

# Quarterly

WINTER  
2009

OFFICE OF  
**RURAL HEALTH  
& PRIMARY CARE**  
MINNESOTA DEPARTMENT OF HEALTH



Skijoring in  
Cannon  
Falls photo  
courtesy of  
©Explore  
Minnesota  
Tourism

## CONTENTS:

- [Director's Column](#)
- [Community Focus](#)
- [Special Feature](#)
- [Partner Focus](#)
- [Profile](#)

[Printable PDF](#)  
(PDF: 200KB/12pgs)

Email Mary Ann Radigan at  
[maryann.radigan@state.mn.us](mailto:maryann.radigan@state.mn.us)  
or call (651) 201-3855 with  
comments.

We invite you to forward this  
newsletter to your colleagues.

## DIRECTOR'S COLUMN

### FROM THE CUYUNA RANGE TO THE CENTRAL PLATEAU

In late January, eight Minnesota rural health leaders and I attended the National Rural Health Association Policy Institute in Washington, D.C., and also visited Minnesota's congressional delegation. We came from all segments of the rural health system, and our conversations with staff and elected officials covered Medicare policy, workforce shortages, technology and other pressing issues. Congressman Jim Oberstar began our meeting at his office by saying, "Let me tell you about rural health," and he then surprised us by talking at length about the earthquake aftermath in Haiti and the response of a surgical team from Crosby, Minnesota.

Congressman Oberstar lived and worked in Haiti for several years beginning in 1959, and he's maintained strong ties with the country. He is also connected to the physicians from Cuyuna Regional Medical Center in Crosby, who started the nonprofit Project Haiti in 1992 and built a laparoscopic surgery center several years ago in Pignon on Haiti's Central



Mark Schoenbaum

Plateau. Patients can often return home immediately after laparoscopic surgery, a practical approach given the challenges finding or paying for post-operative hospital stays in Haiti.

The surgery center was one of the few medical facilities not damaged by the quake, and the injured began making their way to Pignon, many walking 60 miles from Port-au-Prince. The facility was also an important communications channel during the first days, because its satellite dish, usually employed to train local medical personnel through interactive video, remained available. Though staff were on hand in Pignon when the earthquake struck, more were clearly needed to care for the injured. A team from Crosby prepared to leave for Haiti, but the Port-au-Prince airport was overwhelmed following the quake, and transportation for the team was uncertain. Congressman Oberstar, who knew the Coast Guard commander for the Caribbean region, made a contact that helped the team travel by Coast Guard plane from Miami to Haiti.



U.S. medical teams have been regularly rotating through the rural Pignon hospital since that first team arrived, with Project Haiti founder Dr. Paul Severson coordinating efforts from Crosby. The needs, of course, are unending.

We didn't expect to learn about this rural Minnesota connection to the Haiti disaster during our day on Capitol Hill, but the dedication of Crosby's surgeons to their patients in Haiti is an illustration, admittedly dramatic, of the values at work here at home throughout Minnesota's statewide health care safety net. The same commitment and creativity now in the spotlight in Haiti is quietly sustaining our own communities every day. We shouldn't have been surprised.

Project Haiti's Web site is [www.projecthaiti.info](http://www.projecthaiti.info).

*Mark Schoenbaum is director of the Office of Rural Health and Primary Care and can be reached at [mark.schoenbaum@state.mn.us](mailto:mark.schoenbaum@state.mn.us) or (651) 201-3859.*

[top of page](#)

## COMMUNITY FOCUS



### HEART OF NEW ULM TAKES AIM AT HEART ATTACKS

*By Kathleen Hietala, marketing and communications specialist for Allina Hospitals & Clinics: New Ulm Medical Center and Owatonna Hospital*

Heart disease is the leading cause of death in the United States. In Minnesota it is second to cancer as the leading cause of death. In 2008, Allina Health Systems, along with the Minneapolis Heart Institute Foundation and New Ulm Medical Center, announced plans for a 10-year initiative designed to reduce heart attacks in the New Ulm, Minnesota area (56073 zip code).

The Heart of New Ulm (HONU) aims to help all residents improve their health—at work, at home and at leisure. HONU is a preventive approach that allows residents to make healthy choices and seek out programs, resources and services to lower their risk factors for a heart attack. The project's specific areas of focus include preventive health care service enhancements, work site and community-based lifestyle improvement programs, and environment/policy re-engineering.

