



CULTURE CARE CONNECTION

www.culturecareconnection.org

Increasing the cultural competence of health care providers serving culturally diverse populations
Winter/Spring 2014

Funded by Ucare

Open Door Health Center Mobile Clinics Foster Health Equity

Open Door Health Center, based in Mankato, serves patients from all over southern Minnesota, some coming from as far away as Pipestone County, a two-plus hour drive. During the recent economic downturn, they began to see a decrease in patients from outlying areas of the state, setting the stage for mobile clinics.

“Maybe before, people were traveling to Mankato, but now maybe it’s harder,” explained Jen Theneman, Open Door chief operations officer. “They have a job and they can’t miss work, or they

don’t have a car any longer, or they can’t afford the gas now, or any number of barriers that our patients experience.”

The opportunity to again reach these patients came when Open Door applied for and was awarded a grant through the Healthier Minnesota Community Clinic Fund to develop a mobile medical program. Funding for a mobile

dental program was also included in the grant. “We’ve been providing both mobile medical and dental services at sites in Marshall, Gaylord, and Dodge Center since we hit the road in March of 2012,” said Theneman. “This March we added Worthington to our list of sites as well.”

Theneman went on to say that although they hadn’t done a

comparison of mobile unit patients with patients from several years ago that stopped travelling to Mankato, they are seeing a lot of new patients who were

previously unaware of Open Door’s services. “When we started going to these areas, certain agencies that would refer people that were possibly low-income or under-insured might have told people about us,” said Theneman. “But unless you access those services, you maybe wouldn’t have ever heard of us. And not all



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NEW Enjoy a Healthy Life! Program Engages Seniors in their Care



Enjoy a Healthy Life! is a free, small-group learning activity for seniors. The program uses a conversational approach, simple materials, and participation incentives. The goal of Enjoy a Healthy Life! is to empower seniors to take a more active role in their health care.

The program consists of five conversation topics:

- Protect Yourself: Know the Signs and Symptoms of a Heart Attack
- Protect Yourself: Know the Signs of Stroke
- See Your Nurse or Doctor Regularly
- Take Your Medications
- Enjoy a Healthy Life!

[Learn more >>](#)

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people that are low-income or have just lost their job necessarily know what resources are available.”

Over 70 percent of Open Door’s patients are uninsured or under-insured, with a prevalence of chronic disease, such as diabetes, Asthma, COPD, and high blood pressure.

Staffing optimized for travel

Open Door’s mobile medical unit is typically staffed with either a physician or a nurse practitioner, and a nurse. An interpreter also functions as driver, as well as performing patient intake duties.

Around 25 percent of Open Door’s patients, the majority of whom speak Spanish, require an interpreter. With up to ten or eleven staff members that are bilingual Spanish, Open Door has the capability to send their mobile and dental units out together with a minimum of three support staff, two or three of whom will speak Spanish.

“The most predominant community is Latino in any of the areas that we serve. Then it kind of depends on what area we’re in,” said Theneman. “Next, here in Mankato we serve many Somali and Sudanese people; in the Marshall area Hmong is the third most common culture we work with. Worthington is a very diverse area, with significant representations of African cultures: Sudanese, Somali, and Asian cultures: Karen and Hmong.” Other languages spoken are handled using a phone interpreting service.

Tackling chronic conditions

The mobile clinic has been helpful in addressing many chronic diseases present in Open Door’s patients. For diabetes care, for example, the mobile

clinic is back in a patient’s location every week, making follow-up care, health education, and medication assistance resources available.

If patients miss a weekly site visit, they can call Open Door’s main clinic, which has providers on call in the evenings and weekends. They can get prescriptions and have their meds filled locally.

Open Door’s medication assistance program works with pharmaceutical companies on a patient’s behalf to get them meds, which if they qualify, are free. “It’s not enough for us to diagnose

“Our provider will say, ‘Okay, what do you eat for breakfast? Who cooks the food in your house? Will your family be supportive? If not, let’s get them in and talk with them,’ because it’s really a lot of back to basics education.”

our patients and then expect them to buy a medication that they can’t afford,” said Theneman.

Health education can also be done effectively on-site. With diabetes, “Our provider will say, ‘Okay, what do you eat for breakfast? Who cooks the food in your house? Will your family be supportive? If not, let’s get them in and talk with them,’ because it’s really a lot of back to basics education,” said Theneman. “Especially when you’re working with people from other cultures who have grown up and all of their family eat a certain way, and in order to support or improve on this disease they need to make some

changes. There’s an education piece to that.”

