



March 27 2023

Representative Tina Liebling
Chair, Health Finance and Policy Committee
477 State Office Building
St. Paul MN 55155

Chair Liebling and Members of Health finance Committee,

My Name is Rachel Stoll, I am a certified Community Health Worker (CHW), and my current role is administrative. I am the HUB Manager at the Winona Community HUB in Winona MN which is a health equity program that leverages CHWs to positively impact the health outcomes of enrolled participants via health education and assistance in systems navigation and resource utilization. I started my work as a CHW in January of 2020 and transitioned to my current role in March of 2022.

Although I have been in the field for a short time, I have countless stories that illustrate the importance of the CHW workforce. **CHWs make it possible for other professionals including therapists, social workers, dietitians, physicians and other medical providers to work at the top of their licenses by reducing barriers to care and working with the affected individual to translate the recommendations of these professionals to real life.**

In December of 2021, a participant in the HUB program that I had been working with for over a year finally agreed to allow me to help him set up an appointment to establish with a Primary Care Provider (PCP). This participant had multiple health concerns but had never been open to scheduling an appointment because of mental health issues and very pressing social needs. This participant agreed to establish with a PCP because he had noticed that he was thirsty all the time and remembered that his father who had diabetes had experienced this symptom. I facilitated the scheduling of the appointment and followed up with the participant's new PCP when his A1C lab results came back. The participant had an A1C of 5.6% which is just below pre-diabetes level (the perfect time for an intervention!) and the provider's recommendations included cutting out sugary drinks like soda and getting more physical activity. The clinic nurse had attempted to call the participant and had sent a message via the patient portal with these recommendations, but had not gotten any response. When I asked the participant about the recommendations, he stated that he had not received any recommendations. I was able to assist him in contacting the clinic and correcting the phone number they had on file for him and I assisted him in accessing his patient portal. When he read the recommendations, he was visibly agitated. He stated that he never drinks soda and that he felt that the provider was judgmental and rude, and that this provider didn't understand him or his situation.

Together, the participant and I went over all of the drinks that he typically drinks in week. Although he stated that he never drinks soda, he also stated that he drinks pink lemonade during his shifts at a fast food restaurant, monster energy drinks when he was feeling tired and apple and grape juice at home



for a healthier option. I was able to provide education on the sugar content of all the drinks that was typically drinking and on how to read a nutrition label to find this information himself. He and I made a plan to buy drinks with zero sugar and to drink more water and milk. At the next home visit, he showed me the new drinks he had purchased and was able to correctly show me where the nutrition label said “zero sugar”. He stated that he didn’t mind drinking these new drinks at all and that he was totally comfortable switching to 100% sugar free beverages. This was a Medicaid patient, and under the current billing model, a CHW doing all of this work would only be able to bill for the education on how to read the nutrition label. But think of all of the other value that my work brought to this participant’s life.

For about 4 hours of my \$20/hour work, I was able to give a Medicaid recipient the tools he needed to delay or prevent the onset of diabetes; this is an incredible return on investment. Because this participant trusted me, I was able to act as a bridge between the participant and the provider and was able to translate the provider’s recommendations to the real life of the participant.

Stories like these are why strengthening and sustaining Minnesota’s CHW workforce is needed in order to help close Minnesota’s costly and unjust gaps in health equity. Thank you for your consideration in extending access to CHW services and their benefits by supporting this vital funding.

Thank you to the Chair and this committee for reading my testimony and for your attention to this issue.

Respectfully,

Rachel Stoll, CHW
Winona Community HUB Manager
Live Well Winona
902 Parks Avenue
Winona MN, 55987