

Establishing the

Minnesota Area Health Education Center (Minnesota AHEC)

A collaboration with the
University of Minnesota Academic Health Center

Putting the Greater Minnesota Strategy into Action

Report for the period from
September 2002 – December 2005

www.mnahec.umn.edu

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MINNESOTA AREA HEALTH EDUCATION CENTER (MINNESOTA AHEC)

Overview

Minnesota Area Health Education Center (Minnesota AHEC) is a developing statewide network of community and academic partners committed to meeting the health professional workforce needs of greater Minnesota. Established in September 2002, Minnesota AHEC works to address health professional workforce challenges unique to specific areas of the state.

Mission and Goals

Minnesota AHEC's mission is to support the health professional workforce needs of greater Minnesota through strong community-campus partnerships with academic institutions, health care agencies, communities and others committed to improving the health of the people of Minnesota. The five goals in support of this mission are as follows:

- To nurture an interest in health careers among youth through the support of students, career counselors and others who influence student exploration;
- To support disciplinary, interprofessional and community-based education for health professions students in medically underserved areas;
- To support community-based faculty and other health professionals in greater Minnesota through continuing education and other services that enhance their professional growth and support life-long learning;
- To listen to communities to identify and address unique community health and health workforce needs in greater Minnesota; and
- To disseminate information and resources that support knowledge, growth and community capacity building to enrich the vitality of health care sectors in medically underserved areas.

Minnesota's Health Care Needs: Why an AHEC?

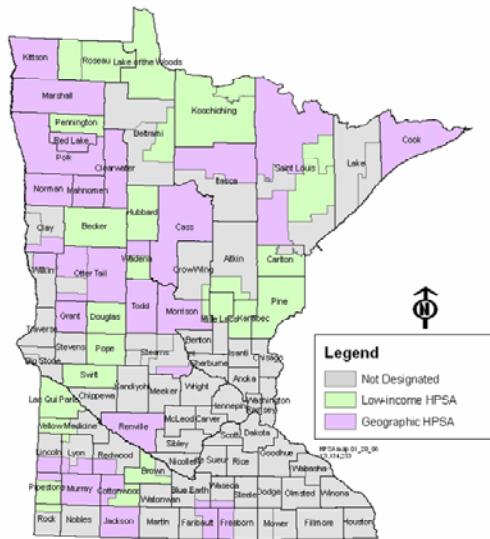
While Minnesota statistically is recognized as one of the healthiest states in the nation, it faces very real health risks and workforce shortages. There is a growing, significant disparity between those who enjoy good health and access to quality care and those who do not. The factors contributing to Minnesota's current and projected health disparities and health professions workforce shortages are:

- health professions workforce shortages and maldistribution;
- rapidly changing demographics and health disparities; and
- a growing educational achievement gap among youth, specifically in rural areas.

Health Professions Workforce Shortages

Health professions workforce shortages have reached dramatic levels in Minnesota. Nearly ninety percent of Minnesota counties carry a full or partial federally designated Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) designation. There is also significant maldistribution of health professionals, with rural Minnesota experiencing greater shortages. (See Maps¹ below.)

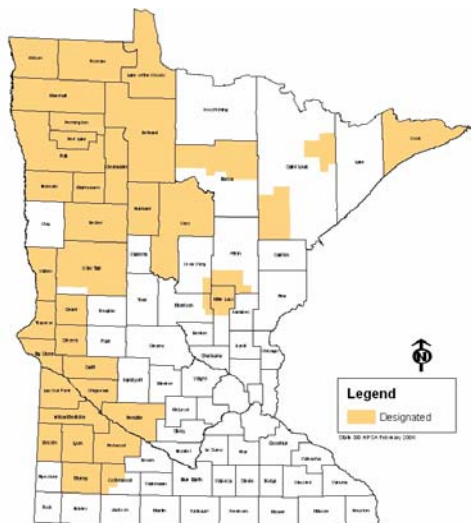
Health Professional Shortage Areas Primary Care



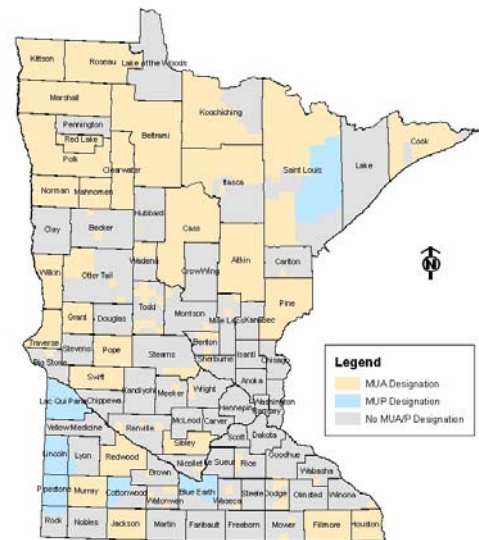
Health Professional Shortage Areas Mental Health



Health Professional Shortage Areas Dental



Medically Underserved Areas (MUAs)



¹ Health Professional Shortage Areas and Medically Underserved Area Maps. Minnesota Department of Health Office of Rural Health and Primary Care. <http://www.health.state.mn.us/divs/chs/hpsamua.htm>

Current health professions workforce shortage data include:

Primary Care Medicine

- In 2003, there was an estimated shortage of 174 primary care physicians in greater Minnesota alone, nearly double the demand from 2002.²
- Minnesota will need an *additional* 1,359 physicians by 2020 to maintain the same level of access as in the year 2000.³
- The estimated provider to population ratio reveals approximately 110 physicians for every 100,000 people in rural Minnesota compared to 300 physicians for every 100,000 people in urban settings.

Specialty Care Medicine

- Considering the physician supply in 2002, rural Minnesota will face shortages in family practice, internal medicine, obstetrics/gynecology, pediatrics, general surgery, gastroenterology, ophthalmology, orthopedic surgery, otolaryngology, psychiatry, and urology.
- Thirty-one percent of rural Minnesota's specialty care physicians are over the age of 55, compared to 25 percent as a state average.⁴

Pharmacy

- In 2002, Minnesota was declared the number one state of pharmacist need.⁵
- Nearly half of all rural pharmacies with vacancies have been trying to fill their positions for more than 10 months, compared to only 30 percent of pharmacies in urban counties.⁶

Nursing

- The current estimated shortage of registered nurses in Minnesota is 2,900.
- Fifteen percent of the registered nurse workforce plans to leave the profession within the next two years.
- Ninety-eight percent of the registered nurse workforce is white, non-Hispanic, adding to the disparity in care for ethnic populations.⁷

² Minnesota Health Workforce Demand Assessment 2003. Minnesota Center for Rural Health, under contract with Minnesota Department of Health Office of Rural Health and Primary Care.

³ Buck, S., Trauba, V., Christensen, R. Minnesota Physician Workforce Analysis: Rural Supply and Demand. *Minnesota Medicine*. September 2004.

⁴ Buck, S., Trauba, V., Christensen, R. *Minnesota Physician Workforce Analysis: Rural Supply and Demand*. Minnesota Medicine. September 2004.

⁵ *Journal of the American Pharmacists Association*. American Pharmacists Association. 2002.

⁶ Profile of Pharmacies in Rural Minnesota. Minnesota Department of Health Office of Rural Health and Primary Care. October 2003.

Dentistry

- Minnesota faced a greater negative percentage change in the dentist-to-population ratio than any other state in the nation between 1993 and 1999.⁸
- Rural areas have a dentist-to-population ratio of 1:2,000 as compared to 1:1,400 in the metropolitan area.
- An estimated 60 percent of Minnesota's dentists may retire in the next 15-20 years.⁹

Public Health

- An estimated 21 percent of the public health workforce will retire within ten years.

Changing Demographics and Health Disparities

Rural areas of Minnesota experience the most critical health care access needs and health disparities in the state. Compared with urban areas, rural residents have higher poverty rates, tend to be in poorer health, have access to fewer health professionals and other health resources, face more difficulty traveling to health services,¹⁰ are less likely to obtain certain preventive services, and are further behind in meeting Healthy People 2010 objectives.¹¹

Age. Minnesota's 65-plus age group is projected to grow by almost 700,000 between 2000 and 2030, a growth rate of 117 percent. The greatest concentration of Minnesota's older citizens is in rural areas.⁴ The aging population is straining the already burdened health care system, especially long-term and chronic care.¹²

Diversity. Between 2005 and 2015, the nonwhite population is projected to grow 35 percent, compared to 7 percent for the white population. The Hispanic population is expected to increase 47 percent.¹³ In one single year, 2002, 14,000 new immigrants from 160 different countries moved to Minnesota.¹⁴ A majority of these immigrants originate from Latin America (24 percent) and Asia (40.4 percent). Neighborhoods and enclaves of Latino, Hmong (originating from Laos), Somali, Vietnamese, Russian, Laotian, Cambodian, and Ethiopian populations are

⁷ Findings from the Minnesota Registered Nurse Workforce Survey. Minnesota Department of Health Office of Rural Health and Primary Care. January 2003.

⁸ American Dental Association. 2003.

⁹ Dentist Workforce Profile. Minnesota Department of Health Office of Rural Health and Primary Care. February 2002.

¹⁰ Health, United States, 2001 With Urban and Rural Health Chartbook. Center for Disease Control. Released September 10, 2001.

¹¹ Casey M., Call K., Klinger J. Are Rural Residents Less Likely to Obtain Recommended Preventive Healthcare Services? *American Journal of Preventive Medicine*. 2001; 21:182-188.

