



**MINNESOTA**  
**COUNCIL** of  
HEALTH PLANS

# **BRIDGES** *to* **WELLBEING**

Health Opportunity Report 2016

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# FOREWORD

Not too long ago, my job was to prepare the budget for the whole state of Minnesota, all \$30 billion of it. One lesson I learned in that job: it's hard to build bridges.

We all know how building bridges is vital for any community. The ones we drive on connect our communities. The ones at the capitol connect the gaps across the aisle. And those in our daily experience make life's transitions possible.

To me, bridge-building speaks to the potential and the challenge of health care today. Building the infrastructure to improve the overall health of Minnesotans is a lot of work. It's bigger than any one community, any one industry, any one sector. To meet the challenge successfully, people and organizations of all kinds need to come together in more powerful ways to make it possible for everyone in Minnesota to be well.

Health insurance companies aren't exclusively in charge of improving people's health, and they certainly don't have all the answers. Yet, they are critical partners in the work. The stories

that follow show bridges between kids and city council members, between elementary schools and local businesses, between social workers and health insurer employees, between paramedics and people who live in shelters, between physicians and refugees. Each of these connections gets Minnesotans a little bit closer to well-being.

We know all Minnesotans do not have the same opportunities. The work ahead is for all of us to figure out how to deepen our relationships and create new bridges that make Minnesota a better—and healthier—place for all of us.



**Jim Schowalter**  
*President, Minnesota Council of Health Plans*



**Jim Schowalter**  
*President, Minnesota Council of Health Plans*

LaTrisha Vetaw and Starnisha McClellan

*Leaders of Breathe Free North organize youth volunteers to persuade businesses to change their tobacco policies with dramatic tactics, like collecting thousands of cigarette butts outside store entrances.*



## CHALLENGE

If you're African American smoker, you are more likely to die of a smoking-related disease than a white smoker — even though you probably start smoking later and smoke less.<sup>1</sup>

## ACTION

Breathe Free North is a youth-led group advocating for policies that reduce the use of tobacco use among African Americans in Minnesota.

## SUPPORT

The Center for Prevention at Blue Cross Blue Shield of Minnesota helps fund the work of Breathe Free North, supporting youth in their mission to change policies.

## THE WORK AHEAD

Changes in local, state and federal policies can make tobacco less accessible and attractive to kids — preventing a generation from suffering needlessly, and saving \$3 billion a year in preventable medical expenses.

# POWER is WELLBEING

How young people from the North Side of Minneapolis are making their community healthier by making their government change the laws.

## Blue Cross Blue Shield of Minnesota supports Breathe Free North

“Smoking is one of those things you just don’t have to live with,” says **LaTrisha Vetaw**. “You don’t have to live with it. Some things you can’t settle for.”

LaTrisha is not someone who settles. She’s a formidable force: leader of the Minneapolis Bicycle Coalition, health policy and advocacy manager for NorthPoint Health & Wellness Center, and a renowned advocate for health and wellbeing, not only in north Minneapolis but nationwide.

But to hear LaTrisha tell it, the young woman sitting to her left might be even more powerful than she is. Her name is **Starnisha McClellan**, she’s 19 years old, and she’s already forced her city’s government to change its policies. “I’ve testified before the City Council multiple times,” Star says. “My first time, I was nervous. They’re very important people. But I got over it.”

Star went to City Hall with Breathe Free North, a youth community health group founded and supervised by LaTrisha

but driven and operated by the kids themselves. Star and her colleagues were there to get City Council to help them solve a chronic problem among their friends and families: health problems — heart disease, diabetes, emphysema and cancer, to name a few — caused or worsened by smoking and breathing smoke. These tobacco-related health conditions still cause needless suffering in the black community — suffering Star is determined to end. “If you can keep kids from smoking tobacco products,” she says, “there will be less disease. There will be less asthma, heart disease and cancer. We are the next generation, so we have to be able to speak for ourselves.”