#### The New Ulm community

The Heart of New Ulm (HONU) first focused on “connecting the dots” within the area: New Ulm Medical Center, local government, social clubs, employers, churches, schools, grocery stores and restaurants. Community-wide changes included increasing healthy options in restaurants and grocery stores and expanding opportunities for physical activity through local challenges and walking programs.

The geographic area of New Ulm is primarily served by New Ulm Medical Center. Today, 92 percent of the local adults are patients at the New Ulm Medical Center and have an electronic medical record (EMR). This EMR provides the opportunity to identify populations at risk of disease so New Ulm Medical Center providers can deliver and track interventions. In addition, HONU project staff also work directly with the Minnesota Department of Health to establish surveillance systems to track both fatal and non-fatal heart attacks that occur among 56073 zip code residents (de-identified).

#### Health screenings

As part of the initial project activities in 2009, residents of New Ulm were invited to participate in a heart health screening. The screening gave residents an idea of their personal risk for having a heart attack and provided information and basic coaching on how to improve their individual health. More than 5,000 community members were screened. The data is now being used to inform wellness activities at local work sites, as well as clinical interventions.

#### High risk follow-up

Information obtained from the screenings and the EMRs will identify individuals at the highest risk of having a heart attack in the near term.

HONU staff will work closely with New Ulm Medical Center to develop a plan of proactive phone-based outreach by a health professional. This program will also offer educational materials and tracking tools to engage these individuals in more targeted medical therapies to decrease their risk of experiencing a heart attack.

### Healthy work sites

Research documents a reduction in health care and insurance costs as a direct result of workplace exercise programs. Other benefits include less absenteeism, fewer job-related injuries, improved job performance and increased productivity. Work site physical activity programs can also boost employee satisfaction and morale.

In 2009, more than 15 work sites participated in Worksite on the Move and Holiday Trimmings. Worksite on the Move trained employees to walk or run a 5K race as a group. Holiday Trimmings challenged employees to maintain or lose weight during the holiday season. In 2010, with the focus moving away from screenings and more to interventions, these programs, plus two more, will be offered to work sites throughout the New Ulm area.



### Sustaining Heart of New Ulm

New Ulm community leaders, residents and service providers developed a strong sense of ownership in the project, helping to achieve many successes in Heart of New Ulm's first year.

Allina Hospitals & Clinics has committed several million dollars over the next five years to support the Heart of New Ulm project, with philanthropic efforts occurring at the local, regional and national levels to raise additional funds. For example, the New Ulm Medical Center Foundation received a grant from the Minnesota Flex Program, coordinated by the Office of Rural Health and Primary Care, to help support screenings and other interventions. Philanthropy will be a key asset to ensure the project is successful. New partnerships have been created, existing partnerships have been strengthened.

The goal is to change the community's environment by moving residents toward health, prevention and greater well-being overall. Once a community

feels health is all around them, it becomes the new reality. Heart of New Ulm's emphasis on networking, partnership and joint efforts will achieve the goal of creating a community without heart attacks.

More information is online at <http://www.heartofnewulm.org/>.

[top of page](#)

## SPECIAL FEATURE



### HIV IN RURAL MINNESOTA

*By Charles Hempeck, executive director of Rural AIDS Action Network*

The Minnesota Department of Health recently reported new cases of HIV are at a 17-year-high. In 2009, 368 new HIV cases were reported, compared with 326 cases in 2008. That is a 13 percent increase. As executive director of the Rural AIDS Action Network, I take notice.

Service providers across the state—including those in the rural areas—feel this increase. Our preliminary numbers for 2009 indicate nearly a 25 percent increase in the clients accessing our services and we nearly doubled the number of HIV tests we administered.

Since the Minnesota Department of Health began tracking AIDS in 1982 and HIV in 1985, 9,176 HIV/AIDS cases have been reported, including 3,003 deaths. An estimated 6,611 people are currently living with HIV in Minnesota. The Center for Disease Control and Prevention estimates an additional 25 percent of people don't know they are HIV positive.