¹² Peopling Long-term Care: Assuring an Adequate Workforce for Minnesota. Faculty workgroup on Peopling Long-term Care. University of Minnesota. Sept. 2001.

¹³ Gillaspy, Thomas. Minnesota's Population Continues to Become More Diverse. Minnesota State Demographic Center. January 2005.

¹⁴ Ronningen, Barbara J. Estimates of Selected Immigrant Populations in Minnesota: 2004. Minnesota State Demographic Center. June 2004.

found throughout the state, including rural areas where public and social services tend to be ill-prepared to meet their specific needs. Minnesota is home to more than 81,000 American Indians. About 18,000 American Indians currently live on one of Minnesota's 11 Indian reservations. The remaining 63,000 live primarily in rural regional centers and in metropolitan areas.

Culture and ethnicity have an overarching influence on beliefs and practices related to health, illness and healing. The *combined* effects of rural residence and minority ethnicity can result in greater disadvantage than these characteristics alone.¹⁵ Diabetes, mental and oral health, and teen pregnancy significantly affect the health status of African Americans, American Indians, Asian Americans, and Latinos in Minnesota.¹⁶ In addition, Minnesota's ethnic/racial populations carry an added burden of communication barriers and very limited access to health professionals of their own race/ethnicity.

Black, Hispanic, and American Indian people make up more than 25 percent of the U.S. population but account for only six percent of the nation's physicians, nine percent of its nurses, and five percent of its dentists.¹⁷ The statistics are similar in Minnesota. For the nearly 50,000 Hmong people living in Minnesota, the state has only six Hmong-speaking physicians. There are no Somali-speaking physicians licensed to serve the state's estimated 12,000 Somali refugees. In one small southern Minnesota community, hundreds of Spanish-speaking patients are served each year by one bilingual nurse. There are no trained health interpreters.¹⁸

Achievement Gap among Youth

The future supply of health professionals in Minnesota is linked to the academic achievement of Minnesota's youth. Health services literature demonstrates a direct correlation between the rural origins of health professions students and their selection of a rural practice location.¹⁹

The achievement gap is defined as the academic disparities between racial groups. In rural areas, other factors contribute to this gap, including availability of mathematics and science curriculum and access to advanced level coursework and academic counseling. Experts agree the achievement gap is about more than test scores. Wide disparities also exist in graduation rates, course selection and college attendance.²⁰

Minnesota's K-12 education system is in a period of transformation, experiencing a decline in overall enrollment, an increase in the enrollment of students of color, and an increase in immigrant and refugee student populations. For example, in Worthington, a small community in Southwest Minnesota, students in the local school district speak more than 60 different

¹⁵ Probst, J. Person and Place: The Compounding Effects of Race/Ethnicity and Rurality on Health. *American Journal of Public Health*. October 2004; 94:10.

¹⁶ Minnesota Department of Health Web site. 2006. Available at <http://www.health.state.mn.us/ommh/factpub.html>

¹⁷ Missing Persons: Minorities in the Health Professions. A report of the Sullivan Commission on Diversity in the Healthcare Workforce. September 2004.

¹⁸ Bridging the Language Gap: How to Meet the Need for Interpreters in Minnesota. A Report from the Working Group of the Minnesota Interpreter Standards Advisory Committee. November 1998.

¹⁹ Rabinowitz, H., Diamond, J., Markham, F., Paynter, N., Critical Factors for Designing Programs to Increase the Supply and Retention of Rural Primary Care Physicians. *Journal of the American Medical Association*. 2001: 286:9.

²⁰ Minnesota Public Radio. Racial learning gap defies easy explanation or solution. September 27, 2004.

languages. Since 1990, enrollment by students of color has risen by 134 percent, amounting to more than 91,000 additional students of color enrolled in Minnesota schools.²¹

²¹ 2004 State of Students of Color: Building Alliances for Student Success. Minnesota Minority Education Partnership.

The Greater Minnesota Strategy: Community Partnerships to Improve Health

The University of Minnesota's historic mission as a land-grant institution inspires the Academic Health Center's commitment to prepare the next generation of health professions leaders who will improve the health and well-being of Minnesota communities and their families.

As the only Research I institution in the state, the University of Minnesota Academic Health Center (AHC) educates more than 70 percent of Minnesota's health professionals and is one of the most comprehensive centers of its type in the United States.

The AHC is comprised of six health professions schools and colleges, including a medical school with two campuses (Twin Cities and Duluth), School of Dentistry, School of Nursing with two campuses (Twin Cities and Rochester), College of Pharmacy with two campuses (Twin Cities and Duluth), School of Public Health, and College of Veterinary Medicine. The University's dental, pharmacy, public health and veterinary medicine schools are the only schools in Minnesota to graduate dentists, pharmacists, public health professionals and veterinarians. Several are regional schools as well. For example, the School of Dentistry is the only dental school in the upper Midwest between Seattle and Milwaukee. The programs of genetic counseling, mortuary science, and physical therapy are administratively housed within the Medical School. Medical technology and occupational therapy programs are housed in a new center within the AHC.

The Academic Health Center has developed a strategy—the “Greater Minnesota Strategy”—that develops statewide community and regional partnerships to increase program efficiency, reduce costs and share in financial risk and opportunities. This is consistent with and supports the following goals of the Academic Health Center's Strategic Plan initiated in 2000 and revised and finalized in February 2005:

- Goal 1: Create and prepare the next generation of health professionals for Minnesota.
- Goal 3: Expedite the dissemination and application of new knowledge into the promotion of health and delivery of health care in Minnesota (by fostering the state's economy through sustaining a healthy work force).
- Goal 5: Reduce health disparities in Minnesota and address the needs of the state's diverse populations.

Partnering to Address Health Professional Workforce Needs

As a part of a research-based, land-grant institution, and with the commitment of the University of Minnesota Academic Health Center senior leadership, Minnesota AHEC is uniquely positioned to provide leadership on rural health professional workforce issues in Minnesota. Minnesota AHEC accomplishes its work by creating partnerships that combine the knowledge and capacity of academic institutions with that of local communities. Minnesota AHEC is pleased to support these University of Minnesota efforts:

- Northeast Minnesota AHEC supports the more than 300 dental students who have rotated through the Hibbing Community Dental Clinic, a collaboration between the University of

Minnesota *School of Dentistry*, Hibbing Community College and the city of Hibbing. Between 2002 and 2005, nearly 13 percent of School of Dentistry graduates indicated post-graduation plans to practice in greater Minnesota. With the assistance of Minnesota AHEC, the School of Dentistry is actively expanding rotation sites in AHEC regions throughout the state.

- The University of Minnesota *College of Pharmacy* and *School of Dentistry* have expanded class sizes to provide outreach to greater Minnesota. The College of Pharmacy's admissions from regions outside the Twin Cities metro area has increased by more than 100 percent since the expansion, while overall admissions have increased by 50 percent. These programs focus on aspects of practice specific to caring for rural patients and impact patient care in greater Minnesota.
- The *Rural Physician Associate Program (RPAP)*, a 9-month community-based experience for third-year medical students at the University of Minnesota, allows students to experience rural practice first-hand. More than 1,100 third-year medical students have participated in the program since its inception in 1971. Of those former RPAP students now in Minnesota practice, 62 percent practice in rural sites. AHEC is helping with financial assistance for these students and the regional AHECs are providing additional community-based educational experiences and other services.
- The *Department of Family Social Sciences* and Academic Health Center and University of Minnesota Extension Service created the new position of Community-Campus Health Outreach Liaison. The Liaison will work to maximize resources and services for health professions workforce development.
- The School of Public Health *Minnesota Center for Lifelong Learning in Public Health* and the AHECs have partnered in addressing the public health workforce needs through the interactive game "Outbreak at Water's Edge" and other efforts.
- The University of Minnesota *Deborah E. Powell Center for Women's Health* is a nationally designated Center of Excellence in Women's Health. The Powell Center partnership with AHEC and community organizations to improve the health and wellness of all Minnesota women provides a unique opportunity to serve women in rural Minnesota. This has included bringing women's heart health education to rural health providers, providing preventive health screenings to Latina migrant workers and conducting focus groups on health needs among women in rural, Latina and American Indian communities.
- AHEC staff is partnering with the University of Minnesota *School of Public Health* through MERET - Minnesota Emergency Readiness Education and Training, which provides a comprehensive, tiered, flexible, continuing education/training program focusing on readiness of the health care workforce to perform in public health emergency or bioterrorism events.

Additional Key Partners

Academic

- Council on Public Engagement
- NW Minnesota Health Professions Task Force
- School of Nursing Residency Program
- School of Public Health Centers for Public Health Education and Outreach
- Health Careers Center

Regional

- Northeast Minnesota Primary Care Fund
- Park Nicollet Institute

Statewide

- Community Health Worker Policy Collaborative
- Minnesota Dental Association Workforce Taskforce
- Minnesota Department of Health Medical Education and Research Costs Committee
- Minnesota Area Geriatric Education Center
- ISeek Solutions (online career resource site)
- Minnesota State Board of Health Occupations Students of America

National

- Community-Campus Partnership for Health Commission on Community-Engaged Scholarship
- National Collaborative for Community-Engaged Scholarship
- Accreditation Council for Pharmacy Education

Minnesota AHEC

In 2002, concerned by impending health professional workforce shortages and increasing community health needs in rural areas, the University of Minnesota Academic Health Center obtained federal funding to establish the Minnesota AHEC Program Office.

