



HDSP

MINNESOTA HEART DISEASE AND STROKE PREVENTION

COMMUNITY CONNECTION

Connecting programs, events, resources, research and people in the Minnesota heart disease and stroke prevention community.

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The Minnesota Diabetes Collaborative

By Mary Jo Mehelich, RN, MPH, HDSP Unit, MDH and Laurel Reger, MBA, Diabetes Program, MDH

The Minnesota Diabetes Collaborative (MN-DC) is a voluntary group representing 15 of the state's leading health organizations. The MN-DC is dedicated to providing current, consistent, evidence-based common health messages; promoting best diabetes practices; coordinating initiatives; and sharing knowledge and expertise. Because of the strong link between diabetes and cardiovascular disease, HDSP Unit staff joined the MN-DC. This partnership greatly increases the HDSP Unit's reach in controlling high blood pressure and high cholesterol.

Highlighted here is one of the exciting projects completed by the MN-DC: Control your Diabetes for Life! Patient Education Tool Set.

Minnesota has experienced an explosive growth in foreign-born residents collectively speaking over 50 languages. These new immigrants and refugees are at high risk for diabetes and its complications, particularly cardiovascular disease. Since few health literacy diabetes educational tools existed, the MN-DC developed a tool set to address two forms of health literacy: poor English reading skills and poor understanding of

diabetes and good health practices. The tool set is intended for use with patients from non-English speaking communities, recent immigrants, the deaf and hard of hearing, and the elderly. The tool set can be used by both professional and lay health educators. The educator's script is written in easy-to-read, plain language.

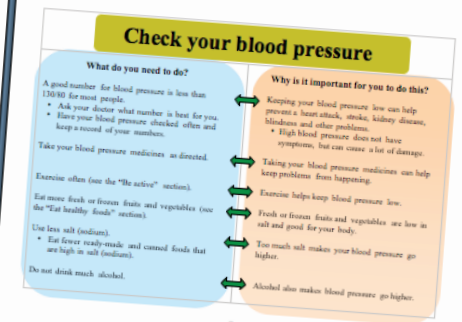
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Table of contents and sample page from 2009 *Control Your Diabetes for Life* flip chart. Patient page subtitles are in English, Spanish and Somali.

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• Help yourself and help others	14



Check your blood pressure
Examine su presión arterial
Dhiggaaga iska cabbir



MN-DC Continued...

The set includes a table-top flip chart and a colorful one-page patient handout. The flip chart covers 13 self-care topics describing what the patient needs to do and why it is important. It has a picture on one side for the patient and evidence-based script on the other for the educator. Both the flip chart and handout include brief headings for patients in English, Spanish and Somali.

The tool set:

- *Is helpful and informative for patients and educators,*
- *Can help educate professional and lay caregivers about diabetes,*
- *Can build family and community support for behavior change,*
- *Includes topics such as: check your blood pressure, take your medications, and be active.*

Minnesota-based providers and educators can obtain one free copy of the tool set while supplies last.

See the order form at:

www.mn-dc.org/OrderForm-flipchart.pdf

The patient handout can be obtained free of charge by downloading from: www.mn-dc.org/messages.html#lowlit

For further information about the Tool Set please contact Laurel Reger at 651-201-5434 or laurel.reger@state.mn.us.

Moving from Talk to Action: Developing a Signs and Symptoms' Education Campaign to Eliminate Heart Attack Disparities in Minnesota

By Elizabeth Gardner, MA, HDSP Unit, MDH

While developing the 2004-2010 Heart Disease and Stroke Prevention State Plan partners spoke passionately about the desire to improve cardiovascular health for communities of color and American Indians. While Minnesota in general has low cardiovascular disease death rates compared to the rest of the nation, these communities experience disproportionate rates. Specifically, heart attack mortality is more than threefold greater in American Indians when compared to whites (Source: MDH, 2006). Consequently, Goal 5 of the State Plan was born: Eliminate health disparities in heart disease and stroke. One key strategy for reaching the goal is implementation of public awareness and education campaigns focused on the early warning signs and symptoms of heart attack.

The talking phase has ended and action has begun. The Greater Minneapolis Council of Churches-Division of Indian Work, the American Heart Association, the Heart Disease and Stroke Prevention Steering Committee, Padilla Speer Beardsley (a local public relations

company) and the Minnesota Department of Health have coalesced resources to develop an education campaign focused solely on the signs and symptoms of a heart attack to serve the American Indian community.