Star and her colleagues do speak for themselves, and when they speak, powerful people listen. Thanks to the efforts of Breathe Free North, the cheap flavored tobacco products and cigars that got most kids hooked on smoking are no longer for sale in convenience stores in Minneapolis. (Across the river, Saint Paul quickly followed suit.) At the few tobacco shops where cigars are still legally sold, they’ve become much more expensive, going from as little as 33 cents to \$2.60 apiece — costly enough to make a kid think twice. But Breathe Free North is far from finished. Now Star and her team have their

<sup>1</sup> <http://www.cdc.gov/tobacco/disparities/african-americans/index.htm>

sights set on menthol cigarettes, which keep 88 percent of black smokers chained to the habit, and which may be to blame for the disproportionate burden of smoking-related disease among African Americans.<sup>2</sup>

Big policy changes are seldom uncontroversial, and the Breathe Free North campaigners have learned to endure harsh criticism. The kids were sometimes called out personally by friends and neighbors, who saw the policy change as a racist tax targeting African American smokers specifically. LaTrisha has had people spit at her and throw eggs at her car. Star, just a teenager, was publicly harangued by convenience-store owners who were furious at the prospect of losing tobacco revenue. But both women take the blowback in stride. Changing policy takes courage.

It also takes a very large-scale view of the challenges to health in our communities — the kind of view Blue Cross Blue Shield of Minnesota wants to encourage. “We’ve made a decision to support work at the level of whole communities and populations. We want to lend a hand to people who are changing policies that create barriers to good health at that large scale,” says **Janelle Waldock**, Blue Cross’s vice president of community health and health equity. “These north Minneapolis young people are working at a systems level, too. Breathe Free North is educating the decision-makers; they’re showing model policies and doing advocacy. They’re changing policy in a way that improves health at the largest scale.”

For LaTrisha, Star isn’t only a force for policy change — her bright future demonstrates why policy change matters. “Statistics say she should’ve been a teenage smoker, but she chose not to be,” LaTrisha says of her young colleague. “Not only is she not a smoker — she educates other kids about not smoking, and she creates *policies* around not smoking.” Smoking cessation programs don’t do much to stop people from smoking if they’re not already motivated to quit, she explains — “but we know that raising the prices changes the number of people who smoke. We know that raising the price of these cheap cigars is going to stop young people from starting to smoke.” Star agrees. “If you raise the prices, they quit on their own terms.”

They’re building a future of wellbeing for their community on their own terms, too. LaTrisha and Star believe it takes *power* to build a healthy community. And they believe that power comes from within. As LaTrisha says, “We empower ourselves to be better.” Sometimes, self-empowerment takes a few trips to City Hall. ■



**LaTrisha Vetaw**

*Leader of the Minneapolis Bicycle Coalition, health policy and advocacy manager for NorthPoint Health & Wellness Center*



**Janelle Waldock**

*Blue Cross’s vice president of community health and health equity*

<sup>2</sup> <http://www.ci.minneapolis.mn.us/news/WCMS1P-143782>; <http://www.startribune.com/st-paul-prohibits-flavored-tobacco-at-most-stores/364455011/>; <http://www.startribune.com/minneapolis-restricts-flavored-tobacco-sales/313273011/>; <https://www.tobaccofreekids.org/research/factsheets/pdf/0006.pdf>.

## CHALLENGE

Only two in five students in the Saint Paul's Frogtown, Rondo and Summit-University neighborhoods meet or exceeds state reading and math standards.

## ACTION

Saint Paul Promise Neighborhood (SPPN) brings together more than 80 community organizations to give every child in the neighborhood a strong foundation for lifelong success.

## SUPPORT

HealthPartners works with SPPN to strengthen the support for children's success in mind and body, providing funding for programs and volunteers to support them..

## THE WORK AHEAD

Across Minnesota, children in other struggling neighborhoods need help too — and they can only succeed in grown-up life with strong support for their total wellbeing, in body and in mind.

*In the Saint Paul Promise Neighborhood, families make sure their little ones get off to a healthy start.*



# EDUCATION is WELLBEING

Helping one neighborhood's little children succeed in school — and changing the definition of “health.”

## HealthPartners supports Saint Paul Promise Neighborhood

In the Hmong language, says **Muneer Karcher-Ramos**, no word precisely translates what English speakers call *health*. “In Hmong, it’s just ‘being,’ or ‘being whole,’” he explains. Hmong or not, “being whole” is what every child in his neighborhood deserves.