The Minnesota AHEC Program Office, a part of the Academic Health Center Office of Education, initiates the community-based process of engagement that leads to the establishment of the regional AHECs, creates coordinated program development to support the regional AHECs, provides fiscal oversight, coordinates collection of evaluation data and federal reporting requirements, assists with student coordination, and provides technical assistance to regional AHECs and community partners, among other activities.

Minnesota AHEC Program Office Staff

Barbara F. Brandt, Ph.D., Director, Minnesota Area Health Education Center, and Assistant Vice President for Education, and Professor, Pharmaceutical Care and Health Systems, works closely with the deans of medicine, nursing, pharmacy, dentistry, and public health on AHEC program development and provides leadership for the planning, implementation and development of the Minnesota AHEC network.

Jennifer Stumpf Kertz, MPP, Deputy Director, Minnesota Area Health Education Center, works with Dr. Brandt on AHEC projects, implementation of the program and day-to-day coordination of program planning and affairs, including coordination of program planning and development, hiring, community affairs and administration; ongoing communication and cultivation of new regional AHECs; coordination of evaluation development, collection of evaluation data and federal reporting requirements; coordination with AHEC staff to ensure that program objectives are accomplished; and linkages to community organizations and partners.

Gwen W. Halaas, M.D., MBA, Associate Director, Minnesota Area Health Education Center, and Director of the Rural Physician Associate Program (RPAP), has joined Minnesota AHEC to coordinate the work of the two programs. Dr. Halaas leads the Minnesota AHEC Leadership Council, comprised of representatives of the primary Minnesota AHEC academic partners. She has primary responsibility for coordinating medical student and interprofessional training opportunities for health professions students in rural areas.

Shelby Delaney, Program Coordinator, Minnesota Area Health Education Center, provides primary support for program development, Web site content, public relations materials, program communication, and student coordination. She also manages the data management for Minnesota AHEC under the direction of the Director, Deputy Director and Evaluation Coordinator.

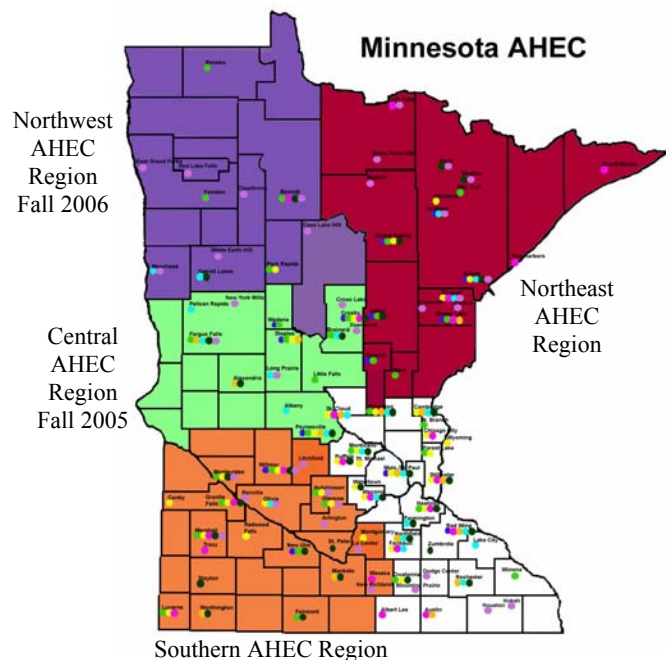
Sara Axtell, Ph.D., serves as the Community-Campus Health Outreach Liaison. Hired in December 2005, Dr. Axtell serves as a liaison between Minnesota Extension Service, the University of Minnesota College of Human Ecology (Family Social Science, Marriage and Family Therapy, Nutrition, and Social Work programs) and the Academic Health Center to promote community-based clinical training and outreach in rural and urban underserved areas.

Her responsibilities include integration of service-learning in curriculum, cultivating opportunities for community-responsive research, and educational development and community assessment for health professions students.

Establishing the Minnesota AHEC Network

In 2003, the Minnesota AHEC Program Office began the community-based process of engagement that led to the establishment of regional AHECs in the Northeast and Southern Minnesota regions. Two additional regional AHECs are planned for Central and Northwest Minnesota. The Central Minnesota AHEC is currently in development, while the Northwest Minnesota AHEC will be established in fall 2006. Together, these four regional AHECs will serve 64 of Minnesota's 87 counties, nearly all of which carry at least one, and in many cases, multiple shortage designations in primary care, dentistry or mental health.

Regional AHECs represent specific geographic areas and respond to locally identified needs. They were established in partnership with communities based on a shared resource model, ensuring that all partners have a stake in the outcomes and long-term sustainability of the partnership and work collaboratively to share resources, risks, and rewards along the way. The host communities for the regional AHECs—Hibbing, Willmar and Fergus Falls—were selected through a competitive, community-based process.



The *regional AHEC directors* serve as liaisons between their regions and the University of Minnesota to address regionally identified health professions workforce and community health needs. They assist in the coordination and support of Academic Health Center students on rotation in their areas and serve as a resource for students, faculty and communities interested in developing community-based education linkages. Each regional AHEC director works with a board of directors comprised of health professionals and community leaders from across the region. They establish contacts with health care and community leaders and work across multiple sectors of the community.

Minnesota AHEC Leadership Council

In its first two years, Minnesota AHEC utilized existing leadership in an advisory capacity. As part of its second phase of development, Minnesota AHEC established a Faculty Leadership Council to provide strategic guidance for program development and student experiential learning

in greater Minnesota. Leadership Council membership includes representatives of the Academic Health Center health professions schools, plus a program evaluator.

The Leadership Council works to understand and address the health professions workforce needs of greater Minnesota. It cultivates academic programs and engages students for rural health clinical education opportunities. Finally, the Leadership Council develops interprofessional education opportunities for health professions students in rural areas.

Minnesota AHEC

Supporting healthy communities through education and service

In the fall of 2004, the Academic Health Center convened meetings in twelve rural Minnesota communities. These visits, facilitated by University of Minnesota Academic Health Center administrative leaders and faculty, brought together community leaders from sectors such as health care, education, economic development, and community agencies, plus elected officials, to talk about the health professions workforce, issues in the educational pipeline, and their relationship to the future of health care and the economy.

Participants' concerns and ideas centered on three major themes:

- changing demographics;
- workforce development; and
- financing and economic development.

A summary of findings from these visits is available at http://www.mnahec.umn.edu/img/assets/11440/Facing_the_Future_of_Health_Care.pdf.

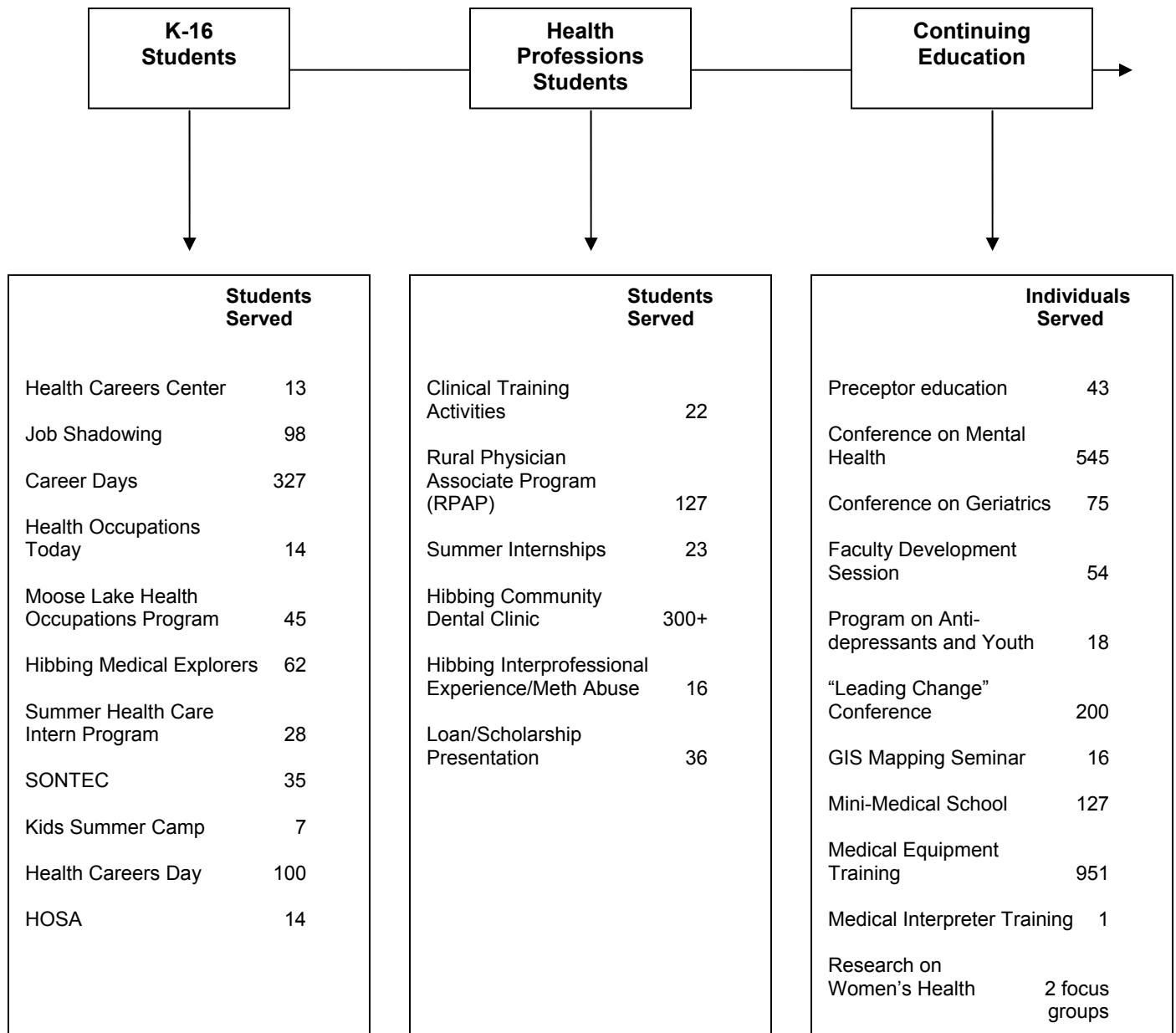
Information learned from these visits informed AHC educational programs and continues to shape Minnesota AHEC.

