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Area Health Education Center Network

*A collaboration with the University of Minnesota*

**The University of Minnesota  
and the  
Minnesota AHEC Statewide Network**

**Working with Minnesota's underserved communities  
for a Vital Health Professions Workforce**

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Director, Minnesota Area Health Education Center

Professor, Pharmaceutical Care and Health Systems, College of Pharmacy

University of Minnesota



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## Topics

- Program overview, national and Minnesota
- Statewide network; regional presence
- Interprofessional focus
- Looking toward the future



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## Minnesota AHEC Program Office

- Barbara Brandt, Director
- Richard Smestad, Deputy Director
- Melissa Hansen, Program Coordinator
- Jennifer Kertz, Academic Health Center liaison

## Regional AHEC Offices

- Brendan Ashby, Northeast Minnesota AHEC
- Pam Cosby, Minnesota Urban AHEC
- Steve Moburg, Southern Minnesota AHEC contact
- Laurissa Stigen, Central Minnesota AHEC
- Joan Tronson, Northwest Minnesota AHEC
- Joe Marchesani, Southeast Minnesota AHEC



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### AHEC Timeline in Minnesota

- 1970s – AHEC funded in Minnesota; funding ended in early 1980s
- 1980s – Comprehensive evaluation of MN AHEC identifies AHEC as significant factor in RPAP success
- 1980s/1990s – RPAP was primary University strategy for rural health workforce development
- 2001 – Minnesota AHEC application
- 2002 – Minnesota AHEC established



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## Program Overview

- Title VII Health Professions Program, HRSA, Bureau of Health Professions
- One of a family of HRSA grants supporting primary care
- 75% of grant funds are directed to communities through regionally-based partnerships
- 1:1 matching funds required through state, local, regional funds
- Minnesota was 46<sup>th</sup> state in USA to secure AHEC status



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**The Minnesota AHEC vision is achieved by:**

- Nurturing an interest in health careers among youth
- Linking health professions students to practice opportunities in underserved rural and urban areas
- Supporting health professionals in the community through education, training and partnership opportunities
- Working with communities to address regionally specific health workforce priorities





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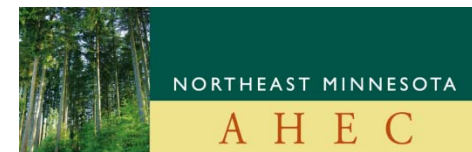
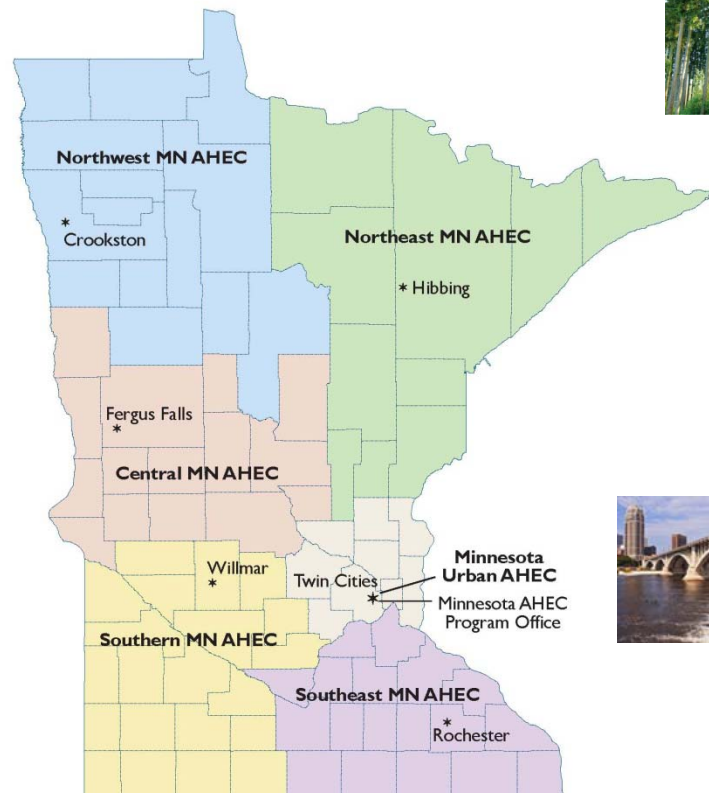
*Connecting Students to Careers,  
Professionals to Communities,  
and  
Communities to Better Health*



