

Enjoy a Healthy Life! Discussions Help Community Groups to Improve their Health Knowledge

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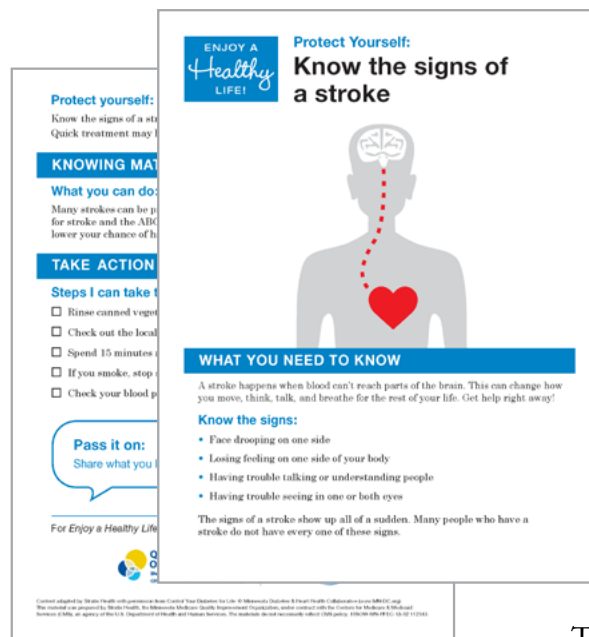
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Stratis Health developed the Enjoy a Healthy Life! program as a series of guided conversations about taking charge of one's health. The evidence-based program aimed to increase patient activation among underserved Minnesota Medicare beneficiaries. It also tested a, community-based approach to patient activation that can evolve over time to meet the changing needs of patients and their communities.

The project was implemented with groups of Minnesota Medicare beneficiaries who live in high risk zip codes for heart attack and stroke. Given the potential positive impact patient activation can have on an individual's health and overall cost of health care, establishing an effective, sustainable, and easily reproduced model were key to the success of Enjoy a Healthy Life! program.

The conversations used facilitated learning –having “peers” lead group discussions on health related topics. Stratis Health defined peer discussion leaders as people in a similar situation

to the rest of the group who are not identified as teacher or expert practitioner for the given situation. They may have considerable experience and expertise or they may have relatively little. The leaders share the status as fellow learners, and they are



accepted as such by the group. Most importantly, they are not perceived as having power over the group by virtue of their position or responsibilities.

One of these peer discussion leaders, Beverly Propes, a retired nurse who also teaches nutrition and CPR classes in the Twin Cities African-American community, has seen the benefits these discussions have had. “I have learned that peer to peer conversations around health have resulted in increased awareness and understanding of risk behaviors, individually and collectively,” said Propes. “When one person in the group feels safe in sharing their chronic illness experience there is an opening for sharing from others in the group.” The 10 pilot groups that tested the program responded positively to using a conversational approach to increasing the sharing of knowledge about health topics. Community groups such as the YMCA expressed interest in spreading the use of the program.

To see the full Enjoy a Healthy Life! program steps, conversation topics, tools and resources for implementing the program in your community, visit <http://www.stratishealth.org/consumers/healthy-life/index.html>.

CLINICAL CORNER

Immunizations and Disparities

August is National Immunization Awareness Month. This Clinical Corner segment focuses on challenges to improving immunizations in underserved populations.

RESEARCH:

Pneumonia and Influenza Mortality among American Indian and Alaska Native People, 1990–2009

Compared with Whites, the pneumonia and influenza death rate for AI/AN persons was significantly higher. AI/AN populations in the Alaska, Northern Plains, and Southwest regions had rates more than two times higher than those of Whites.

CONCLUSION:

Although progress has been made in reducing pneumonia and influenza mortality, disparities between AI/AN persons and Whites persist. Strategies to improve vaccination coverage and address risk factors that contribute to pneumonia and influenza mortality are needed.

[View the Report](#)

Socioecological and Message Framing Factors Influencing Maternal Influenza Immunization among Minority Women

A less-than-optimal seasonal influenza vaccination rate among pregnant minority women is a persistent public health problem, requiring effective messaging with this population. The study evaluated the effects of randomized exposure to messages which emphasize positive outcomes

of vaccination, or messages which emphasize negative outcomes of forgoing vaccination. The study also assessed multilevel social and community factors that influence maternal immunization among racially and ethnically diverse populations.

CONCLUSION:

Dissemination of vaccine education messages via health care providers, and cultivating support from social networks, will improve seasonal influenza immunization among pregnant minority women.

[View the Abstract](#)

Racial and Ethnic Disparities in Influenza Vaccinations among Community Pharmacy Patients and Non-Community Pharmacy Respondents

This study examined racial and ethnic disparities in influenza vaccinations among non-institutionalized community pharmacy patients and non-community pharmacy respondents. The study found that among the community pharmacy patients, a greater proportion of Whites reported receiving influenza vaccinations compared to Blacks and Hispanics. Among non-community pharmacy respondents, differences also were observed in reported influenza vaccination rates among Whites compared to Blacks (41.0% vs. 24.3%) and Hispanics (41.0% vs. 26.0%).