Muneer is the director of the Saint Paul Promise Neighborhood (SPPN). The program aims to get every single child in the city’s Frogtown, Rondo, and Summit-University areas — a vibrantly diverse but chronically struggling neighborhood — on the path to college and lifelong success. The path is steep.<sup>3</sup> Many children in the neighborhood speak only Hmong, Spanish or Somali at home, leaving them at a disadvantage in English-speaking schoolwork. Many are poor; some are homeless. Only two in five kids meet or exceed state reading and math standards, and just as many miss at least a dozen days of school a year. Many children need medical or dental care but go without.

With the help of more than 80 other community organizations, SPPN is focused on what Muneer calls “the social determinants of education” — all the factors, in the classroom and far beyond, that influence a child’s chances of doing well in school and then in grown-up life. One of those determinants is physical health. “If kids have eye issues,” Muneer says, “particularly in the younger years, they can’t see the board — and 80 percent of learning is visual. If they have asthma, they may be unable to focus in the classroom.” Muneer and the people in his neighborhood believe that physical health has as much to do with learning and lifelong success as anything you learn in school.

That’s why Muneer and his team are working with HealthPartners to invest in the health of the Promise Neighborhood’s youngest residents. Through clinic access and care, health fairs, wellness workshops for families, and physical activity programs, HealthPartners works with SPPN to help prevent health problems that might get in the way of a child’s success in school. **DeDee Varner**, who organizes the yumPower School challenge with Promise Neighborhood

<sup>3</sup> <https://www.wilder.org/Wilder-Research/Publications/Studies/Saint%20Paul%20Promise%20Neighborhood/Promise%20Neighborhood%20Overview%20-%20At%20a%20Glance.pdf>



**Muneer Karcher-Ramos**

*Director of the Saint Paul Promise Neighborhood (SPPN)*



**DeDee Varner**

*Leader of community relations for HealthPartners*



**Donna Zimmerman**

*Senior vice president of government and community relations for HealthPartners*

Schools each year — sounds a lot like Muneer when she says that “education is one of the the social determinants of health.”

A lot of the neighborhood’s residents use HealthPartners hospitals and clinics, and just as many have HealthPartners insurance. “We believe that working through the community and in schools is one of the most powerful ways we can improve health,” says **Donna Zimmerman**, senior vice president of government and community relations for HealthPartners. In the Promise Neighborhood, that means bringing together community organizations, teachers and families. Together, they give children from birth through fifth grade the help and support they’ll need to live happy, healthy and successful lives.

“Our focus on moms, early childhood and healthy beginnings is a great fit for our work in the Promise Neighborhood. Improving education outcomes improves health for all in the long term.” As an example, Donna says, “our partnership with Reach Out and Read<sup>4</sup> means that parents and children in the Promise Neighborhood who use HealthPartners clinics will receive a book and learn more about the importance of reading to babies and

young children. In addition, the School Challenge program helps children experience the fun and importance of eating fruits and vegetables.”

As Muneer, DeDee and Donna talk about the children they all care about, you hear two sides of the same story. To have a fighting chance to succeed in school and then in a career, these kids need to be healthy. And to have the opportunity to live healthy lives, they need to do well in school. “We know that when families and children do better in every way, we all reap benefits later on.” The Saint Paul Promise Neighborhood isn’t just about education, and it’s not just about health. It’s about making sure every child has a good start at “being whole.” ■

4 <http://www.reachoutandread.org/about-us/>

## CHALLENGE

If you are a Minnesotan living with a serious mental illness, you are likely to die 26 years too soon.

## ACTION

The Dakota County Preferred Integrated Network (PIN) works to help people with serious mental illness get care for their physical health as well, treating the whole person.

## SUPPORT

Medica and Dakota County work as partners to develop and maintain the PIN program, joining forces to provide comprehensive support for the people they serve.

## THE WORK AHEAD

Across the state, mental health, physical health and social support services still operate as largely separate systems. To improve the lives of Minnesotans, those who provide all these forms of care need to trust each other and work together.

# TRUST is WELLBEING

How social workers and insurance people are bringing physical wellbeing and mental health together.