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*Looking back  
to 2002...*



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### Health Professional Workforce Shortages:

#### A Major Problem in Minnesota in 2002

- Six of Minnesota's top ten **physician** vacancy rates are in specialty medicine.
- In a 2002 study, the *Journal of the American Pharmacists Association* reported Minnesota as the number one state with a need for **pharmacists**.
- The current estimated shortage of registered **nurses** in Minnesota is 1,977.
- Rural areas have a **dentist**-to-population ratio of 1:2,000 as compared to 1:1,400 in the metropolitan area.
- An estimated 21 percent of the **public health** workforce in Minnesota will retire within ten years.
- In Southern Minnesota, food animal production is one the mainstays of the economy; thirty percent of the **veterinarians** are over 55.
- One-fourth of Minnesota labs with **clinical laboratory** technician vacancies reports that the positions had been vacant for more than six months.



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## Greater Minnesota Strategy (2002-2003)

Recruit from Greater Minnesota +

Area Health Education Center programs

Educate in Minnesota +

Duluth, Rochester, Twin Cities campuses

Provide rotations in rural areas and small towns +

RPAP, Pharmacy, etc.

Develop residency options throughout Minnesota =

Partnering with 1,500 hospitals and clinics

Health professionals for Greater Minnesota



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**University of Minnesota Academic Health Center  
Workforce Response**

School of Dentistry

Medical School (Twin Cities & Duluth)

School of Nursing (Twin Cities & Rochester)

College of Pharmacy (Twin Cities & Duluth)

School of Public Health

College of Veterinary Medicine

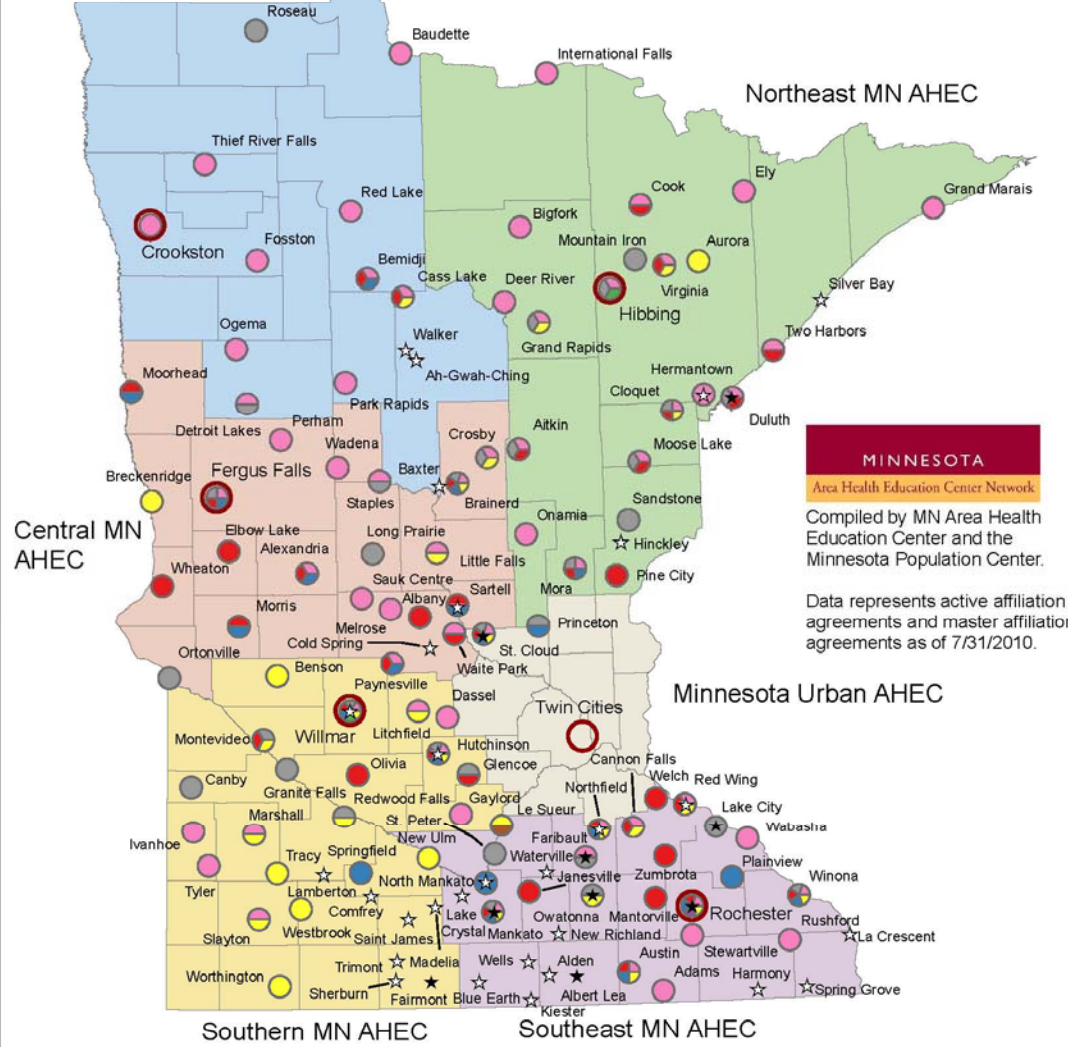
Center for Allied Health Programs (Twin Cities & Rochester)