Education leads to utilization

Utilization of the medical mobile unit has lagged behind that of the dental unit, in part “Because chronic disease doesn’t necessarily hurt,” Theneman explained. “A lot of our patients, if they don’t have the resources, or if they have the fear about the expense of health care or don’t know how to navigate a typical health care system, they’ll avoid it. We’ve seen that even in our clinic here when we add new providers, it takes a while for them to ramp up, to have a full docket of patients.”

Open Door’s dental unit, on the other hand, has experienced much faster uptake. “There’s just great need, and word tends to spread a little bit faster about that,” said Theneman. “And dental, lack of dental care, does hurt. People know if their tooth is broken off, or if they have extreme pain or swelling, or those type of things, and will get in to see a dentist. There are fewer options. Unfortunately, we’re just trying to keep people out of the ER through preventative care or

just ability to access care on both the medical and dental sides.”

After some research, Open Door found that what they’re experiencing is very similar to what other mobile health programs have experienced, specifically that takes a little bit more time to ramp up utilization. “Part of that for us is that we weren’t known, we weren’t always there on a consistent basis because of weather,” said Theneman. “We’re trying to make some changes to increase the utilization and increase marketing so there’s more awareness and those types of things. It just takes some time.”

For more information, contact [Jen Theneman](#), (507) 344-5502

CLINICAL CORNER

Diabetes and Disparities

As an ever-wider variety of chronic disease information becomes available and is shared in the health care community, it is becoming more and more clear how wide the health outcomes gaps are across populations.

This Clinical Corner segment focuses on chronic conditions that disproportionately affects many populations in Minnesota.

Project SAHAT identifies prevalence of chronic issues in MN South Asian community

A recent report from the Asian Indian Family Wellness organization presented findings from their Minnesota South Asian Health Assessment Tool (SAHAT) survey, including recommendations to address health disparities of South Asians.

Key survey findings showed that:

- South Asians living in Minnesota have higher rates of diabetes (12%) compared to the overall population living in Minnesota (7%)
- The percentage of people with chronic health issues is higher among survey participants aged 51 or above

The SAHAT report recommendations to health care providers working with South Asian patients include:

- Increasing awareness of South Asian culture and develop culturally specific training materials;
- providing diet guidelines suitable for South Asian patients by adapting the United States Department of Agriculture's "My Plate" to the South Asian diet; and

- developing useful methods for educating the Minnesota South Asian community on how to effectively navigate the American health care system.

[View the full report >>](#)

MDH report cites diabetes among health inequities in Minnesota

The 2013 Minnesota Department of Health report Advancing Health Equity in Minnesota provides an overview of Minnesota's health disparities and health inequities.

Examples of health disparities include:

- American Indians have higher rates of diabetes due to the disruption of their way of life and replacement of traditional foods with unhealthy commodity foods.
- The rate of obesity continues to rise in every racial and ethnic population in Minnesota, putting people at much greater risk for the development and early onset of chronic diseases including hypertension and diabetes.

[View the full report >>](#)

RESOURCES:

American Diabetes Association.

ALERT! DAY

American Diabetes Alert Day March 25, 2014

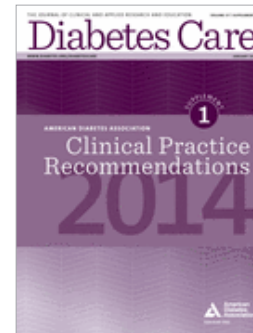
American Diabetes Association Alert Day is a one-day "wake-up call" asking the American public to take the Diabetes Risk Test to find out if they are at risk for developing type 2 diabetes.

[More >>](#)



[Link to the Diabetes Risk Test online](#)

[Diabetes Risk Test in PDF format](#)



ADA diabetes testing criteria includes population risk factors

The American Diabetes Association

criteria for testing for diabetes in both asymptomatic adults and children includes as an additional risk factor:

- High-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, Pacific Islander)

[View the 2014 ADA Diabetes Care Clinical Practice Recommendations](#)

[>>](#)



Tip sheet helps African Americans lower their risk for type 2 diabetes

A PDF from the National Diabetes

Education Program with more than 50 ways to prevent type 2 Diabetes.