### Services for persons affected by or at risk for HIV/AIDS

People living with Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) face a complexity of issues. To meet these needs, Rural AIDS Action Network (RAAN) provides:

- Medical case management, which includes intake and assessment, service planning, monitoring and medical care coordination. We also attend medical visits with clients and provide education on treatment adherence. We coordinate insurance, financial needs, mental health and substance abuse referrals.
- Free and confidential HIV Testing along with risk assessment and harm reduction counseling
- Medical transportation assistance for medically related trips
- Health education/risk reduction for people living with HIV/AIDS and those at-risk for HIV infection
- Prevention and education services to individuals at high-risk for HIV infection and the population at large

- Support groups for men and women living with HIV/AIDS in the south central and northeast regions of Minnesota, along with a culturally specific support group for African-born individuals in the south central area. Topics include HIV, IV disclosure, nutrition, stress

- Professional training to health and social service providers and law enforcement.

### Training across Minnesota

One way that the Rural AIDS Action Network (RAAN) develops communities of professionals and volunteers to serve persons affected by or at risk for HIV/AIDS is by offering workplace trainings. These range from HIV 101 to more in-depth sessions, which qualify for Continuing Education Units. We train in health care settings, universities, social service and law enforcement departments, homeless shelters, housing coalitions, chemical dependency and mental health treatment centers.

Disclosure is an important aspect of training. If prior written consent is not obtained, medical disclosure is only allowed in very specific situations. Recently when a client reported that a correctional officer disclosed his HIV status, our medical case manager followed up with the jail administrator and offered training to the staff. The jail administrator agreed it would be a good idea. RAAN provided training on HIV stigma, disclosure and HIPPA compliance. RAAN received such positive feedback that we were invited to conduct additional training in the county social services department.

### The changing face of HIV/AIDS in Minnesota

Our service population has changed and it differs from the metro area—we are seeing more older people, along with women and African-born and Latino patients. What hasn't changed is the importance of medical case management. People living with HIV/AIDS face more than medical issues.

We received a referral that an African-born woman with three children needed medical case management services. The woman was unemployed, the family was homeless, and she and two of her children were HIV positive. RAAN's medical case manager helped the mother see a local HIV specialist and the children see an HIV pediatric specialist in Minneapolis.

The family became more stable through permanent housing, employment and medical care, but then a new issue came up: The children were not taking their medication consistently. The medical case manager worked with the county to bring in home health service to set up the medication for the children. But the mother was not at home for many appointments and the home health service was discontinued due to no cooperation. The children went four weeks without medications and they did not see their HIV specialist for over six months.

The RAAN medical case manager began a more intense intervention. She sat down with the mother and reviewed all medications. She disposed of old medications and called in new refills. When the mother tried to pick up the medications, she was told they were not in. The medical case manager went back to the pharmacy with the mother and all the medications were

there.

As the RAAN medical case manager continued to assess this case, she found that many of the issues could be linked to cultural differences and the language barrier. The mother has limited English and needs an interpreter; however, the African-born population is relatively small in her community and she is very concerned about her HIV status becoming known. Language caused problems with medication adherence and following instructions written in English, as well as refilling and picking up medications. It also made it difficult to understand the doctors' medical terminology and keep track of appointments.

Additional assessment of the situation gave more insight into HIV stigma in the African-born community. The mom always kept the medications hidden, in case someone stopped over, and she was very cautious about using any local interpreter services. Cultural differences came into play as the mom found it hard to welcome outside help. And her concept of time was different from U.S.-born people.

The RAAN medical case manager and the mom started meeting weekly. The goal was to increase medication adherence for the children and address other barriers related to language and culture. Currently the children are adhering to their medication schedule and there has been improvement in their CD4 and viral loads. The overall quality of life for the family has been improving.

#### RAAN in Minnesota

RAAN organizes, develops and sustains caring communities of professionals and volunteers to serve and support persons living with, affected by, or at risk for HIV/AIDS in rural Minnesota. We envision rural communities where persons living with or affected by HIV/AIDS live dignified lives and receive appropriate and compassionate medical care, and where citizens understand the realities of transmission and prevention. For additional information on RAAN or HIV, or to schedule workplace trainings, visit [www.raan.org](http://www.raan.org).

