Whittier Clinic in Minneapolis hit a bonanza two years ago when it hired a health adviser, peer educator, bill reviewer, transportation coordinator, appointment scheduler, family advocate and overall community builder:

Shawn McKinney.

McKinney, 49, is a community health worker (CHW), one of a growing number of health care professionals who connect Minnesota's underserved populations to services and resources.

Doctors who work with CHWs — also called care guides, health navigators and promotoras in Latino communities — say they're indispensable because they tackle cultural disparities, improve health outcomes and free doctors from trying to wrangle nonmedical challenges such as finding housing and food.

“I call them super-connectors,” said Joan Cleary, executive director of the Minnesota Community Health Worker Alliance. “They link people to coverage, as well as offer patient education and informal counseling and coaching in clinics, homes, schools and other community sites.”

They also help address an unjust, and preventable, problem with our state's health picture: “While Minnesota is often ranked as one of the nation's healthiest states, we also have some of the deepest racial and income-related health inequities in the country,” Cleary said, “and CHWs are integral to addressing those.”

Community health workers have been around for decades, most commonly providing outreach and health education in low-income neighborhoods, on American Indian reservations and in immigrant and refugee communities. Their responsibilities are essential and varied, filling gaps and addressing barriers to good health.

Making it happen

On a recent summer afternoon, McKinney began her day huddling with two fellow care coordinators, two social workers and a nurse coordinator. With a caseload of up to 130 clients, she returned voice mails and set up her to-do list, which included sending appointment reminders and finding clients transportation to medical appointments.

“Some people are overwhelmed by the health care system — sometimes they just need an ear,” said McKinney, who graduated from Minneapolis' Summit Academy after a 20-week CHW training program. She interned at Whittier Clinic for four weeks before coming on board full-time.

McKinney is learning Spanish to help her communicate better with the clinic's large Latino population. Illiteracy rates are high, too, requiring creativity on her part. To help clients remember to take medications twice a day, for example, she'll find photos of the sun and the moon.

Often, she serves as a sleuth. One female client, for example, asked McKinney to help her find a free or low-cost gym to work off stress. In the course of the conversation, McKinney learned that the woman's boyfriend was beating her up. She quickly pulled in a social worker.

McKinney sighs. “Sometimes I wonder, how do they get this far without a community health worker?”

Dr. Susan Haddow agrees. She said she was ecstatic when CHWs arrived at Whittier about four years ago.

“I can’t help patients with food insecurity, transportation and other social problems in a 20-minute session,” Haddow said. “[CHWs] facilitate so much.”
That sometimes comes at a price. McKinney admits that it's hard for her to leave work at work. There was a time, she said, when she wasn't sleeping. A social worker told her, “You can't fix everything. Give your clients the resources to fix things.”

McKinney not only took that advice, she took up line-dancing and art classes, and started an end-of-day ritual where she would take off her badge, set it on her car's seat and say, “I'm done being a CHW for the day.”

**Standardized training**

Until the early 2000s, workers like McKinney received on-the-job training only. A little more than a decade ago, a broad-based coalition of clinics, public health agencies and nonprofits, funded by the Blue Cross and Blue Shield of Minnesota Foundation, created a model standardized curriculum for CHWs in Minnesota, leading to a certificate and paving the way for workers to earn associate's and bachelor's degrees.

In addition to Summit Academy, programs have sprung up at Minneapolis Community and Technical College, Normandale Community College and St. Catherine University, as well as at Rochester Community and Technical College and Northwest Technical College in Bemidji.

This standardized training, Cleary said, “really distinguishes our approach in Minnesota. Employers do value that.”

CHWs value it, too, in the form of greater respect and higher salaries. Today, an estimated 650 CHWs have graduated from certificate programs, earning a mean salary of $38,000 annually, or $18 an hour.

Equally encouraging, Cleary noted, is that Minnesota is a leader in successful Medicaid reimbursement for patient education provided by CHWs, which is critical to expansion.

**More common in the future**

Foua Khang is too busy to leave her chair at HealthEast's Roselawn Clinic in St. Paul. Called a “clinic care guide,” Khang is one of four CHWs primarily serving the Karen and Hmong communities.

She spends most of her days on the phone, punctuated by periodic conversations with doctors, nurses and midwives. “Physicians want to know about everything — what the patient ate this morning. What they were arguing about.”

Those questions are essential, she said, in addressing the patient's health care needs in a holistic way.

While she calls her position “the perfect job,” she's sometimes called in to soothe a “tumultuous situation,” such as a Hmong family worried after a daughter or wife has had a Caesarean section, or a member of the Karen community who has suffered a psychotic episode.

A lot of patients, though, have more mundane concerns: Why did I get this bill? How do I take medication?

Khang has her own question: Why are there still so many gaps in care?

Like McKinney, she has a hard time shutting down at day's end. “I take it home with me a lot,” said Khang, the mother of three sons ages 10, 7 and 18 months. “I'm working on boundaries.”

Still, she's proud of what she and other CHWs have accomplished.

“Hospitalizations are down. Our physicians say we are doing great work,” Khang said. “We feel that we're an integral part of the team.”

Cleary would second that. But she recognizes that Minnesota needs more CHWs. “Often, what is needed is a champion in an organization willing to get a program going,” she said.

She's optimistic that, with continued strong results, those champions will step forward.

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