- Clinical Laboratory Science
- Occupational Therapy

**Academic Health Center**

Office of Education

**Northwest MN AHEC**



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Compiled by MN Area Health Education Center and the Minnesota Population Center.

Data represents active affiliation agreements and master affiliation agreements as of 7/31/2010.

- College of Pharmacy
- School of Public Health
- Medical School
- Medical School - Allied Health
- School of Nursing
- College of Veterinary Medicine
- Center for Allied Health Programs
- School of Dentistry
- AHEC Regional Office
- ★ Master Agreement Parent Site
- ☆ Master Agreement Affiliate Site





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### Minnesota AHEC Supports Health Professions Students

- More than 740 students supported in 2010
- Support includes:
  - Stipends
  - Housing arrangements
  - Networking and community connections
  - Outreach arrangements
  - Program collaboration
- UMN provides up to \$150,000 annually to health professions students on rotation in underserved AHEC communities
- Disciplines include:
  - Clinical lab science
  - Dentistry (students/residents)
  - Dental hygiene
  - Medicine (students/residents)
  - Nursing (undergrad/advanced)
  - Occupational therapy
  - Pharmacy (students/residents)
  - Physical therapy
  - Physicians assistants
  - Public health
  - Social work





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### Minnesota AHEC Regional Centers

Region	Year Established	Host Community	Fiscal Host Site
Northeast	2003	Hibbing	Fairview Range Regional Medical Center
Southern	2004	Willmar	Rice Memorial Hospital
Central	2007	Fergus Falls	Minnesota State Community & Technical College
Northwest	2008	Crookston	RiverView Health
Minnesota Urban	2009	Minneapolis	University of Minnesota Physicians
Southeast	2010	Rochester	University of Minnesota -Rochester



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## The AHEC Funding Model

- AHEC programs eligible for up to 12 years of Basic/Core federal funding (start-up)
- Individual centers are eligible for up to 6 years of Basic/Core federal funding
- In the 7<sup>th</sup> year, individual centers are no longer eligible for federal funding until entire state transitions to Model Program status
- Under Model funding (maintenance), all centers are eligible for minimal federal funding support



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## The AHEC Funding Model - Minnesota

- Minnesota AHEC funded under Basic/Core
- Two centers no longer eligible for Basic/Core
- Most states provide state funding to support AHEC
- Support been provided through MERC in MN
- All MN AHECs are 501 (c) 3 non profit entities
- Centers/programs working toward self-sustainability



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In 2010, Minnesota AHEC worked with:

- 4,218 K-16 students
- 740 health professions students
- 2,628 health care professionals and community members
- More than 130 communities



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## Recent Accomplishments:

- Minnesota Urban AHEC launched in November 2009 with focus in the North Minneapolis community.
- The University of Minnesota –Rochester was recently selected as host for the new Southeastern Minnesota AHEC.
- Regional AHECs have been working together to formalize a statewide MN AHEC network model and complete strategic planning.
- One initiative resulting from the network model is a statewide approach to interprofessional health professions [preceptor training](#). MN AHEC worked with AHC schools to create training modules that will reach preceptors across the state.
- The MN AHEC regions have worked with University and community partners to secure multiple grants to support health professions learning and community-based initiatives.