Participating communities

Bemidji	Grand Marais	Montevideo
Brainerd	Grand Rapids	Paynesville
Crookston	Hibbing	St. Cloud
Detroit Lakes	Marshall	Willmar

Continuum of Program Support

A central function of the Minnesota AHEC Program Office is to create and coordinate programs across the continuum of learning that further the objectives defined by the regional AHECs. Research shows that students who participate in rural health experiential learning are more likely to return to rural areas for practice after they graduate.



Programs in Support of Regional AHECs

The Minnesota AHEC Program Office creates and coordinates programs that broadly support the goals of the regional AHECs. Programs include the following:

Community videos and online profiles

Developed a virtual community presence to raise student awareness about unique clinical rotation opportunities in greater Minnesota and to serve as a recruitment tool for future health professionals selecting practice locations.

- Created 8 online community profiles that include photo albums, demographics, workforce statistics and virtual video tours. Available at <http://www.mnahec.umn.edu>.

Preceptor resources

Developed resources for health professions preceptors in rural areas, in collaboration with the University of Minnesota Biomedical Library.

- Initiated development of preceptor manual with instructions on searching literature using PubMed and other databases, accessing full-text online journal articles, accessing library services, finding quality information suitable for patients, and similar topics. Final version will be available in web-based and print formats.

Support for health professions students

Coordinated student stipend support and housing identification for health professions students planning disciplinary or interprofessional clinical education in medically underserved areas of the state.

- Worked with 160 health professions students, who completed a total of 579 weeks of clinical education in greater Minnesota.
- Provided a total of \$94,904 in financial support.

Development of disciplinary and interprofessional educational opportunities

- Convened group of Experiential Education Directors from the following schools, colleges, and departments:
 - College of Pharmacy – Twin Cities
 - College of Pharmacy – Duluth
 - School of Nursing
 - Medical School – Twin Cities
 - Medical School – Duluth
 - School of Dentistry
 - Genetics, Cell Biology and Development

- Mortuary Science
- Lab Medicine and Pathology
- School of Public Health
- College of Veterinary Medicine
- Physical Therapy
- Occupational Therapy

Rural health curriculum

Provided leadership for the development of a series of rural health educational modules for health professions students.

- Initiated developed of four web-based self-learning modules on the topics of rural health systems, community assessments, culture and leadership.
- Supported three rural health programs through the Center for Health Interprofessional Programs (CHIP) by presenting programs about loan repayment and scholarships, health professions workforce trends, and National Primary Care Week.

Continuing and community education activities

Planned and coordinated activities for a broad range of constituencies.

- Planned and hosted “Leading Change: Strategies for a Vital Health Professions Workforce,” a regional conference about health professions workforce strategies, held in April 2005. (See conference details at right.)
- Hosted a faculty development session in March 2004 entitled “Teaching and Evaluating Systems-Based Practice and Practice-Based Learning and Improvement in an Interprofessional Environment,” with Tufts Health Care Institute and the Medical School on meeting new competency requirements in GME. More than 50 AHC faculty participated.

Leading Change

Minnesota AHEC hosts conference on workforce strategies

On April 14-15, 2005, Minnesota AHEC hosted a conference focused on seeking community-based, regional strategies for invigorating and supporting the next generation of the health professions workforce. The two-day conference, called “Leading Change: Strategies for a Vital Health Professions Workforce”, drew nearly 200 people representing more than 20 greater Minnesota communities.

Conference attendees heard from keynote speakers, attended in-depth breakout sessions, and took part in group activities aimed at improving the sustainability of local health care sectors. Change and partnership emerged as key themes. Speakers encouraged the development of new models to address problems in health care and in health professions workforce issues, discussed the state’s changing demographics and economic environment, and explored the use of new technologies.

In breakout sessions, presenters and attendees explored topics such as preparing youth for success in health professions education, creating sustainable partnerships, and the economics of a vital health care economy. The conference also gave attendees an opportunity to work together to explore common issues, develop possible points of collaboration, and identify next steps.

For conference proceedings, visit http://www.ahceducation.umn.edu/OofE/workforce/conferences/Leading_Change.html

NORTHEAST MINNESOTA AREA HEALTH EDUCATION CENTER

FALL 2003 – FALL 2005

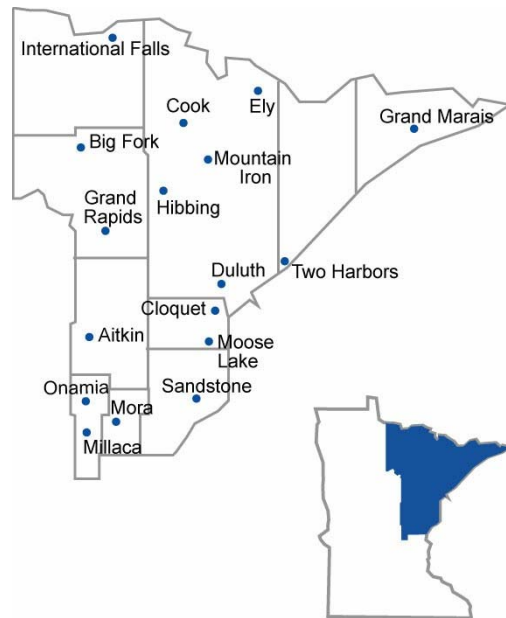
Founding the Northeast Minnesota AHEC

Northeast Minnesota AHEC, established in the fall of 2003, was the first of the regional AHECs to be organized. Located in Hibbing, Minnesota, in the heart of the Iron Range, Northeast Minnesota AHEC serves 10 counties: Cook, Lake, St. Louis, Koochiching, Itasca, Aitkin, Carlton, Pine, Kanabec and Mille Lacs. Every county in this region is a federally designated Health Professional Shortage Area (HPSA) in primary care, mental health or dentistry.

Through community-based initiatives, Northeast Minnesota AHEC works to promote rural health educational opportunities and address health workforce challenges unique to the region. It is a not-for-profit, independent organization governed by a community-based board and works closely with the University of Minnesota, health care agencies and others committed to improving health in Minnesota.

Northeast Minnesota AHEC's host facility is Fairview Range Regional Health Services, a regional medical campus providing a full spectrum of health services, including primary and specialty medical care, inpatient and outpatient hospital services, emergency care, home health services, medical equipment and health education.

Communities in the region range in population from 61 to 86,125 and are spread across 20,731 square miles. The largest employers in the region are in services, trades, transportation, and manufacturing industries. Health care represents a major industry in Northeast Minnesota, with more than 27 hospitals and community health centers providing comprehensive primary and secondary care services through a strong base of local health care providers.



Northeast Minnesota AHEC Mission

To sustain and strengthen the Northeast Minnesota health care work force through collaboration between communities and academic institutions.

Northeast Minnesota AHEC Board and Staff

Northeast Minnesota AHEC Executive Director

Brendan L. Ashby, MPH, CHES, is the Executive Director of Northeast Minnesota Area Health Education Center. Previously, Mr. Ashby served as Program Director for the AHEC in southwest Oregon. Mr. Ashby received his Masters of Public Health and is a Nationally Certified Health Education Specialist. He was awarded a fellowship with the National Office of Rural Health Policy and National Rural Health Association's Rural Health Leadership Development Program and serves as an ambassador for the National Health Service Corps. Mr. Ashby also is a liaison with the National Network of Libraries of Medicine.

Northeast Minnesota AHEC Board Membership

Glenn Anderson, JD, Human Services Planning Director, Minnesota Department of Health

Tim Caroline, MEd, Superintendent, Moose Lake School District

Betsy Johnson, MPH, Independent Contractor, Grand Rapids area

Kristy Frost-Griep, CPA, Associate to the CFO for Health Sciences, University of Minnesota

Richard Dinter, MD, MM, Chief Operating Officer, Fairview Range Regional Health Services, Hibbing

Tom Gaylor, BSP Pharm, MS, Pharmacist, Arrowhead Pharmacy, Grand Marais

Becky Lourey, Minnesota State Senator

Calvin Olson, Administrator, Little Fork Medical Center

Debee Stassen, RN, PHN, Home Care and Hospice Supervisor, Kanabec County Public Health

Jennifer Stumpf Kertz, MPP, Deputy Director, Minnesota AHEC

Kathy Ziebarth, CRNA, Certified Nurse Anesthetist, Riverwood HealthCare Center, Aitkin

Kay Keimig, RN, PHN, Director, Mille Lacs County Public Health

Marie Margitan, MN, RN, PHN, Public Health Nurse Consultant, Minnesota Department of Health

Debra Smith, RN, MSN, Public Health Nursing Coordinator, Min-No-Aya-Win Fond du Lac Human Services Division, Cloquet

Northeast Minnesota AHEC Programming: A Continuum of Learning

Soon after its formation, Northeast Minnesota AHEC conducted a regional needs analysis and documented a range of community-identified needs related to a vital health professions workforce. The findings from the needs analysis are available at <http://www.mnahec.umn.edu/AHEC/northeast/regionalanalysis.html>

Based on these findings, Northeast Minnesota AHEC began developing programming to support a continuum of learning, addressing the needs of K-12 students, health professions students, and health professionals. This report addresses programming aimed at all three groups of learners.