[top of page](#)

## PARTNER FOCUS

### STATEWIDE HEALTH IMPROVEMENT PROGRAM PREVENTING CHRONIC DISEASE AND OBESITY IN BECKER-CLAY-OTTER TAIL-WILKIN COUNTIES

*By Brooke Ahlquist, M.A., M.P.H., SHIP policy coordinator and  
Rachel Cohen, M.P.H., SHIP supervisor and communications coordinator*



*Minnesota's Vision for a Better State of Health is an initiative to improve health and contain the ever-increasing costs of care. Integral to this Vision is the Statewide Health Improvement Program, or SHIP. SHIP addresses the three leading causes of preventable illness and death in the United States: tobacco, physical inactivity and poor nutrition. In this issue, we are learning more about SHIP and following SHIP in action in Becker, Clay, Otter Trail and Wilkin counties. The Quarterly looks forward to highlighting other SHIP grantees.*

The Minnesota Department of Health is partnering with health care provider groups, health plans and community stakeholders to reduce tobacco use and exposure, and obesity through evidence-based policy, systems and environmental change strategies. Statewide Health Improvement Program (SHIP) is a marked departure from traditional individual-based public health prevention programs. Behavior changes that result from programmatic efforts can be difficult to sustain beyond the life of the program. Instead, SHIP focuses on broad, sustainable, systemic changes.

#### Statewide Health Improvement Program

The Minnesota Legislature invested \$47 million in SHIP for two years (2009-2011). This amount is based on the Centers for Disease Control and Prevention's minimum recommendation of \$3.89 per person for comprehensive health prevention interventions.

In July 2009, the Minnesota Department of Health awarded funds through a competitive grant process to 40 grantees, covering all 87 counties and eight of 11 tribal governments in Minnesota. These local governmental agencies are charged with broadly engaging their communities and resources to implement selected strategies.

#### Interventions

SHIP interventions in the health care setting include:

- Implementing tobacco-free grounds policies for hospitals and other health care facilities and connecting individuals with existing effective

cessation services

- Implementing maternity care practices that support breastfeeding through prenatal, birth and postpartum services
- Supporting implementation of the Institute for Clinical Systems Improvement (ICSI) Guidelines for “Prevention and Management of Obesity” and “Primary Prevention of Chronic Disease Risk Factors” for adults and children
- Building partnerships to facilitate active referral of patients to local resources that increase access to high-quality nutritious foods, opportunities for physical activity and cessation of tobacco use
- Implementing support strategies to motivate and aid patients in making daily decisions to improve their behaviors relating to eating, physical activity and abstinence from tobacco use.

All SHIP grantees were required to identify need and community support for at least one of these interventions in each of four settings: school, community, work site and health care.

### Obesity and Chronic Disease Prevention

The rural SHIP partnership of Becker, Clay, Otter Tail and Wilkin (BCOW) counties chose the intervention described in the ICSI guidelines for preventing obesity and chronic disease.

The BCOW SHIP team chose this intervention after members of their Community Leadership Team determined that adopting the evidence-based guidelines with health care providers across all four counties could have a broad impact on the health of area residents. Tobacco cessation referral is part of the Primary Prevention of Chronic Disease Guideline and BCOW SHIP coordinator Jason Bergstrand believes that this could have the most impact of all the SHIP interventions. He states, “If clinicians interview patients about their tobacco use at every visit and get those patients hooked up with resources such as smoking cessation quitlines, there is going to be an impact.”

This particular intervention requires a unique type of collaboration as local public health departments work with health care providers (health systems, hospitals and clinics) to adopt best practices around prevention and referring patients to community-based organizations and programs. Over the past six months, BCOW SHIP staff worked with community leaders to build bridges with health care providers and gauge their interest in adopting the evidence-based guidelines in their systems, clinics or hospitals.

A family health care center based in Fargo, North Dakota that provides care to underserved area residents, a major health system with several clinics in the area, a hospital and clinic in Fergus Falls, and one additional clinic have expressed interest in participating. BCOW staff anticipate working in six sites covering all four counties in the pilot phase of implementation. Local public health departments from each of the four counties are determining if their organizations can adopt the ICSI Guidelines, bringing the total number of sites to 10.

## SHIP in the Health Care Setting

BCOW SHIP staff have already had positive experiences working with their partners in health care settings. Many administrators, nurses and physicians have committed their time to reviewing the documents BCOW SHIP staff developed, including assessment and survey tools, "prescriptions" to weight management resources, and follow-up planning documents. Assessment tools examine the health care provider policies/practices and gauge their readiness to implement the guidelines. Referral or "prescriptions" are referrals to appropriate weight management resources within the clinic, such as a dietician, or to a community-based program for patients identified as overweight or obese. Follow-up planning documents refer to having a plan for weight loss/smoking cessation along with having a public health nurse or clinician following up with the patient in 12 months. BCOW SHIP staff plan to support participating health care providers with the training and tools they need to implement the ICSI Guidelines.