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### Northeast Minnesota AHEC – Select Highlights

- Launched Northeast MN Interprofessional Rural Health Network in 2008 with \$116k in federal and local support.
- Substantial K12 enrichment opportunities
- Invested more than \$600k in rural learning opportunities for health professions students with Iron Range Resources and health systems in region
- Coordinating recruitment of new dentists to the Iron Range in partnership with area dentists and \$240k in funding from Iron Range Resources





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## Northwest Minnesota AHEC – Select Highlights

- Convening community health workforce discussions to understand local needs and opportunities to meet demands through innovative strategies
- Developing opportunities for Native Americans to explore health careers in partnership with local Indian reservations and Indian Tribal schools
- Established satellite office in Bemidji to strengthen connections to undergraduate health professions programs



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## Central Minnesota AHEC – Select Highlights

- Secured \$668k to support health professional workforce needs of region's growing elderly population through collaborative efforts
- Managing practicum for MN State University-Moorhead health service administration bachelors degree program
- Serving as regional convener/coordinator of several collaborative efforts to support health workforce efforts



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## Southern Minnesota AHEC – Select Highlights

- Significant involvement in Rice Regional Dental Clinic
  - Raised \$2.8 M for development/support of Dental Clinic
  - Coordinating student outreach in the community
- Sponsoring health care competency trainings focused on Somali and Latin American populations, as well as Spanish, Somali and Russian language medical interpreter training. 104 interpreters trained since 2007.
- University of the Prairie and other enrichment for students with interest in health careers
- Leadership transition



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## Minnesota Urban AHEC – Select Highlights

- Established November 2009. Located at University Research and Outreach/Engagement Center in North Minneapolis
- Establishing board of directors and community connections
- Building on existing partnerships with Broadway Family Medicine and NorthPoint Health and Wellness for health professions training
- Early emphasis on connecting 9-12 students with health career enrichment
- Meeting with AHC schools to understand interests/opportunities for community engagement



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### **Teaming up on new models of practice and education: 14 Interprofessional Education and Practice Sites**

- Designed to formally link the University with communities to support development of interprofessional practice and education sites
- Stimulates long-term interprofessional practice environments
- Community-identified topics address existing community health issues with goal of having a positive impact on community health outcomes
- All sites were launched with one-time MERC funds for multi-year initiatives with expectation of working toward self-sustainability
- Students learn about interprofessional practice as communities design their interprofessional care teams

## MN AHEC Interprofessional Education Projects

MN AHEC Region	IPE Site City	IPE Project Focus	IPE Site Medical Center or Clinic	Year Funded
<b>Central MN AHEC</b>				
	Brainerd	Childhood Obesity	St. Joseph's Medical Center	2006
	Crosby	Preventative Care for Medicare Patients	Central Lakes Clinic & Cuyuna Regional Medical Center	2008
	Fergus Falls	Geriatric Falls Prevention	Lake Region Healthcare Corporation	2004
	St. Cloud	Alzheimers - Memory Clinic	Mid-MN Family Practice Residency Clinic	2006
	Staples	Palliative Care	Lakewood Health System	2008
<b>Northeast MN AHEC</b>				
	Hibbing	Diabetes Education	Fairview University Medical Center - Mesabi	2005
	Princeton	Medication Management	Fairview Northland Medical Center	2006
	Moose Lake	Geriatric Rehospitalization Prevention	Mercy Hospital & Health Care Center	2004
	Mountain Iron	Obesity Management & Preventative Health Care	Mountain Iron University Medical Center-Mesabi	2006
<b>Northwest MN AHEC</b>				
	Bemidji	Management of Homecare Patients	Iverson Corner Drug	2008
	Park Rapids	Obesity Management & Preventative Health Care	Dakota Clinic	2008
<b>Southern MN AHEC</b>				
	Montevideo	Prenatal Care	Chippewa County – Montevideo Hospital	2004
	New Ulm	Childhood Obesity	New Ulm Medical Center	2006
<b>Urban MN AHEC</b>				
	Minneapolis	Interprofessional Practice	Broadway Family Medicine	2008



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From a small investment and a significant commitment ...