K-12 Health Careers Development and Exploration

In response to the findings of the regional needs analysis, Northeast Minnesota AHEC developed an array of innovative programming for elementary and secondary students that creates a continuum of opportunities across age brackets with a focus on health careers exploration. These programs work with high school students and offer a range of learning opportunities that showcases the diversity of health professions. Students who participate in these programs are encouraged to complete advanced science and math courses and to aim high when defining their educational goals.

The programs described below demonstrate how the shared resource model is applied to program development in the community. Each example utilizes the shared philosophy, often times with the AHEC providing an initial investment and communities providing additional investment and resources. Much of this programming relies on extensive community involvement and ongoing support.

K-12 Health Careers Development and Exploration Activities and Outcomes											Key Partners			
<i>Grades Served:</i>														
K	1	2	3	4	5	6	7	8	9	10	11	12		

Health Careers Puppets

While early in its development, the use of Health Careers Puppets will provide an important learning opportunity for K-5 students in the region. The puppets, used nationally by AHECs, are being utilized in response to an identified absence in programming about health and health careers for elementary school students. The eight Health Careers Puppets will be used to make presentations about basic health care safety and health career opportunities.

The Iron Range Health Occupations Students of America Chapter and

- Iron Range Health Occupations Students of American (HOSA)
- Victory Christian Academy
- University Medical Center, Mesabi

**K-12 Health Careers Development and Exploration
Activities and Outcomes**

Key Partners

Northeast Minnesota AHEC planned the first puppet show, which will take place in January 2006 in Hibbing at the Victory Christian Academy. Northeast Minnesota AHEC worked to publicize the event broadly.

The puppets will be utilized across the 10-county region as a tool to reach K-5 youth with positive messages about health, safety and health careers professions.

Grades Served:



Health Occupations Today (H.O.T.)

H.O.T. works to increase knowledge of various health professional careers through the development of interactive experiences for high ability eighth and ninth grade students. Working with educators and incumbent health care professionals, H.O.T. is an immersion experience that allows students to access information on health careers, rural health care opportunities, local, university and college health care related programs, scholarships, and regional health care institutions.

The first H.O.T. program took place June 6-8, 2005, in Hibbing, Minnesota. Fourteen students from throughout the Iron Range participated in the program, where they received CPR training, took part in a mock car extrication exercise, and met with faculty and health professional students from the University of Minnesota, St. Scholastica and Hibbing Community College. Students also learned about career opportunities in medicine, pharmacy, emergency medicine, nursing, public health, and other health fields.

In 2006, the H.O.T. program will expand to Grand Rapids and Two Harbors, Minnesota. This expansion is made possible through a \$7,010 grant made by Iron Range Resources and local community support.

- Hibbing Community College
- Hibbing Fire Department
- Iron Range Resources Hands on Health Care Committee
- I.S.D. 695
- I.S.D. 701
- Mines & Pines Tech Prep and Carl Perkins Consortia
- Northeast Minnesota Area Health Education Center
- Range Regional Health Services
- University of Minnesota Duluth, College of Pharmacy
- University of Minnesota Duluth, School of Medicine

**K-12 Health Careers Development and Exploration
Activities and Outcomes**

Key Partners

Grades Served:

K 1 2 3 4 5 6 7 8 9 10 11 12



Moose Lake Health Occupations Program

The Moose Lake Health Occupations Program, sponsored by Mercy Hospital and Healthcare Center in Moose Lake, Minnesota, is a three-part class that introduces students to a variety of health professions while also providing hands-on first responder and nursing assistant training. Students who complete the course are qualified for testing to be First Responders and Nursing Assistants. Forty-five students participated in this program during the 2004-2005 academic year.

Northeast Minnesota AHEC provided \$14,000 to support the expansion of this program to Willow River, Cromwell, and Barnum in addition to Moose Lake, during the 2005-2006 academic year.

As part of this program development and expansion, the program coordinator will serve as a facilitator for other communities in the AHEC region considering development of similar health occupations programming in partnership with a school district.

- Mercy Hospital and Healthcare Center
- Mercy Hospital Foundation
- Moose Lake School District
- Willow River, Cromwell, Moose Lake and Barnum School Districts
- Minnesota Department of Education

Hibbing Medical Explorers

The Hibbing Medical Explorers, a part of the Boy Scouts of America, introduces students to a variety of careers in health care. The program is open to all students, male and female, on the Iron Range. The Explorers attend monthly meetings where they interact with health care providers, take tours of hospitals, and talk with local faculty and health professional students. They also serve as mentors to H.O.T. students by talking about their own experiences in high school as they prepare for postsecondary education.

Last year, 12 students took part in this program. More than 50 students participated in 2005-2006 academic year opening events, which included learning stations focused on public health, pharmacy and nursing. Brendan Ashby, director of Northeast Minnesota AHEC, serves as the faculty advisor for this program.

- Boy Scouts of America
- Fairview-University Medical Center, Mesabi
- Mesabi Medical Foundation
- Hibbing High School
- Hibbing Community College
- Central Mesabi Medical Foundation

Health Occupations Students of America (HOSA)

In partnership with area high schools, HOSA chapters assist youth in their exploration of health career opportunities with an emphasis on rural health care outreach, including leadership development, awareness of career opportunities and connections to health careers enrichment programming through the University of Minnesota and

- Five area high schools
- Falls Memorial Hospital
- International Falls SMDC Clinic
- Koochiching Public Health Department

**K-12 Health Careers Development and Exploration
Activities and Outcomes**

Key Partners

other institutions. HOSA is a national organization that links students at the local level with opportunities for state and national enrichment experiences.

Northeast Minnesota AHEC provided start-up funds for six HOSA chapters across the region: Hibbing, Moose Lake, Grand Rapids, Cloquet, International Falls, and Sandstone. The Cloquet HOSA chapter will be the first Native American chapter in Minnesota. Fourteen students are members of the Moose Lake chapter; the other chapters are in the process of organizing.

Northeast Minnesota AHEC provides ongoing support and enrichment to these developing student organizations, with a goal of developing longitudinal mentoring for students who have an interest in health careers.

- Minnesota Department of Education
- Rainy River Community College
- Itasca Community College
- Grand Itasca Hospital
- Fond du Lac Tribal and Community College
- Fond du Lac Human Services Division
- Kanabec Public Health Department
- Minnesota HOSA

Grades Served:

K 1 2 3 4 5 6 7 8 9 10 11 12



Summer Health Care Intern Program

Northeast Minnesota AHEC provided \$25,000 to 14 hospital and clinic sites in the 10-county area to support 28 senior high school students in paid summer internships. Student interns have the opportunity to shadow health care providers and perform basic office tasks. This program partners with the Minnesota Hospital Association and focuses on exposing students interested in health careers to rural health issues.

- Minnesota Hospital Association
- Aitkin
- Bigfork
- Cloquet
- Deer River
- Ely
- Grand Rapids
- Hibbing
- Littlefork
- Moose Lake
- Mora
- Sandstone
- Two Harbors
- Virginia
- International Falls

Star of the North Technical Education Consortium (SONTEC)

In the Star of the North Technical Education Consortium (SONTEC) Health Occupations Program, located in Proctor and Esko, Minnesota, students learn about various health care career opportunities and complete a Certified Nursing Assistant training. Thirty-five students

- Proctor High School
- Esko High School
- Cloquet Memorial Hospital
- SMDC Health System

K-12 Health Careers Development and Exploration Activities and Outcomes

Key Partners

participated in this program in 2004. Northeast Minnesota AHEC provided SONTEC with \$5,000 to increase its capacity, expand enrichment activities and reach additional students in 2005.

Across the World in Your Own Backyard

On April 5, 2005, 12 students and instructors from the Northeast and Southern Minnesota AHEC regions participated in a day-long event hosted by the University of Minnesota Health Careers Center. Participants traveled to the University of Minnesota, Twin Cities campus and took part in a tour of the experimental surgery laboratory and campus, learned about a range of careers in health care, and heard about specific University of Minnesota programs. They also had lunch with health professional students and had an opportunity to talk with faculty who specialize in rural medicine. The program works with high school students interested in science and health and emphasizes the benefits of working in rural health care.

- University of Minnesota Health Careers Center
- Minnesota AHEC
- Southern Minnesota AHEC
- Hibbing High School
- Moose Lake High School
- Mankato East High School
- Mankato West High School

Grades Served:



Lending Library

Northeast Minnesota AHEC staff has assembled a library of materials that will allow instructors, community members, and health care providers to create programs about a range of health care issues. The library includes DVDs, videos, games, train-the-trainer manuals, and anatomically correct medical models. Examples include “Fast Forward to your Future,” a program that details 64 specific health careers, and information on how to start a Health Careers Camp.