Talk to Action *Continued on Page 3*

Talk to Action *Continued...*

The project goals are to increase awareness of the signs and symptoms of a heart attack and the importance of calling 9-1-1 to minimize disabilities or prevent death. The project will also include information related to heart-healthy lifestyle choices around physical activity, nutrition and tobacco. A curriculum will incorporate these key messages. Why use a curriculum instead of TV or radio messages? Focus groups were conducted in 2008 to assess awareness of signs and symptoms of a heart attack and to determine the best ways to reach the American Indian community. Findings showed that the community overwhelmingly prefers interpersonal communication (e.g., workshops and one-to-one conversations) as an education strategy rather than a mass media campaign of advertisements and brochures. The focus group report, *Reducing Heart Attack Disparities in American Indian Men and Women in Minnesota*, is available at: www.health.state.mn.us/divs/hpcd/chp/cvh/reports.htm

The project will train volunteers (e.g., lay community members and health care professionals) how to teach the curriculum at community-based locations. It will be pilot tested in Minneapolis and possibly in tribal communities. The American Heart Association provided funds to develop the curriculum and the Division of Indian Work has agreed to coordinate the logistics of the presentations and speakers. A grant application to The Medica Foundation is underway to fund a staff person to coordinate this effort.

If you know of a program or agency in the Minneapolis area that might be interested in hosting a presentation, please contact Elizabeth A. Gardner, M.A., Community Health Planner, by calling 651-201-5411 or email her at elizabeth.gardner@state.mn.us

Spotlight

Community Health Workers and Cardiovascular Risk Reduction: *A Pilot Program*

By Adrienne Voorhees, Community Health Worker, Native American Community Clinic

The Minnesota Heart Disease and Stroke Prevention Unit, in partnership with the Native American Community Clinic (NACC) and United Family Medicine (UFM), received funding in 2007 from the Otto Bremer Foundation and the American Heart Association to design and implement a Community Health Worker (CHW) pilot program. The pilot program utilizes CHWs to help patients manage their heart disease risk factors.

NACC, located in the Phillips' neighborhood of Minneapolis, primarily serves the urban Native American population. The clinic is in close proximity to many Native-serving organizations, including the Minneapolis American Indian Center, American Indian Opportunities Industrialization Center (OIC), and Little Earth Urban Housing. These neighboring organizations are key collaborators for CHW outreach: they provide a place to meet with patients, are welcoming environments for community events and meetings, and have staff that supports the CHWs activities.

Risk Reduction *Continued on Page 4*

Risk Reduction *Continued...*

UFM, formerly known as United Family Practice, is housed in a new facility on West 7th Street in St. Paul. UFM strives to meet the needs of the medically uninsured, underinsured and underserved residents of St. Paul, though people of all income levels are served. Like NACC, UFM has multiple partnerships with nearby social service agencies to help support the work of the CHW.

A community health worker, also called a lay health worker, a community health advisor or promotores(as) de salud often represents the community they serve. This link to the community helps assure that the services provided are culturally appropriate. The CHWs work with patients to assess and eliminate the socio-economic or health systems' barriers that impede successful chronic disease management. The barriers are dynamic and always in fluctuation. This is both challenging and rewarding. Many patients who are at risk for heart disease or have heart disease also have other life events that compete for their attention. Caring for family members, affording healthy foods, and managing life stressors can make it difficult to focus on healthy living.

CHWs share their patients' successes. Every once in a while a patient will surprise you; a patient who once was reluctant to make changes will slowly begin to improve habits. It starts with a walk around the block every day, eating a little less food at lunch, or registering for a class. Within a month it turns into half-hour walks, cutting pop from the diet, and becoming a model for other community members. A quiet ripple effect begins.

Process and outcome data are being collected. Evaluation results from this pilot program will be available in January 2011. Results will be shared with the Minnesota Federally Qualified Health Centers, other health systems, and the Heart Disease and Stroke Prevention Steering Committee.

If you have questions about the program, please contact Elizabeth A. Gardner, M.A., Community Health Planner, at 651-201-5411 or elizabeth.gardner@state.mn.us.



Announcements

Stroke Awareness and Education Resource Toolkit

The Minnesota Stroke Partnership is pleased to announce that the Stroke Awareness and Education Resource Toolkit is now available online.

The Stroke Awareness and Education Resource Toolkit was created to provide an overview of resources available for community stroke awareness and education. It is available on the Minnesota Stroke Partnership's website at www.mnstrokepartnership.com under "Resources."

We welcome your questions and comments at health.stroke@state.mn.us.

Please direct any comments, questions or suggestions for newsletter content to Mary Jo Mehelich at (651)201-5419 or mary.mehelich@state.mn.us

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