yet been announced, but the University has agreed to expand its financial and academic support for CUHCC as part of a compromise agreement to obtain permission to build outpatient clinics in the proposed Unit B-C.

The University uses "soft money" from foundation grants to roughly match one dollar for every three federal dollars given to the center, Smelker explained.

She said that hopefully the University's greater commitment will provide a little more security for the clinic. Even though funds come from the University, the federal Children and Youth Programs and the city's health department, Smelker said the center's future cannot be predicted even six months ahead.

Info

Community University Health Center

May 15, 1974 Dask

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UMHC's Community Clinic

By Amos Deinard, M.D., and Sue Weber

IN BRIEF . . .

UMHC, through its recently expanded Community University Health Care Center, has been reaching out into the low-income neighborhoods of south Minneapolis since the 1960s. As the neighborhoods have changed, services have been fine-tuned to meet the special needs of these patients.

When one walks into the Community University Health Care Center (CUHCC), it is immediately clear that this clinic is different from any other University Hospital clinic.

The four-story, 102-year-old structure that houses CUHCC is about two miles away from the rest of the University of Minnesota, in a low-income neighborhood on the south side of Minneapolis. Brightly colored graphics direct patients to admissions, dental services, or the mental health clinic. In a corner of the reception room, a personal computer runs health awareness games on nutrition, lifestyle, and other subjects.

But the differences go beyond physical characteristics. CUHCC's patients, many from the surrounding neighborhood, are considered medically high-risk. Some are employed; most are uninsured or underinsured. The majority are ethnic minorities (30% Southeast Asian, 15% Native American, 8% black, 1% Hispanic).

CUHCC was opened by the University in the mid-1960s to provide comprehensive health

care to children from birth to 21 years of age. The clinic began as a Children and Youth (C-Y) Project clinic, funded by the federal Bureau of Community Health Services' Maternal and Child Health Program. Free, comprehensive health care was provided to children from the clinic's neighborhood.

From the outset, CUHCC focused on a new mode of providing health care to high-risk children and youth. Services that previously had been out of the financial reach of most of the target population were made available. The population had rarely received comprehensive, complete, or continuous health care. Patients had survived primarily on episodic health care provided at local emergency rooms. CUHCC emphasized comprehensiveness of care, completeness of care, and continuity of care. Using the well-patient model, the clinic developed care plans that addressed prevention as well as immediate and long-term needs. This emphasis continues today.

In line with the other missions of UMHC, the clinic also provides educational opportunities to University students and serves as a research resource for University staff investigating clinical problems as well as health care delivery.

From Pediatrics to Parents

CUHCC's strong focus on pediatric medical and dental needs rapidly expanded. Community outreach, health education, nutrition, psychology, and social work ser-

vices were added. In 1975 an adult medical program was introduced in response to requests from parents of pediatric patients for the same kind of comprehensive care their children were receiving.

The adult program began with a two-year grant from the Kellogg Foundation aimed at establishing a sliding-fee scale where a patient pays a monthly fee based on income and family size. Any individual who signed up on the prepaid plan was (and is) guaranteed all health services at CUHCC, plus subspecialty and inpatient care at UMHC. Any charges generated at UMHC for inpatient or outpatient care, subspecialty care, or ancillary services not paid for by some form of insurance (Medicare, Medicaid, private insurance) are written off by both the Hospital and the Hospital medical staff providing the care.

In the early 1970s, the social work program was expanded into a full-fledged mental health program, with psychologists, psychiatrists, and social/mental health workers on staff to provide care. Other components of CUHCC's in-house primary health care program are the OB/Family Planning Clinic and the Teen Clinic, both of which also serve a high-risk population.

Serving Special Populations

Initially CUHCC addressed the health care needs of children in the white and black communities of south Minneapolis. By the early 1970s, however, CUHCC began to attract a sizable number of Native

Americans to its programs from the large Native American population in the area. Native Americans also were added to CUHCC's staff.

A similar effort to meet patient needs occurred in the late 1970s, when a large number of Southeast Asian refugees settled in the neighborhood. Bilingual health care workers and social workers were added to CUHCC's staff to meet the specialized medical and mental health needs of this group.

On December 1, 1988, the clinic acquired Health etc., a south Minneapolis community clinic with a mission comparable to CUHCC's. A majority of Health etc. patients are young, healthy, single individuals who use the clinic for episodic medical and dental care. Yet despite this difference in patient mix, CUHCC pro-

and the city of Minneapolis. All activities will then be consolidated into a new, larger, handicapped-accessible structure directly behind CUHCC's present structure. ■



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grams were viewed as the best method of meeting the health care needs of Health etc. patients. Health etc.'s board of directors decided that the University's clinic was the best alternative for consolidation because of mission compatibility, patient demographics, financial impact, legal considerations, facility needs, and public support.

Following the merger of the clinics, CUHCC added Health etc.'s nine staff members to its 65. The combined annual budget is approximately \$2.6 million, and the two clinics together last year recorded 58,000 patient visits.

The two clinics will remain in their respective locations eight blocks apart until a new CUHCC building is completed in early 1990. Construction funds will come from UMHC