## Medica supports the Dakota County Preferred Integrated Network

“When the program started, there wasn’t a lot of trust in the insurance company. The social workers thought they’d be buried under paperwork. County leaders were worried about penny-pinching and red tape. And the patients — residents of Dakota County with serious mental illnesses — were terrified. “A lot of people in our system,” says **Emily Schug**, “both staff and people with the lived experience of mental illness, had a distrust of managed care.”

But Emily, deputy director of social services for Dakota County, had taken a leap of faith. Dakota County leadership had decided to work with Medica to pursue a Minnesota Department of Human Services pilot project to integrate mental health services with physical health care. The result was the Dakota County Preferred Integrated Network (PIN).<sup>5</sup>

The project started in 2007, with the release of a report that found that Minnesotans with serious mental illness die of the same causes as others — heart disease, lung disease, cancers,



accidents — but decades too soon. (A 2010 report finds a gap of 26 years: the average Minnesotan can expect to live to 83, but someone with serious mental illness will die, on average, at 58.) “That statistic was a call to action for the whole system,” Emily recalls. “How do we better integrate health care into social services?”

To answer that question, Dakota County’s social services formed an alliance with Medica, the nonprofit health insurer for many of the county’s mentally ill residents who get their health care through Medical Assistance. The partnership had a simple goal: “to better address the physical needs of people with mental health issues,” says **Geoff Bartsh**, Medica’s vice president for state public programs. From Geoff’s perspective, working with Dakota County social services made sense. To help people get well, he says, “you need to look holistically at a person and all the issues that are facing them. And that means identifying the people they trust most, and working through them.”

For people living with mental illness in Dakota County, the people they trusted most were their mental health providers:

<sup>5</sup> <http://mn.gov/health-reform/images/WG-CIPR-2012-5-3-Wellness-PIN.pdf>

case workers, social workers, psychologists and psychiatrists. So Medica and county officials designed the PIN program. It allows Dakota County residents with serious mental illness who are enrolled in Medical Assistance to sign up for a comprehensive range of mental and physical health services — including dental and vision care, home visits, wellness seminars, gym memberships and free rides to medical appointments — all coordinated by a trained mental health case manager.

To get off the ground, the program had to reinvent the relationship between county social services and the insurance company — so Medica and Dakota County resolved from the beginning to be equal partners. “As we were designing the PIN program,” Emily says, “we thought about what a real integrated care model *should* look like.” That’s what they built. County case managers learned to ask intelligent questions about their clients’ diabetes and blood pressure in addition to their mental health. On Medica’s end, Geoff says, “we figured out what physical health resources could be put in place for that individual *around* their behavioral health care.”

The collaboration worked. “Most of my clients have complex diagnoses with mental health, chemical health and physical issues,” says **Sandra Freese**, a Dakota County social worker. “Our people are so acutely ill, and their lives are in such upheaval. You really have to tackle *all* the issues they’re facing to help.” That’s where PIN has made a difference, Sandra confirms. “The coordination with Medica, taking a look at the complexities in each case, is really an advantage. Together, we’ve got the resources to help the whole person.”

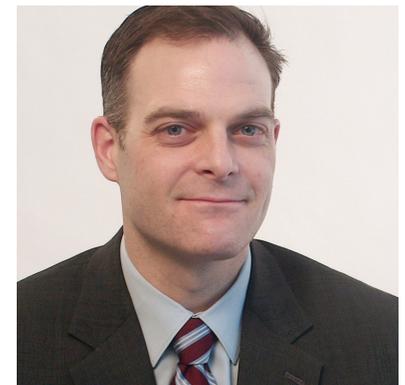
Today, the public-private collaboration of the PIN program has proved its worth. “It was such innovative thinking then,” says Emily, thinking back to 2008, “but it’s really become a part of what we do” in Dakota County. Geoff, separately, says almost exactly the same thing about Medica: “We have ingrained this kind of activity in how we work.” Working on the PIN program taught the insurance company and the county that “we all have the same goals for our community,” as Emily puts it. “Once you make that personal connection, you can see that we’re all in this for the same reason.”