[Download the PDF >>](#)

Minnesota Diabetes and Heart Health Collaborative patient education materials



[Put the Squeeze on High Blood Pressure](#)

[Download more ads and posters in PDF format >>](#)

NEWS

L.A. Times Article Compares Clinics in Baton Rouge, LA and St. Paul, MN

The March Los Angeles times article *What makes a community healthy?* provides an interesting look at disparities and how health care is addressed in two low income communities - with very different outcomes.

The article tells how patients with diabetes being treated at Open Cities Health Center in St. Paul are twice as likely as those in the Baton Rouge clinic to have their blood sugar under control.

The article goes on to illustrate how Open Cities' collaborative approach to medicine creates better outcomes for St. Paul residents receiving treatment.

[More >>](#)

New Study: National Diabetes Prevention Program Would Save Medicare \$1.3 Billion Effort Also Would Dramatically Reduce the



Rate of Diabetes Among Seniors

A new study released in February by three top diabetes-fighting organizations found that U.S. Sen. Al Franken's (D-Minn.) bipartisan legislation to extend the [National Diabetes Prevention Program](#) (NDPP) to Medicare beneficiaries would save taxpayers \$1.3 billion in health care costs by dramatically reducing the rate of diabetes among seniors.

The study, conducted by Avalere Health and released jointly by the

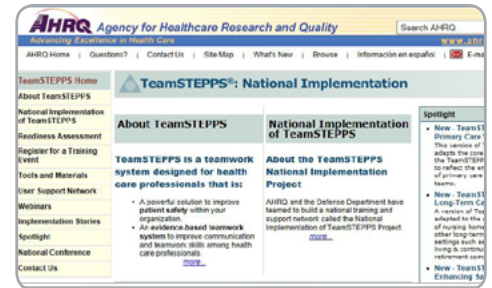
American Diabetes Association, YMCA of the USA, and the American Medical Association, found that the NDPP, which was established in 2010 as part of the nation's health care reform law, would dramatically cut costs if extended to the Medicare-eligible population. The study, which you can [read here](#), shows that 11 million Americans over age 65 have diabetes, with Medicare picking up most of their \$11,825 in annual health care costs. It also pointed out that an additional 400,000 seniors are being diagnosed each year.

Diabetes is one of the fastest-growing diseases in the United States. The Centers for Disease Control estimates diabetes cost more than \$116 billion to treat in 2007. Last year, Sen. Franken introduced legislation to provide Medicare beneficiaries with access to the National Diabetes Prevention Program—a structured, 16-session program focusing on healthy eating and physical activity that has been shown to reduce the onset of type 2 diabetes in those most at risk for the disease by nearly 60 percent. In 2012, Sen. Franken successfully pushed the Department of Veterans Affairs to adopt the Diabetes Prevention Program as a pilot program. Currently, three VA Medical Centers, including one in Minneapolis, are piloting the Diabetes Prevention Program.

In 2010, Sen. Franken, along with former Sen. Dick Lugar (R-Ind.), successfully fought to include the Diabetes Prevention Act in the health reform law. Their legislation gave grants to organizations, such as health centers and the YMCA, to fund the NDPP and deliver the program to patients with pre-diabetes throughout the country.

RESOURCES

New TeamSTEPPS Training for Working with Patients with Limited English



The [TeamSTEPPS system](#) is an evidence-based team training and implementation toolkit designed for health care professionals. The targeted module is used to help implement team training principles that can improve care delivery and patient safety. Please explore the newly released AHRQ TeamSTEPPS module below:

- [Patients with Limited English Proficiency](#)—this module helps develop a customized approach for patients who do not have a fluent understanding of the English language.

Minnesota Network of Hospice & Palliative Care Opening Doors to Multicultural Communities

This Minnesota Network of Hospice & Palliative Care online resource contains bilingual materials, multicultural resources, and access to a cultural advisory panel and multicultural partners. It is designed to increase access to end-of-life care by communicating best practices, distributing translated materials and connecting hospice care providers to diverse communities.

[More >>](#)

EVENTS

The Aliveness Project NNHAAD HIV Testing Day Event

**March 20, 2014
10 a.m.– 4:30 p.m.**

**The Aliveness Project
3808 Nicollet Avenue South
Minneapolis, MN**

In commemoration of National Native HIV/AIDS awareness Day (NNHAAD), the Aliveness Project will offer free HIV testing for walk-ins.