### Lake Region Healthcare recognized for preventing falls

For The Journal

Lake Region Healthcare has earned a Minnesota Hospital Association Patient Safety Excellence Award for its Safe from Falls program, which is designed to prevent patient falls during hospital

campaign, which was developed by the Minnesota Hospital Association.

The association announced the awards on Oct. 17. To qualify, hospitals had to implement at least 90 percent of the campaign's recommended actions, which are based on

are best practice will have a bed alarm that sounds if he or she attempts to get out of bed without assistance.

Patients at high risk of falling — often due to confusion, weakness or unfamiliarity with surroundings — also are given red slippers to wear so they can be readily identified by staff, and the doors to their rooms are marked with a red leaf.

Lake Region Healthcare began the hospital's falls prevention program in the spring.

"Since we implemented the program, I know we have reduced the number of falls drastically," Lundquist said. Also as part of Safe from Falls, the nursing staff has begun what is called hourly rounding, with staff checking on each patient hourly to better anticipate patients' needs.

In addition to the steps taken in the hospital to prevent falls, Lake Region Healthcare's staff also provides falls prevention suggestions for patients and their families when the patients are discharged. Preventing falls in the home can be as basic as removing rugs or installing safety bars, Lundquist said, but those simple steps might spare an elderly patient from a serious injury and the subsequent need to move into a nursing home.

All staff at the hospital received training in the Safe from Falls program.

Lake Region Healthcare is also part of a community falls prevention program that focuses on elderly in the community. Lake Region Healthcare and five health care partners recently received a \$340,000 federal grant to expand the community falls program with the goal of creating a model that could be adopted by counties statewide.

Lundquist anticipates connecting the hospital's in-patient Safe from Falls program with the out-patient program so there is more support and assistance for patients as they

are discharged from Lake Region.

"As people leave our hospital, we'll be able to coordinate things to make their transition to home safer," she said. "We want to help make their homes safe, so people can stay in their homes as long as possible."

The standards of the Safe from Falls program are specified by the national Joint Commission on Hospital Accreditation and the Minnesota Hospital Association through its National Patient Safety Goals.

Serving with Lundquist on Lake Region Healthcare's Falls Committee are Diane Krog and Mike Bernard, staff nurses; Deb Grimm, Educational Specialist; Betty Hydukovich, Quality Improvement Coordinator; Char Zielen, Physical Therapist; and Jackie Wenstrom, Clinical Risk Coordinator/Patient Representative.

4 Saturday, Oct. 25, 2008

(800) 726-1781 / www.fergusfallsjournal.com

## \$340,000 grant may lead to program model

For The Journal

Among the elderly, a fall often causes a major medical crisis that affects both the patient's health and quality of life. In fact, falls are the main cause of accidents in people over the age of 65, as well as the No. 1 cause of serious injury and death.

In many cases, these falls can be prevented, sparing the elderly and their families from both trauma and expense. This is the focus of a \$340,000 grant that will fund a year-long effort by Lake Region Healthcare and five healthcare partners to develop and implement an intervention program to help prevent falls and to assist health care professionals in reducing the risks of falls by the elderly throughout Otter Tail County.

The goal ultimately is to create a falls prevention program that could be used as a model in other counties throughout Minnesota.

"We often think the leading cause of death is heart disease, but morbidity is more related to falls. Of the elderly who fall and sustain a hip fracture, half are never able to live independently again," said Diane Thorson, director of the Otter Tail County Public Health Department. "We try to avoid them having falls in the first place."

An existing falls prevention program opened the door to the \$340,000 Rural Health and Safety Education Grant from the U.S. Department of Agriculture, according to Dr. Todd Johnson, director of clinical pharmacy at Lake Region Healthcare.

That program, called the Inter-professional Falls Prevention & Education Program, has been in existence for almost two years and was funded by a grant from the

Academic Health Center at the University of Minnesota, where Johnson is also an assistant professor in the College of Pharmacy.