The PIN program is a model for integrating physical and mental health care. It’s also a model for collaboration between government and health plans to meet human needs more effectively than either could alone. But for Sandra, who works with Dakota County residents every day, the PIN program also helps its clients understand *themselves* as whole people, not just as collections of symptoms. “We encourage people to look at all the different parts of their life and how they work together,” she says. “We just need to continue doing that.” ■



**Emily Schug**

*Deputy director of social services for  
Dakota County*



**Geoff Bartsh**

*Medica's vice president for state public  
programs*

## CHALLENGE

In less than a decade, ambulance calls to the Harbor Light shelter had more than doubled, to an estimated 1,500 per year in 2014 — causing immense expense and often inadequate or inappropriate care for many of the approximately 500 people who come to the shelter every day.

## ACTION

A team of Hennepin County community paramedics spends Friday through Monday at the shelter, building relationships with visitors and helping them get access to the medical care they need — reducing 911 responses to the shelter by 30 percent in just two years.

## SUPPORT

Although the shelter serves many people who are not their members, Hennepin Health funds the community paramedics' work at the shelter to provide better care for people and lower expenses for the community.

## THE WORK AHEAD

The community paramedics do vital work at Harbor Light, but they are just four workers at one shelter in one city. To make humane and effective use of our health and emergency resources statewide, we need many more community paramedics serving many more people.

*Left to right: Community Paramedics Dave Johnson, Mike Molitor, Deputy Chief Amber Brown, and Dennis Combs*



# RESPECT is WELLBEING

How a few paramedics are giving some people in the hardest circumstances a chance to feel better — and helping change our state's health care system at the same time.

## Hennepin Health supports community paramedics at the Harbor Light Center

If you're down on your luck and not feeling good, you want **Mike Molitor** in your corner. "I think that everybody has a right to feel better," he says simply.

Four days a week you can find Mike at the Harbor Light Center, the Salvation Army's shelter for people who are homeless in downtown Minneapolis.<sup>6</sup> Along with three other community paramedics — **Dennis Combs, Dave Johnson, and Scott Lindbergh** — Mike helps the people who come to the shelter get the medical care they need. These community paramedics — paramedics who are specially trained and certified to build relationships with patients and help them maintain their health — have been working out of Harbor Light since 2014. By talking with people at the shelter about their health problems and helping them navigate the health system, the community paramedics have reduced the need for emergency services by 30 percent.

**Amber Brown**, deputy chief of Hennepin County Emergency

<sup>6</sup> <http://salvationarmynorth.org/community/harbor-light/>

Medical Services, ticks off a list of the community paramedics' accomplishments. They've seen consistent reductions in 911 calls to the shelter, she says. Twenty-five percent fewer ambulances are crossing the city to get there. Most dramatically, the number of times the Minneapolis Fire Department has had to respond to the shelter has decreased by 30 percent a year.

Amber explains why these statistics matter. At Harbor Lights, she says, many people have serious medical conditions — but don't have good ways of getting access to care to manage them. So they called 911. "Many people would call because they were out of medication, or because they had just got into town and needed to be hooked into the health system," she says. But for most issues, the E.R. is simply the wrong setting to get people the help they need.

By building relationships with people at the shelter, the community paramedics can find better ways of helping them. Today, people at Harbor Light are just as likely to seek out the community paramedics as they are to dial 911. "At eight o'clock, when the shelter opens, there are people who come

looking for us,” says **Dennis Combs**, one of the community paramedics. “Can you help me with this? Can you get me an appointment tomorrow?’ Yes we can. We navigate people through whether to go to the clinic, to the hospital, to the E.R., to urgent care. We help people understand where to get access to the help they need.”

In so doing, the community paramedics’ work has benefits that transcend the shelter. Every time a fire truck or an ambulance *doesn’t* go to Harbor Light, it can respond to an emergency somewhere else in the city. Every time someone at the shelter can get a medical problem taken care of *without* a trip to the emergency room, the hospital’s staff can help someone else who needs them. And every time the community paramedics can help someone on the spot, without activating the costly and complicated machinery of first responders and hospitals, our whole community saves money — and people in need feel better, faster.

The paramedics’ presence at Harbor Light is supported by Hennepin Health, a managed care organization that serves low-income residents of Minnesota’s most populated county.<sup>7</sup> But by supporting the community paramedics at the shelter, Hennepin Health isn’t just caring for its own members, says clinical program manager **Julie Bluhm**. “We’re thinking not just about reducing medical costs, but about reducing costs our community is accruing overall — in corrections, and the shelter, and the need for first responders. Hennepin Health funded the program because it’s the right thing to do. A significant percentage of the people at Harbor Light are our members,” she says. “But we have not limited the community paramedics to serving Hennepin Health members. They serve everyone.”