In addition, Northeast Minnesota AHEC staff distributed 104 copies of the National Health Council’s “300 Ways to Put Your Talent to Work in the Health Field,” a book for high school counselors and math and science instructors, and 52 copies of “Outbreak at Water’s Edge,” a computer game developed by the University of Minnesota Center for Public Health Education and Outreach in the School of Public Health. The game introduces players to various professional roles within the field of public health and provides players with resources to further explore the field of public health.

- Area hospitals
- Area clinics
- University of Minnesota Center for Public Health Education and Outreach

Health Professions Students

Northeast Minnesota AHEC works with the University of Minnesota, Minnesota State Colleges and Universities (MnSCU), and private colleges to support health professions students and residents who have an interest in rural health care. By developing strong community-campus partnerships, Northeast Minnesota AHEC connects health professions students with rural Minnesota communities, giving students the opportunity to discover rural health care by learning it first-hand while living and working in a rural community. Research shows that health professions students who participate in rural educational experiences are more likely to select rural practice after graduation.

Specifically, Northeast Minnesota AHEC supports the following initiatives:

Disciplinary Clinical Rotations

Northeast Minnesota AHEC works with the University of Minnesota Academic Health Center on the Twin Cities and Duluth campuses to support disciplinary rotations in medicine, nursing, pharmacy, dentistry, and public health. In addition, Northeast Minnesota AHEC works with regional higher education campuses, including St. Scholastica, Augsburg College, and area community colleges to facilitate experiential rotations in a variety of fields.

Summer Internship Programs

In partnership with the University of Minnesota, Duluth, School of Medicine and College of Pharmacy, Northeast Minnesota AHEC supported 14 medicine and pharmacy students in summer internships/rotations within the Northeast AHEC region in 2005. Each student completed a rural rotation of between 2-8 weeks and received stipends to offset living costs and other costs associated with rotations during their summer break.

In addition, Northeast Minnesota AHEC, in partnership with the Rural Health Resource Center, received a \$40,400 grant from Iron Range Resources to facilitate and support an additional 20 medical and pharmacy health professions students for 2-4 week experiences during summer 2005 as a strategy to increase the number of health professions students exposed to Northeastern Minnesota. During the internships, first- and second-year medical and pharmacy students became part of the fabric of the community and were introduced to multiple perspectives on rural health care and community life. The program received tremendous response from participants.

National Health Service Corps/Loan Repayment Programs

Northeast Minnesota AHEC, in partnership with the Minnesota Department of Health, conducted two sessions about National Health Service Corps and other loan repayment options for students on the Twin Cities and Duluth campuses of the University of Minnesota. More than 45 students participated in sessions in 2004.

Hibbing Community Dental Clinic

The Hibbing Community Dental Clinic provides dental services to uninsured, underserved and public program patients in the area. (Read more about the clinic in the box at right.)

Specialized Clinical and Community-Based Experiential Learning

Hibbing Interprofessional Experience - Meth Abuse in Northeastern Minnesota. On Tuesday, August 16, 2005, Northeast Minnesota AHEC, University of Minnesota Academic Health Center and community partners held the inaugural Hibbing Interprofessional Experience at Fairview University Medical Center, Mesabi. Sixteen students, representing the disciplines of dentistry, family social science, medicine, nursing, pharmacy, physician assistants, and social work came together to learn about methamphetamine abuse in northeastern Minnesota. This program highlighted the risks and costs associated with methamphetamine use and emphasized the importance of an interprofessional approach to care of patients.

Wilderness Health Interdisciplinary Professions Program (WHIP). Minnesota's frontier area is among the most underserved in the state. The goal of WHIP is to increase the number of health professionals in rural and frontier counties of northeastern Minnesota by introducing health professions students to positive community-based experiences in the region. These short visits with preceptors enhance health professions students' awareness of rural health issues, with a goal of increasing student interest in seeking these rural areas for their clinical practice.

A survey of 26 health care systems within Northeast Minnesota showed strong support for WHIP. The program, currently in the planning phase, hopes to engage students by spring 2006.

Partners for Change

MnSCU and the University of Minnesota team up to support the Hibbing Community Dental Clinic

The Hibbing Community Dental Clinic, a community-based dental clinic in Northeastern Minnesota, is a partnership between Hibbing Community College, a part of the Minnesota State Colleges and Universities (MnSCU), and the University of Minnesota School of Dentistry.

In addition to providing dental services to uninsured, underserved and public program patients in the area, the Hibbing Community Dental Clinic is an example of the extraordinary impact a clinical dental education partnership can yield for patients and for the larger community. For example, the Hibbing Community Dental Clinic has been instrumental in recruiting six new dentists to the region in recent years.

Northeast Minnesota AHEC supports student clinical training through the Hibbing Community Dental Clinic by supporting a housing lease for dental students in Hibbing and providing a dental housing coordinator who manages day-to-day student housing issues.

Currently, Northeast Minnesota AHEC is exploring potential community outreach experiences for dental students rotating through the Hibbing Clinic. These outreach experiences may include making presentations about oral hygiene, working with youth, and talking with youth about careers in dentistry and dental hygiene.

Continuing Education and Professional Development

Northeast Minnesota AHEC supports community-based faculty and health professionals in northeastern Minnesota through continuing education and other services that enhance professional growth and support life-long learning. Programs include the following:

Professional Development Lending Library

Northeast Minnesota AHEC assembled a library of materials that will allow instructors, community members, and health care providers to create and provide programs about a range of health care issues. The library includes DVDs, videos, games, train-the-trainer manuals, and anatomically correct medical models. The lending library is designed as a resource to ensure a diversity of information and resources to meet continuing education and professional development needs.

CPR Mannequins

Northeast Minnesota AHEC secured two sets of three CPR mannequins (adults/children/ infants) available for use by health care providers, health professions students, and community members in the region. Since August 2005, the CPR mannequins have logged more than 400 hours of training.

Mini-Medical School

In 2005, 80 community members participated via distance technology in the University of Minnesota Mini-Medical School. Remote sites in Northeastern Minnesota included Hibbing, Grand Rapids, and Mora. The five-week series provides University research to the public and covers topics from basic science to translational research.

Continuing Education Programming

Northeast Minnesota AHEC provided \$10,000 to the Minnesota Association of Community Mental Health Programs in support of their annual Community Mental Health Conference, which took place September 27-30, 2005, in Duluth, Minnesota. The conference attracted 545 total participants (mental health providers, social workers, etc.), including 120 conference attendees from the Northeast Minnesota AHEC region. In addition, Northeast Minnesota AHEC provided conference scholarships to five attendees from the region. The conference featured 98 presentations and included sessions on training for rural mental health issues.

Northeast Minnesota AHEC also committed \$8,000 to collaborate with the Minnesota Mental Health Action Group (MMHAG) to focus on developing strategies for increasing the numbers of behavioral/mental health providers in the region.

Though a \$6,440 grant provided by Iron Range Resources, and in partnership with the Minnesota Rural Resource Center, Northeast Minnesota AHEC provided training to community-based preceptors about how to make the most of student clinical rotations. Faculty from the University of Minnesota's School of Medicine and College of Pharmacy, St. Scholastica, and staff from the Minnesota Department of Health facilitated the training. In addition, the Minnesota Rural Resource Center and Northeast Minnesota AHEC, through the same grant support, provided training sessions for community stakeholders (business leaders, members of the Chambers of Commerce, local health systems, etc.) about how to successfully recruit health professionals to

their communities. The preceptor training and community stakeholder dialogues were held in Two Harbors, Hibbing and Virginia.

Distance Technology Classroom Access

In partnership with Northeast Minnesota AHEC, Range Regional Health Services has dedicated two classrooms for use by Northeast Minnesota AHEC. The classrooms, which are equipped with ITV, in-focus machines, TVs, DVD players, and five laptops, are frequently used in training situations by preceptors, health care providers, and health professions students.

SOUTHERN MINNESOTA AREA HEALTH EDUCATION CENTER

SPRING 2004 THROUGH FALL 2005

Founding the Southern Minnesota AHEC

Southern Minnesota AHEC is a not-for-profit, independent organization governed by a community-based board and works closely with the University of Minnesota, health care agencies, academic institutions and others committed to improving health in Minnesota. With communities and academic partners, Southern Minnesota AHEC works to promote rural health educational opportunities and address health workforce challenges unique to the region.

Established in the spring of 2004, Southern Minnesota AHEC was the second of the regional AHECs to be organized. Located in Willmar, Minnesota, Southern Minnesota AHEC serves 26 counties in the southwestern corner of the state. Its host facility, Rice Memorial Hospital, located in Willmar, is the largest city-owned hospital in Minnesota and has a history of commitment to outreach services.

The largest regional employers are in agriculture and in agricultural-related industries such as ethanol production, food processing and agricultural research. Education and health care also employ significant numbers of people. The region includes 37 hospitals; of these, 27 are critical-access hospitals and 10 are larger, secondary care hospitals.



Many of the 26 counties in this region are federally designated Health Professional Shortage Areas (HPSA). 17 counties are federally designated Health Professional Shortage Areas (HPSA) in primary care, 23 in mental health, and 10 in dentistry.

Southern Minnesota AHEC Mission

To meet the health and health workforce needs of greater Minnesota through strong community-campus partnerships with academic institutions, health care agencies, communities and others committed to improving the health of the people of Minnesota.