He oversees this program, which links medical professionals (often Otter Tail County public health nurses) and health care students in pharmacy, medicine, nursing, physical therapy and other disciplines to create assessment teams. These teams visit elderly patients to assess the risk of falls in their homes and make suggestions to lower the risks. Referrals to the teams typically come from physicians, family members or public health or home care staff.

The team's recommendations for each patient are presented to a falls committee and also shared with each patient, along with his or her family members and primary health care provider.

Preventing a fall can be as simple as moving rugs, installing safety bars, improving nutrition and strength, or adjusting a medication or dose to minimize light-headedness, dizziness, balance issues or lethargy.

"Encouraging people to be active by simply walking around their home for 10 minutes three times a day and making simple changes in their home environment can help to prevent falls and injuries," Thorson said.

Based on the success of this interdisciplinary program, Lake Region and its partners in the Otter Tail County Healthy Aging Collaborative were encouraged to apply earlier this year for the federal Rural Health and Safety Education Grant.

Working with Lake Region Healthcare are the Central Minnesota Area Health Education Center, the University of Minnesota



Photo courtesy of Lake Region HealthCare Corp.

Area health care professionals and students are helping to reduce the risk of falls for Wilbur Brewer, a resident of Pioneer Home in Fergus Falls, including from left, Todd Johnson, Lake Region Healthcare Director of Clinical Pharmacy; Eric Christianson, UMD Pharmacy Student; Brewer; Jason Eggers, U of M Medical Student; and Marie Braaten, Fergus Falls Medical Group Geriatric Nurse Practitioner.

Extension Health and Nutrition Program, the University of Minnesota Center on Aging and the Geriatric Education Center, and the Minnesota Board on Aging and Area Agencies on Aging.

"This grant is really a feather in the cap for us in Fergus Falls and is a testament to the great health care workers we have in our community, and to the collaborations we have

developed," Johnson said. "With all of these people working together, we feel strongly that we can have a positive impact on reducing falls and the adverse outcomes that follow."

Laurissa Stigen is the executive director of the Central Minnesota AHEC, one of several Minnesota AHECs that work to strengthen the healthcare workforce

in rural areas of the state.

"The impact this program can have is vast," Stigen said. "The benefits of decreasing falls by raising awareness of their impact on one's quality of life and health care costs is obvious. I also think it will be exciting to see the outcome when health profession students from different disciplines work together with local health care providers."

She said the \$340,000 grant will focus on hiring a coordinator to expand the existing Inter-professional Program, collecting and tracking data, providing nutrition and fitness training related to falls, and creating awareness about falls through marketing and a community health fair.

The grant was awarded effective Oct. 1.

... opportunities abound.



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## Designing an Interprofessional Network in Northeast Minnesota

### **Northeast Minnesota Interprofessional Rural Health Network**

A network to address improved health outcomes for rural and underserved residents of a 7-county service area in Northeast Minnesota.

Builds on three existing Interprofessional Practice and Education Sites

- Avoidable hospitalization/re-hospitalization of the elderly – Moose Lake
- Diabetes Education – Hibbing
- Obesity Management and Preventative Health Care – Mountain Iron

Awarded \$82k for Rural Health Network Development Program planning grant by Health Research and Services Administration (HRSA) to support network development in 2008. Awarded additional \$600k to support Palliative Care network and education in NE and Central Minnesota in 2010.



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## New Developments:

- MN AHEC is working toward alignment with the community engagement goals of the Clinical and Translational Science Institute (CTSI). The existing connections and relationships MN AHEC has across the state will support the CTSI model.
- MN AHEC is supporting 1Health, the AHC vision for interprofessional education that ensures all students demonstrate interprofessional competencies
- Oversight of the AHC Affiliation Agreements Database, including convening group of nearly 30 users across the AHC and interfacing with AHC legal to manage data about affiliate relationships
- MN AHEC convening stakeholders to respond to emerging opportunities for health workforce development funding opportunities



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## Looking toward the future

- Establish Minnesota AHEC statewide advisory board
- Continue strategic planning for Minnesota AHEC network development
- Initiate planning for re-application in 2011
- University of Minnesota conducting biennial Academic Health Center health professions workforce update to be completed December 2010





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### Questions?

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