The community paramedics insisted on this when they teamed

up with Hennepin Health to serve people at Harbor Light. “That’s one of the things that’s great about them,” says community paramedic **Dave Johnson**. “They’re willing to fund something that’s innovative, something that will help, regardless of the benefit to them.” Julie agrees. “Our support of the community paramedics saves costs for a lot of people that can’t necessarily be traced to somebody’s bottom line,” she says. “But collectively, as a community, their work helps us all. We’re taking health care resources that aren’t being used wisely, taking a little bit of it, using it much more wisely, and having much more for everyone we want to help. And we love to help.”

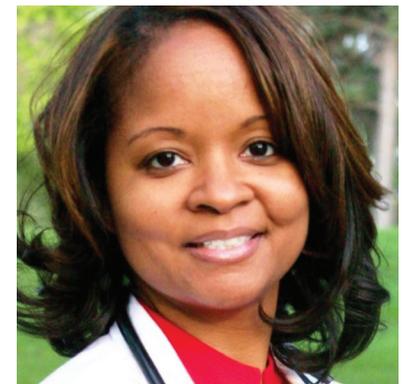
For everyone involved in the community paramedics’ work, it’s helping that matters most. **Tamiko Morgan, M.D.**, former medical director of Hennepin Health and current Commonwealth Fund Mongan Fellow at Harvard University, describes the program in deeply personal terms. “I don’t ever want anyone to feel that they don’t matter,” she says.<sup>8</sup>

Visitors to the shelter know they matter to the community paramedics they see there. “Our job in health care is to take care of people,” says community paramedic **Scott Lindbergh**, “regardless of their economic or social status. I go to the shelter and watch people. The people who come in at eight o’clock when the doors open — any one of them could be me.” ■



**Julie Bluhm**

*Clinical program manager, Hennepin Health*



**Tamiko Morgan, M.D.**

*Former medical director of MHP and current Commonwealth Fund Mongan Fellow at Harvard University*

<sup>7</sup> [http://content.govdelivery.com/accounts/MNHENNE/bulletins/faaob5#link\\_1427325740982](http://content.govdelivery.com/accounts/MNHENNE/bulletins/faaob5#link_1427325740982)

<sup>8</sup> <https://mfdp.med.harvard.edu/cfmf/fellows/fellows-bios>

## CHALLENGE

There are an estimated 1.3 million survivors of torture living in the United States, and few of them get the mental health care they need to live happy and productive lives.<sup>9</sup>

## ACTION

In partnership with HealthEast, the Center for Victims of Torture (CVT) is providing intensive weekly mental health care to survivors of torture and war trauma. CVT researchers are conducting a scientific study of their work from the two clinics, which they are planning to submit for peer review in 2018.

## SUPPORT

UCare has funded the CVT program since 2012.

## THE WORK AHEAD

Survivors of torture and war trauma are not the only people who need mental health care: studies estimate that more than half of all adults in the United States have been exposed to traumatic events, and most never get the help they need to be well. To care for everyone, we must integrate mental health care more deeply into the ordinary course of people's interactions with medicine.<sup>10</sup>

*Back row, left to right: EhTa Zar, client coordinator; Alison Beckman, MSW, LICSW, project manager and clinical Supervisor; Leora Hudak, MSW, LGSW. Front row, left to right: Jeff Walter, Ph.D., LP, psychotherapist; Kathleen O'Donnell, MSW, LGSW, social worker; Novia Josiah, BSW, LSW, social worker.*

# COMPASSION is WELLBEING



Helping doctors heal wounded bodies by giving hope to wounded hearts.

## UCare supports Healing Hearts, Creating Hope

“Karen clients have described having a heavy heart, a squished heart, a heart coated in tar and dipped in alcohol,” says **Alison Beckman**. “These symptoms, when presented to a primary care provider, can be read as a heart condition. But often it’s an expression of sadness. So what happens if we treat the sadness?”