Contact: [Tom Bichanga](mailto:tom@aliveness.org)
612-822-7946 ext.214,
tom@aliveness.org

[More >>](#)

Indigenous Peoples Task Force “Honor Yourself, Get Tested”

**NNHAAD Event
March 20, 2014
3:00 – 6:00 p.m.**

**AICHO
202 West 2nd Street
Duluth, MN 55802**

For this year's National Native HIV/AIDS Awareness Day (NNHAAD) observance, the Indigenous Peoples Task Force and American Indian Community Housing will be offering free HIV testing for walk-ins. No appointment necessary. \$10 gift cards for those who qualify.

Contact: [Rebekah Dunlap](mailto:rdunlap@ppmns.org)
218-343-6417, rdunlap@ppmns.org

American Diabetes Alert Day March 25, 2014

American Diabetes Association Alert Day is a one-day “wake-up call” asking the American public to take the Diabetes Risk Test to find out if they are at risk for developing type 2 diabetes.

[More >>](#)

April – Minority Health Month

April is Minority Health Month - a call to action to increase awareness and unite towards a common goal of improving the health of our communities. Everyone in Minnesota should have the chance to live a healthy life, regardless of who they are and where they live. Join us during Minority Health Month and take action for health equity!

[More >>](#)

2014 Minnesota Hospice & Palliative Care Conference April 6 - April 8, 2014 DoubleTree Bloomington South 7800 Normandale Blvd. Bloomington, MN

Goal – to advance the knowledge of health care professionals who provide end-of-life services, resulting in improved quality of care for patients, families and communities.

[Register >>](#)

[More >>](#)

Health Disparities Roundtable Thursday, April 10, 2014

**9:00 a.m. – noon
Coffman Memorial
Union Theater**

**300 Washington Ave SE,
University of Minnesota
Minneapolis, MN**

“Improving Access to Mental Health Services: The Affordable Care Act” features three keynote speakers. Howard H. Goldman, MD, PhD, is Professor of Psychiatry at the University of Maryland School of Medicine. Dr. Goldman's expertise is in evaluating mental health services

and financing programs and policies. Veronica Svetaz, MD, MPH, is a family practice and adolescent health physician at Hennepin Family Care East Lake. Susan Abderholden, MPH is Executive Director for the National Alliance on Mental Illness (NAMI) Minnesota. Contact: [Tonya Fitzgerald](mailto:tdfitz@umn.edu) 612-626-4515, tdfitz@umn.edu

[More >>](#)

Festival of Nations

**May 1 - 4
Saint Paul RiverCentre
175 W. Kellogg Blvd.
Saint Paul, MN**

Since 1932, the International Institute of Minnesota has presented the Festival of Nations. Held at the Saint Paul RiverCentre, the Festival is the longest running multicultural festival in Minnesota. The cultural celebration includes ethnic foods, music, demonstrations, exhibits, and dance. This year's Festival of Nations theme: Peace Among the People.

[More >>](#)

Summer Public Health Institute May 27- June 13, 2014

**8 a.m.– 4:30 p.m.
University of Minnesota - West
Bank Minneapolis, MN**

Audience: Graduate students and professionals in public health, medicine, veterinary medicine, nursing, dentistry, public affairs, law, social work, pharmacy, public policy, global health, agricultural, food and environmental sciences.

Registration deadline: 05/26/2014
Event description: The Summer Public Health Institute, now in its

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EVENTS

13th year, offers courses for students and practice professionals in public health and related fields. Participants can build or expand their professional expertise, learn best practices, broaden career options, network with other professionals or explore a new area of interest. Courses are intensive, highly interactive and applications based with opportunities for field trips, case studies, hands-on labs and simulations.

Contact: [Meghan Taylor](mailto:Meghan.Taylor@umn.edu)

612-626-8434, tayl0427@umn.edu

[More >>](#)

SAVE THE DATE: 2014 Many Faces of Community Health Conference: Community Centered Care and the People We Serve Thursday & Friday, October 23 and 24, 2014

Many Faces of Community Health is a 2-day conference that examines the ongoing impact of health reforms on safety net providers and showcases ways we can improve care and advance health equity for underserved populations.

The 2014 theme is "Community Centered Care and the People We Serve." Millions of people will become

newly insured under the Affordable Care Act. But having an insurance card does not guarantee culturally appropriate care or access to supportive services. Many Faces will look at how health centers and other safety net providers will continue to work under health reform to meet the needs of underserved people.

[More >>](#)

Many Faces call for clinical breakout session abstracts

Submission Deadline:

Friday, March 28, 2014, 5:00 p.m. CT

Selection Notifications will be e-mailed by June 13, 2014

[More >>](#)

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

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