

complementary medicine practitioners, and a nutritionist. If a patient needs a feeding tube, she can arrange an appointment; if they have a catheter or drain, she can instruct them on how to care for it.

HealthEast's two nurse navigators see about 70 new patients a month. Welty says one of the best parts of her job is being able to watch the tension melt from a patient's face after letting them know she's there to help. "When patients have someone to connect to," she says. "I can't tell you how much that means."

Help for Newcomers

When Olmsted County started to see an influx of refugees and immigrants from southeast Asia, Mexico, Central America, and Africa in the late 1980s and early 1990s, its hospitals and clinics struggled to care for patients who didn't speak English, much less understand how medicine was delivered in the United States.

"It challenged our systems," says Jeanne Nelson, R.N., M.S.N., who works in preventive health services for Olmsted County. "We had to ask ourselves, How could we help make the clinics we have more user friendly and accessible for people from different cultures?"

In the mid-1990s, Nelson was working with the Multicultural Health Alliance, a collaborative of Mayo Clinic, Olmsted Medical Center, and Olmsted County Public Health that was looking for ways to help newcomers get medical care. She was inspired by a visiting researcher's explanation of how he got immigrants and refugees into cancer studies by enlisting people from their

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—Avni Patel

communities to reach out to them. "We said, cancer studies? Health care. We needed bilingual people who understood the culture and spoke the language to go out into the community to teach people how health care services work and build a bridge," she recalls.

In 2000, the alliance began a three-year pilot project called the PathFinder program. They hired and trained individuals from the Cambodian, Somali, Sudanese, and Latino communities to teach newcomers how to make a doctor's appointment, take the bus to the clinic and get there on time, and arrange for an interpreter. They would also explain when to use the ER and urgent care and the importance of well-child and other preventive visits. The goal was for those clients to share that knowledge with friends, family, and others who were new to this country.

The PathFinder program has since morphed into the Community Health Worker program, which was created through a statewide effort to connect immigrants and refugees with health care. The Minnesota State College and University System began offering a 10-week community health worker curriculum in 2005. As of January 1, 2008, Medical Assistance and other third-party payers in Minnesota began paying for services provided in clinics by community health workers.

Olmsted County's Community Health Worker program is administered through the Intercultural Mutual Assistance Association, the first stop for immigrants and refugees. The program currently has five part-time community health workers and one in training. They serve between 900 and 1,000 clients a year.

According to program manager Avni Patel, M.H.S., the focus of the program has changed as clients' needs have changed. Many have figured out how to make appointments but are still uncomfortable asking questions of their doctor or requesting a generic drug. They're also befuddled by the paperwork generated by insurers and clinics. Patel says the community health workers now help explain insurance and other paperwork, including consent forms, authorization for release of information, and financial support requests.

She says confusion over insurance and the way clinics work isn't unique to immigrants and refugees, and one day, she would like to see services extended to people who speak English yet are still struggling with access issues.

Doing Battle with Bills

JoAnn Jagt understands the frustration of dealing with insurance claims. When she worked in the billing office at Rice Memorial Hospital in Willmar, she witnessed the

back-and-forth the hospital and patients went through to get bills paid.

Jagt is now the program coordinator for Rice Memorial's health insurance counseling program, which helps people decipher complex medical bills and insurance explanations and even challenge denied claims.

The program, which has been operating since 1993 and is funded by the Rice Health Foundation and the Rice Hospital Auxiliary, serves people of all ages who may or may not have been treated at the hospital. It is staffed by approximately 15 volunteers, many of whom are retired insurance agents or have worked in business offices. Volunteers are trained through the Minnesota Board on Aging.

Although most clients have questions about Medicare ("those are the people with the most medical bills," Jagt says), others call about Medical Assistance, private insurance, and long-term care insurance.

Volunteers recently worked with a Somali man who was struggling to understand how insurance works, a man whose wife died and who couldn't afford to stay on the policy she had through work, a woman who was billed twice for a procedure, and another who was billed for an imaging test only to find out the doctor who read the image wasn't signed up with Medicare at the time.

The program serves 13 to 20 clients a month, and those who use it are grateful for it. "For the people we deal with, the visit has been precipitated by crisis," Jagt says. "Although we can't fix everything, we don't leave people out there to hang."—Kim Kiser