Alison believes that treating the sadness is crucial. As the project manager of the Healing Hearts project of the Center for Victims of Torture (CVT), she and the Healing Hearts clinical team work with Karen people, who have fled a long and bloody civil war in Myanmar to take refuge in the United States. “With the Karen, as with a lot of refugee populations, folks tend to experience what we’d call mental illness as physical symptoms,” Alison explains. “In the West, we have a mind-body dichotomy. When we’re feeling upset, we describe it in our heads. But in a lot of the world, people don’t make that divide, and emotional pain is really embodied.” So when a doctor in Saint Paul asks a Karen refugee about her health through an interpreter, the doctor might hear about heart

pain. And being a responsible practitioner, the doctor will take action to treat the heart — leading, in many cases, to a frustrating and costly series of tests and treatments that don’t come close to treating the patient’s real suffering. Alison and her team are trying to change that, one refugee at a time.

The Healing Hearts program is a partnership between HealthEast, University of Minnesota Physicians and the Center for Victims of Torture, funded in part by UCare, that’s testing a compelling scientific question: Will treating patients’ emotional pain and assisting with basic needs help them feel better, reduce their overall medical bills, and help clinicians serve their physical needs more effectively? To find answers, CVT is conducting a blinded, randomized clinical trial at one HealthEast clinic (the Roselawn clinic) and one University of Minnesota Physicians clinic (the Bethesda clinic) in Saint Paul. At those clinics, she explains, Karen refugee patients who show symptoms of depression are randomly sorted into two groups. One group receives the regular course of treatment — including referrals to mental health services elsewhere. But the other group is enrolled in the Healing Hearts program. For these people, CVT counselors provide each one with one hour of psychotherapy and CVT social workers provide one hour of

<sup>9</sup> <http://www.cvt.org/news-events/press-releases/us-home-far-more-refugee-torture-survivors-previously-believed>

<sup>10</sup> <http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=1129>

case management, once a week for a year, right there in the clinic's exam rooms.

According to the study's strict research protocol, clinicians are shielded from research outcomes comparing the two groups. But based on the way patients and physicians interact with the CVT clinical team the team, Alison has a sense that things are trending in the right direction. Focusing intense time and energy on treating people's mental and emotional distress seems to be helping — but it's also contributing to their better physical health. With psychotherapists addressing their patients' mental health, physicians are free to concentrate on curing what's ailing their bodies.

“The time we spend with our patients is relieving to the doctors,” Alison says. “One doctor told me, ‘Now that CVT staff are working with this patient, she’s not spending our whole meeting crying, and now we can actually get to treating her physical complaint.’” That’s not only good for the patient — it’s good for the physician, too. “Really smart, well-meaning, compassionate doctors just do not have the time they need to fully attend to the wellbeing of their patients,” Alison insists — and that takes a toll on the physicians themselves. “Primary-care doctors have one of the highest suicide rates of any profession.<sup>11</sup> When you’re really close to the extreme pain and agony that these people go through, it’s really frustrating not to be able to do more to help.” By taking the time to care for patients’ mental health, Alison says, they’re relieving a profound burden on the physicians they work with as well.

The Healing Hearts program is a modest and practical effort to improve care for a small group of people — intimate in scale, collaborative in structure, and deeply compassionate in motivation. **Ghita Worcester**, UCare’s senior vice president of public affairs and marketing, says that’s just the kind of project UCare likes most. “We believe in taking the time to understand what people need, and then working with people in the community to meet those needs,” she says. Alison echoes that sentiment. From interpreting services to transportation, UCare has provided the quiet but vital services that make the difference between care and suffering for the patients her team serves.

At the HealthEast and University of Minnesota Physicians clinics where the Healing Hearts team works, Alison believes that both the Karen refugees and the physicians are living happier and healthier lives. In the future, this work may be much more broadly helpful. In 2018, Alison and her team will publish the results of their study. What they learn about the practical consequences of integrating mental and physical health will guide the transformation of the whole health system toward better, more affordable care. “We’re doing this with the potential to change policy, to change systems, so that more people will have access to better health care,” she says, “I absolutely think there’s hope.” ■



**Ghita Worcester**

*UCare's senior vice president of public affairs and marketing*



*This sign, in English and Karen, hangs on the exam-room door during Healing Hearts counseling sessions*

<sup>11</sup> <http://emedicine.medscape.com/article/806779-overview>



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