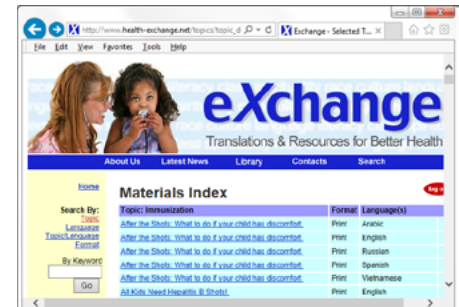
CONCLUSION:

Although influenza vaccination rates were higher among community pharmacy patients, there were racial disparities in receiving influenza vaccinations among both community pharmacy patients and non-community pharmacy respondents.

[View the Report](#)

RESOURCES:

Translated Immunization Information Available through The Exchange



Stratis Health is a partner with the Exchange, an online resource of information about health communication and to share multilingual health materials. Among other topics, the Exchange has a library of immunization information from a variety of sources, translated into Arabic, Hmong, Karen, Russian, Somali, and Spanish, among others. The Exchange resources and information are open to everyone, but their online library of translated health materials and their forum are normally for members only, but we are providing limited-time access for Culture Care Connection readers. To access the Exchange translated immunization library and other topics, visit <http://www.health-exchange.net/>, log-in: *stratis*, password: *health*.

Somali Muslim Culture and Vaccines Video

Porcine gelatin is a protein used in some vaccines to keep them stable to maintain their effectiveness. Patients whose cultures do not eat pork, such as Somali Muslims, may not want these vaccines. A short Culture Care Connection video describes how clinics can be more aware and sensitive to this issue.

[View the Video](#)

NEWS

Quality Field Notes: Reducing Disparities

Recently, the Robert Wood Johnson Foundation published a new entry in its Quality Field Notes series, *Reducing Disparities to Improve the Quality of Care for Racial and Ethnic Minorities*. Quality Field Notes are a collection of tools and resources that spotlight innovative approaches with the potential to transform health care and provide models for reform. This equity-focused package highlighted the innovative work that the foundation has helped clinics implement in several communities across the country. Over the past three years, the foundation has been working closely with clinics and quality-improvement collaboratives. The shared goal of these partnerships was to identify disparities in health quality and outcomes, and to create programs that reduce and eliminate those inequalities.

[More >>](#)

2013 MNMCM Health Care Disparities Report

Published June 2014, the [MN Community Measurement](#) 2013 Health Care Disparities Report focuses on the difference in quality performance rates between patients on Minnesota Health Care Programs and those covered by other insurers. Because people who are poor, people with disabilities, and people of color are over-represented in the managed care component of Medicaid programs, including Medical Assistance and MinnesotaCare, the method of comparing Medicaid patients to commercial patients illustrates Minnesota's health care disparities. The Department of Human Services sponsors the report as part of their

mutual commitment to making health care disparities data public. Sharing this information helps providers and care systems recognize the gaps and take steps to close them.

[View the Report >>](#)

How the U.S. Health Care System Compares Internationally

Among the major findings of a [Commonwealth Fund](#) report on how the U.S. differs from other industrialized countries: The U.S. ranks a clear last on measures of health equity. Americans with below-average incomes were much more likely than their counterparts in other countries to report not visiting a physician when sick; not getting a recommended test, treatment, or follow-up care; or not filling a prescription or skipping doses when needed because of costs.

[More >>](#)

[View the Report](#)

Report Addresses Challenges to the Collection of Race, Ethnicity, and Language Data in Electronic Health Records to Improve Health Equity

A recent report from Stratis Health outlines the barriers and challenges in the accurate collection and quality reporting of race, ethnicity, and language (REL) information, and the impact electronic health records (EHRs) and staff training has on using REL data to improve health equity. The findings and recommendations are based on surveys and interviews with five clinics that represent a range of practice types, including urban and rural areas, Federally Qualified Health Centers, large integrated delivery systems, and university-based practices.

Disparities in health care quality exist both in Minnesota and nationally. Increasing health equity among and across patient populations is a priority that can be accomplished in part with accurate REL data collection and reporting capacity.

"REL data has helped health insurance plans identify disparities, such as differences in the treatment of chronic conditions," said Paul Kleeberg, MD, Stratis Health chief medical information officer. "Accurate collection of this type of data, integrated into EHRs, can make it easier to study the causes of such disparities. It can also streamline the development of targeted interventions to address the specific health equity needs of diverse populations."

The report provides information to help clinic administrators and clinical staff gain insight to the potential challenges to having robust REL data collection capabilities in their existing EHR software, and recommendations for how to overcome those challenges.

[View the Report](#)

MPR News Series on Disparities in Minnesota

A recent series of stories from Minnesota Public Radio, in collaboration with the [Healthy States](#) project, explores health disparities among certain groups of Minnesotans and the need for data to understand the causes.