Southern Minnesota AHEC Board and Staff

Southern Minnesota AHEC Executive Director

Kathleen R. Huntley, MS, is the Executive Director of Southern Minnesota Area Health Education Center. Ms. Huntley was previously the Service Line Executive for Behavioral Health at the St. Mary's/Duluth Clinic Health System in Duluth. She worked as a counselor and Program Administrator for Southeast Human Service Center in Fargo, North Dakota. She holds a Bachelor of Science degree from Minnesota State University-Moorhead and received her master's degree in Counseling and Guidance from North Dakota State University in Fargo.

Southern Minnesota AHEC Board Membership

David B. Bruzek, DDS, Madelia Dental Clinic

Jon Croom, Job Training Specialist, Minnesota Private Industry Council, Montevideo

George Gerlach, Administrator, Granite Falls Municipal Hospital and Manor

Stephen G. Hoag, Senior Associate Dean, Department of Pharmacy Practice, University of Minnesota, Duluth

Jennifer Stumpf Kertz, MPP, Deputy Director, Minnesota AHEC

Janet "Shelli" Lampi, Dental Hygienist and EMT, Truman

John C. McCabe, MD, Director, Waseca/Mankato Family Practice Residency Program

Kathryn Nelson-Hund, MD, Affiliated Community Medical Clinics – Willmar

Kristi Quitney, Physical Therapist, APMC Willmar

Kathleen Sheran, Assistant Professor of Nursing, MSU-Mankato

Genie Simon, RN, PHN, Director, Redwood County Public Health Service

Tobias Spanier, Regional Extension Educator, Community Youth Development, Marshall Regional Extension Office

Harley L. Will, Chief Financial Officer, School of Dentistry, University of Minnesota

Ex-Officio Board Members

Kathleen R. Huntley, Executive Director, Southern Minnesota Area Health Education Center

Lawrence J. Massa, Chief Executive Officer, Rice Memorial Hospital, Willmar

Southern Minnesota AHEC Programming: A Continuum of Learning

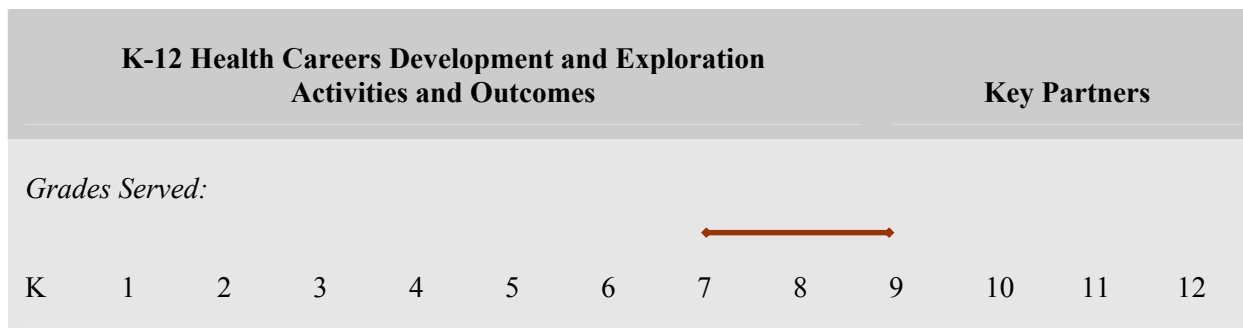
Southern Minnesota AHEC has developed programming to support a continuum of learning, addressing the needs of K-12 students, health professions students, health professionals, and community members. This report addresses programming aimed at all of these learners.

In November 2005, staff received the findings from a regional needs analysis conducted by the Minnesota Rural Health Resource Center. These findings document community-identified needs related to a vital health professions workforce and will assist staff in creating future programming. The findings from the regional needs analysis are available at http://www.ahc.umn.edu/AHEC/southern/about/Regional_Healthcare_Analysis.html.

K-12 Health Careers Development and Exploration

Southern Minnesota AHEC developed an array of innovative programming for middle- and high-school students that creates a continuum of opportunities across age brackets with a focus on health careers exploration. These programs work with high school students interested in math and science and offer a range of learning opportunities that showcases the diversity of health professions. Students who participate in these programs are encouraged to complete advanced science and math courses and to aim high when defining their educational goals.

The programs described below demonstrate how the shared resource model is applied to program development in the community. Each example utilizes the shared philosophy, often times with the AHEC providing an initial investment and communities providing additional investment and resources. Much of this programming relies on extensive community involvement and ongoing support.



Kids' Summer Camps

In July 2005, Southern Minnesota AHEC partnered with several agencies to offer health careers tracks at the Ridgewater College summer career camps. These four-day camps, designed for youth who have just completed sixth through the eighth grades, offered students an opportunity to meet practicing health care professionals and engage in hands-on activities in health care fields. Seven youth participated in the program.

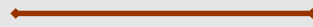
- Ridgewater College
- Hutchinson Area Medical Center
- Rice Memorial Hospital

**K-12 Health Careers Development and Exploration
Activities and Outcomes**

Key Partners

Grades Served:

K 1 2 3 4 5 6 7 8 9 10 11 12



Health Careers Day

Southern Minnesota AHEC staffed a display booth with health careers materials at Health Careers Day at Immanuel St. Joseph’s Hospital in Mankato. The event, held in November 2005, drew approximately 100 high school students from Mankato East and Mankato West High Schools.

- Immanuel St. Joseph’s Hospital
- Mankato East High School
- Mankato West High School

Across the World in Your Own Backyard

On April 5, 2005, 12 students and instructors from the Northeast and Southern Minnesota AHEC regions participated in a day-long event hosted by the University of Minnesota Health Careers Center. Participants traveled to the University of Minnesota, Twin Cities campus and took part in a tour of the experimental surgery laboratory and campus, learned about a range of careers in health care, and heard about specific University of Minnesota programs. They also had lunch with health professional students and had an opportunity to talk with faculty who specialize in rural medicine. The program works with high school students interested in science and health and emphasizes the benefits of working in rural health care.

- University of Minnesota Health Careers Center
- Minnesota AHEC
- Northeast Minnesota AHEC
- Hibbing High School
- Moose Lake High School
- Mankato East High School
- Mankato West High School

Job Shadowing

98 secondary and post-secondary students from the region participated in job shadowing experiences, observing the work of health professionals practicing in fields in which they had an interest. Students observed health professionals working in fields such as nursing, laboratory work, radiology, emergency medicine, anesthesia, and physical therapy.

- Rice Memorial Hospital
- ACGC School District
- KMS School District
- BBE School District
- BOLD School District
- MACCRAY School District
- New London/Spicer School District
- Willmar School District

Career Days

Southern Minnesota AHEC staff gave interactive presentations on health careers to high school students across the region, as follows: 55

- Ridgewater College (Hutchinson and Willmar campuses)

**K-12 Health Careers Development and Exploration
Activities and Outcomes**

Key Partners

juniors and seniors from 9 high schools at Ridgewater College in Willmar, on April 21, 2005; 40 sophomores and juniors at Minnesota West Community College, in Granite Falls, on April 22, 2005; 70 students at KMS High School in Kerkhoven, on November 18, 2005; and 53 students at Ridgewater College, Hutchinson, on October 28, 2005.

- Minnesota West Community College, Granite Falls
- KMS High School

Grades Served:



Health Career Resource Distribution

Southern Minnesota AHEC distributed copies of the National Health Council’s “300 Ways to Put Your Talent to Work in the Health Field,” a book for high school counselors and math and science instructors, to all 138 middle and high schools in the region. Staff also distributed “Outbreak at Water’s Edge,” a computer game developed by the University of Minnesota School of Public Health that introduces players to various professional roles within the field of public health.

- Middle and high schools in the region
- University of Minnesota Center for Public Health Education and Outreach

Health Professions Students

Southern Minnesota AHEC works with the University of Minnesota, Minnesota State Colleges and Universities (MnSCU), and private colleges to support health professions students and residents who have an interest in rural health care. By developing strong community-campus partnerships, Southern Minnesota AHEC connects health professions students with rural Minnesota communities, giving students the opportunity to discover rural health care by learning it first-hand while living and working in a rural community. Specifically, Southern Minnesota AHEC supports the following initiatives:

General Collaborations

Clinical Training Activities

22 health professions students from the University of Minnesota, Augsburg College, and the University of Kansas held clinical rotations and internships of between one week and nine months throughout the Southern Minnesota AHEC region. These students represented disciplines as diverse as advanced practice nursing, medical technology, medicine, physician assisting, occupational therapy, and physical therapy. Participating communities included Hendricks, Redwood Falls, Montevideo, Mankato, New Ulm, St. Peter and Willmar. Southern Minnesota AHEC assisted the students by helping to identify clinical placements, arranging for housing, and offering other community involvement opportunities.

University of Minnesota Academic Health Center Collaborations

Rice Regional Dental Clinic

The University of Minnesota Academic Health Center and Southern Minnesota AHEC are members of a consortium working to collaboratively fund the proposed Rice Regional Dental Clinic. The goal of the Dental Clinic is to increase access to dental care for uninsured and underserved residents in the 12-county service area of West Central and Southwest Minnesota. The Dental Clinic, which will be constructed on the campus of Rice Memorial Hospital in Willmar, Minnesota, will expose dental and dental hygiene students to rural practice in the hope that more will consider a rural practice after graduation.