The ideal system operates in a way that is respectful of time and budgetary constraints and puts as little burden on the health care providers as possible. For example, after the clinician identifies a patient who has the chronic disease risk factor of being overweight or obese, the clinician uses a one-page form to refer the patient to a county public health department nurse. The public health nurse reviews the patient's needs and using a database of community- and insurer-provided resources, connects the patient with the appropriate resource and completes a plan for follow-up. Minnesota has been using a similar model for many years for patients interested in tobacco-cessation. This process, called fax referral, shows promise as an approach to weight management.

This model will create a sustainable systems change in the health care setting. For patients whose health coverage is provided by Medical Assistance, and potentially others covered by private insurance, the public health nurse's consultation time can be reimbursed through correct insurance coding. Many existing community programs and resources are available at minimal or no cost to the patient. Over the course of the initial two years of funding, BCOW SHIP staff plan to help providers set up the systems to improve the health of residents.

## A Long Term Investment

To improve the health of Minnesotans and reduce health care costs, it is critical that Minnesota's health care systems make reducing obesity and tobacco use a top priority. Health care providers can promote the development and maintenance of healthy lifestyle behaviors by encouraging individuals to maintain healthy eating habits, participate in physical activity on a regular basis, avoid the use of tobacco products and limit exposure to secondhand smoke. Health care professionals can also advocate for change in their communities and enhance government, media and industry efforts.

It will take time and sustained effort to achieve the reductions in tobacco use and exposure and obesity that can lessen the burden of chronic disease in Minnesota. But SHIP is on the path to those goals by making the healthy choice the easier choice for all of us.

For more information about the Statewide Health Improvement Program, a

list of grantees and a list of interventions, visit [www.health.state.mn.us/healthreform/ship](http://www.health.state.mn.us/healthreform/ship).

[top of page](#)

## RHAC MEMBER PROFILE



Sen. Julie Rosen

### ORHPC TALKS WITH RURAL HEALTH ADVISORY COMMITTEE (RHAC) MEMBER SENATOR JULIE ROSEN

Please explain your professional work to us . . .

I am an agronomist by trade, but have proudly been serving District 24 as a legislator in the Minnesota Senate since 2002. I currently serve as an assistant minority leader to my caucus, and serve on the following Senate Committees: Energy, Utility, Technology and Communications (ranking minority member); Health and Human Services Budget; Business, Industry and Jobs; Public Safety Budget; Capitol Investment; Pensions; and on a number of legislative commissions and boards.

And your life away from work?

Life away from work revolves around my family. All three children are grown and in various stages of their higher education and job opportunities. Being originally from Colorado, with most of my family still there, adds to my extensive travel schedule.

My favorite activities are kayaking, road biking and gardening. My favorite hobby is watching and attending the Professional Bull Riders circuit to watch my prized bulls compete.

What do you think are the most important issues facing rural health?

- Aging population – what this means to our job growth/revenue numbers, county/state budgets, how we deliver these services and care for them properly.
- Attracting specialized health care professionals.

What do you think would make the most difference for rural health?

Reduction of mandates and the removal of unnecessary red tape.

*The Rural Health Advisory Committee advises the commissioner of the Minnesota Department of Health and other state agencies on rural issues; provides a systematic and cohesive approach toward rural health issues; and encourages cooperation among rural communities and providers. Meeting information is [online](#) or contact Tamie Rogers at [tamie.rogers@state.mn.us](mailto:tamie.rogers@state.mn.us) or (651) 201-3856.*

[top of page](#)

[VIEW ONLINE ALL PREVIOUS ISSUES](#) OF THE OFFICE OF RURAL HEALTH AND PRIMARY CARE PUBLICATIONS.



Minnesota Office of Rural Health and Primary Care  
P. O. Box 64882

St. Paul, Minnesota 55164-0882

Phone (651) 201-3838

Toll free in Minnesota (800) 366-5424

Fax: (651) 201-3830

TDD: (651) 201-5797

[www.health.state.mn.us/divs/orhpc](http://www.health.state.mn.us/divs/orhpc)

MISSION: To promote access to quality health care for rural and underserved urban Minnesotans. From our unique position within state government, we work as partners with communities, providers, policymakers and other organizations. Together, we develop innovative approaches and tailor our tools and resources to the diverse populations we serve