[Stress, discrimination makes LGBT community more vulnerable to health problems, suicide](#)

[At highest risk for cancer, American Indians struggle to change lifestyles](#)

[In the Twin Cities, asthma hospitalization rate highest along I-94: Here's why](#)

EVENTS

National Immunization Awareness Month August, 2014

Each year in August, National Immunization Awareness Month (NIAM) provides an opportunity to highlight the value of immunization across the lifespan. Activities focus on encouraging all people to protect their health by being immunized against infectious diseases. In 2014, the National Public Health Information Coalition is coordinating NIAM activities.

[More >>](#)

Cedar Riverside Health Fair Friday, August 8, 2014

Pillsbury United Communities, Brian Coyle Community Center will be hosting the fifth annual Cedar Riverside health fair. The center is located at the Cedar Riverside high-rise, one of the most visible, vibrant, and diverse Twin Cities communities with a large multicultural immigrant population. The fair aims to mitigate the health disparities and barriers to health care access that this low income community faces. For more information, contact:

[Bruce Rwabasonga](#), 612-876-9321

[Register >>](#)

African Challenges Corporation- African Health Action Health Fair August 9, 2014

Displays from 30 exhibitors. Free blood pressure, glucose, HIV, vision and dental screenings. Fun games with prizes for kids and adults. Back to school supplies.

Contact: Dr. Alvine Laure Siaka, 612-229-2679, info@africanchallenges.org

National Health Center Week - August 11-17

Increasing Access to Affordable, Cost Effective, High Quality Care. For more than 45 years, community health centers have delivered comprehensive, high-quality preventive and primary health care to patients regardless of their ability to pay. During that time, community health centers have become the essential primary care medical home for millions of Americans, including some of the nation's most vulnerable populations. With a proven track record of success, community health centers have played an essential role in national recovery and reinvestment efforts and will play a key role in implementation of the Affordable Care Act.

[More >>](#)

Minnesota Community Health Conference September 17-19, 2014 Cragun's Conference Center, Brainerd

Session topics include:

- Promoting primary prevention
- Managing a healthy environment
- Providing opportunities to be healthy
- Creating healthy futures for tribal nations
- Improving outcomes with performance management
- Protecting Minnesotans
- Creating change
- Scanning the public health horizon

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Immigrant Mental Health Mini-Conference Series: Exploring Solutions, Reducing Stigma Aug. 19, Sept. 16, and Oct. 21, 2014

Sponsored by Fairview Health Services, in collaboration with the University of Minnesota Program in Health Disparities Research, the sessions will explore these topics:

- Aug. 19 What Works: Exploring solutions to the effects of war, separation and immigration-related trauma. Keynote: Cheryl Robertson, PhD, MPH, RN, Associate Professor in the University of Minnesota School of Nursing, is an expert on interventions that promote resilience within refugee and displaced populations.
- Sept. 16 Overcoming Stigma: Role of academia, health care providers, policymakers and the community in improving mental health and access to mental health services. Keynote: Sue Abderholden, MPH, is Executive Director of the National Alliance on Mental Illness (NAMI) of Minnesota.
- Oct. 21 One Size Does Not Fit All: Community-driven solutions to address behavioral health disparities in immigrant communities. Keynote: Sergio Aguilar-Gaxiola, MD, PhD, is an internationally renowned expert on mental health in ethnic populations and Director of University of California, Davis' Center for Reducing Health Disparities.

[Register >>](#)

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EVENTS

SAVE THE DATE:

Break Bread. Break Barriers. 10th Anniversary ECHO Luncheon

September 18, 2014

Join stakeholders, key leaders and innovators of Emergency & Community Health Outreach (ECHO) at their 10th anniversary luncheon. Your support and presence can break barriers for limited English proficiency communities by providing critical information, tools and programs that can enhance, change, and save lives.

[More >>](#)

[Register >>](#)

SAVE THE DATE:

Minneapolis Diabetes EXPO October 11, 2014

The American Diabetes Association EXPO is FREE and includes health screenings, cooking demonstrations, product and service exhibitors, as well as leading experts talking about diabetes management, research and prevention. Get the latest information on preventing and managing diabetes and its deadly complications.

[More >>](#)

SAVE THE DATE:

2014 Many Faces of Community Health Conference October 23-24, 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.

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STRATIS HEALTH CONTACTS

Mary Beth Dahl, RN, CPC,
CPHQ, Program Manager
mdahl@stratishealth.org
952-853-8546

Katie Carleton
Program Coordinator
kcarleton@stratishealth.org
952-853-8541

Cathy Weik, MAL, SPHR,
CCEP, Program Lead Health
Disparities
cweik@stratishealth.org
952-853-8519

Mark Benjamin
Editor
mbenjamin@stratishealth.org
952-853-8578

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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.

Stratis Health

2901 Metro Drive, Suite 400
Bloomington, MN 55425-1525
952-854-3306 +952-853-8503 (fax)

Email: info@stratishealth.org
www.stratishealth.org

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