The Dental Clinic will feature a unique dental education model in which an estimated six dental and dental hygiene students at a time will rotate through the Clinic and provide patient care on a year-round basis, supervised by the Dental Clinic's staff. Southern Minnesota AHEC will arrange appropriate housing for the dental students, coordinate students' community education activities, such as speaking at schools and at community events, and link students with other health professions students in interprofessional training activities. In addition, Southern Minnesota AHEC has participated in ongoing sustainability planning on behalf of the Dental Clinic, including significant involvement in preparing and submitting grant applications. The Clinic is scheduled to open January 2007.

Rural Physician Associate Program (RPAP)

The Rural Physician Associate Program offers third-year medical students an opportunity to participate in a nine-month, community-based educational experience in rural Minnesota primary care. (See box at right for additional information.)

Pharmacy Residency Program

Southern Minnesota AHEC is part of a planning group convened by the University of Minnesota College of Pharmacy to develop a pharmacy residency model shared across the communities of Appleton, Madison, and Dawson, Minnesota. The Pharmacy Residency Program recently received a three-year HRSA grant to support development of this program. Southern Minnesota AHEC will assist in the promotion of pharmacy careers to area youth.

Continuing Education and Professional Development

Southern Minnesota AHEC supports community-based faculty and health professionals in Southern Minnesota through continuing education and other services that enhance professional growth and support life-long learning, such as the following program:

Medical Equipment for Training

Southern Minnesota AHEC purchased medical training equipment for use in training health professions staff and students. The equipment, placed at Rice Memorial Hospital and Affiliated Community Medical Center Clinic system, includes three Automated External Defibrillator (AED) trainers, two adult and two pediatric CPR mannequins, one IV arm trainer, and one electronic simulation mannequin that can be used to train how to take vital signs, diagnose heart problems, and start IVs. All medical equipment is available to support training across the region. 551 health professionals received skills training on the equipment from September through November 2005.

Rural Physician Associate Program (RPAP)

The Rural Physician Associate Program offers third-year medical students an opportunity to participate in a nine-month, community-based educational experience in rural Minnesota. Since 1971, 1127 students have completed the program. Of RPAP graduates currently in practice, 64 percent practice in Minnesota, and of those physicians, 63 percent practice in rural communities.

Since 1971, communities of the Southern Minnesota AHEC region have hosted 245 RPAP students, 56 of whom now practice in those communities. For example, Willmar has hosted 53 students and has 20 physicians in practice who are former RPAP students, New Ulm has hosted 24 students and has 7 former students in practice, and Redwood Falls has hosted 10 students and has 4 former students in practice.

These community physicians and former RPAP students become teachers for the next generation of RPAP students, resulting in increased practice satisfaction for the teaching physicians and new learning opportunities for the students. Communities benefit from the students' presence and from the opportunity to continue to attract these students back to practice in the community. Southern Minnesota AHEC links RPAP students to community resources that help them gain a greater understanding of community health and rural medical practice.

In 2005, Southern Minnesota AHEC arranged community outreach visits for RPAP students to the local law enforcement center and the Jennie-O turkey processing plant. In addition, staff facilitated a session with a physician recruiter from Southwest Minnesota who provided RPAP students with information about contracts, recruitment, and other business related aspects of physician practice.

Community Health

Medical Interpreter Training

In response to the critical need for medical interpreters to serve the growing immigrant population in the region, Southern Minnesota AHEC offered financial support to students attending a two-week course for training medical interpreter instructors, held at the University of Minnesota in August 2005. One student from the region completed the course and will assist in training additional medical interpreters in the Southern Minnesota region.

Mini-Medical School

Southern Minnesota AHEC collaborated with the University of Minnesota Academic Health Center to broadcast the University's Mini Medical School in Willmar. The Mini Medical School is a five-session course that brings University research to the community. From anatomy to pharmacology, attendees learned the foundations of medical science from expert faculty and physicians. 25 community members attended during Fall 2004; an additional 22, including 6 high school students interested in pursuing health careers, attended in 2005.

Research on Women's Health Concerns

During Winter 2005, Southern Minnesota AHEC hosted two focus groups—one composed of ten Latina women, the other of ten white women—as part of a women's health research project being conducted by the Center for Women's Health at the University of Minnesota Academic Health Center. Project findings are expected in 2006.

Latina Health Symposium

Southern Minnesota AHEC will serve as the fiscal agent and partner with the Minnesota Department of Health Office of Women's Health, Office of Minority and Multicultural Health, Brown County Public Health, and others to plan a one-day symposium on women's health conducted entirely in Spanish. The symposium will take place March 25, 2006, at the community center in Redwood Falls, Minnesota. Aimed at Spanish-speaking women over the age of 40, the symposium will provide attendees an opportunity to focus on their own health with information in their own language. Topics will include diabetes management, nutrition, fitness, mental health, and domestic and family violence. Blood pressure checks and glucose testing will be available.

Rice Regional Dental Clinic

Southern Minnesota AHEC's role as a consortium member supporting the development of Rice Regional Dental Clinic will have a significant impact on community health in the region. Current projections estimate that Rice Regional Dental Clinic will serve approximately 8,000 patients annually once the Dental Clinic is fully operational. Approximately 90 percent of these patients will be public program patients.

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Appendix A: Minnesota AHEC Program Office Presentations and Publications

Selected Presentations

Brandt, Barbara, Halaas, Gwen W., and Roisen, Mark. “Understanding the Health Professions Workforce: Strategies to Strengthen Your Local Healthcare Sector.” League of Minnesota Cities Annual Conference. Rochester, Minnesota. December 2005.

Massa, Lawrence J. and Kertz, Jennifer Stumpf. “[Defining AHEC in Minnesota: A New Generation of AHECs Build Partnerships Through a Shared Model.](#)” National AHEC Organization Conference. Baltimore, Maryland. July 2004.

Kertz, Jennifer Stumpf, Ashby, Brendan L., and Fay, Mike. “[Creating a Virtual Community Presence On Campus: Using Technology to Connect Students with Communities.](#)” National AHEC Organization Conference. Baltimore, Maryland. July 2004.

Brandt, Barbara, and Ashby, Brendan. “[The Greater Minnesota Strategy and Minnesota Area Health Education Center \(Minnesota AHEC\).](#)” Minnesota Rural Health Association Conference. St. Cloud, MN. October 27, 2003.

Brandt, Barbara. “Minnesota AHEC.” Medi-Sota Roundtable Discussion. Montevideo, Minnesota. October 1, 2003.

Cerra, Frank B., and Brandt, Barbara. “Minnesota Area Health Education Center: Building Partnerships to Support Rural Health Professions.” Mankato, Minnesota. August 4, 2003.

Cerra, Frank B., and Brandt, Barbara. “Minnesota Area Health Education Center: Building Partnerships to Support Rural Health Professions.” Willmar, Minnesota. July 29, 2003.

Cerra, Frank B., and Brandt, Barbara. “Minnesota Area Health Education Center: Building Partnerships to Support Rural Health Professions.” Marshall, Minnesota. July 29, 2003.

Kertz, Jennifer Stumpf. “Minnesota AHEC.” Iron Range Resources Health Care Forum. Mountain Iron, Minnesota. June 27, 2003.

Brandt, Barbara, and Kertz, Jennifer Stumpf. “AHEC Planning and Development.” University of Minnesota. Minneapolis, Minnesota. October – November 2001.

Publications

Brandt, Barbara, and Jennifer Stumpf Kertz. “Looking to the future: Strategies to ensure a vital health professions workforce in Minnesota.” *Minnesota Physician*. August 2005.

Brandt, Barbara, and Jennifer Stumpf Kertz. “Pathways to health professions: AHEC’s rural host communities.” *Minnesota Physician*. September 2004.

Kertz, Jennifer Stumpf, and Lawrence Massa. “Creating New AHEC Partnerships: The Benefits of Community Engagement.” *The National AHEC Bulletin, Vol. 20, No. 2*. Spring 2004.

Appendix B: Northeast Minnesota AHEC Partners

Regional health care agencies

Range Regional Health Service, Hibbing
Mayo Clinic, Rochester
St. Mary's Duluth Clinic Health System
(SMDC)
Range Mental Health Center
Riverwood HealthCare Center, Aitkin
Cloquet Community Memorial Hospital &
C&NC, Cloquet
Mercy Hospital & Health Care Center, Moose
Lake
Cook County North Shore Hospital, Grand
Marais
Northern Itasca Health Care Center, Bigfork
Deer River HealthCare Center, Deer River
Grand Itasca Clinic and Hospital & C&NC,
Grand Rapids
Kanabec Hospital, Mora
Falls Memorial Hospital, International Falls
Pine Medical Center, Sandstone
White Community Hospital & C&NC, Aurora
Cook Hospital & C&NC, Cook
Ely-Bloomenson Hospital & Nursing Home, Ely
Virginia Regional Medical Center, Virginia

Academic institutions

University of Minnesota, Twin Cities
University of Minnesota, Duluth
St. Scholastica
Lake Superior College, Duluth
True North, Northeast Higher Education District
Hibbing Community College
Hibbing High School
Itasca Community College

Rainy River Community College
Fond du Lac Tribal and Community College
Proctor High School, Proctor
Esko High School, Esko
Moose Lake High School, Moose Lake
Falls High School, International Falls

Community-based agencies and local units of government

Iron Range Resources
Rural Health Resource Center
Minnesota Department of Health
Minnesota Department of Education
Minnesota Department of Employment and
Economic Development
City of Hibbing
Hibbing Fire Department
Minnesota Health Occupations Students of
America
Carlton-Cook-Lake-St. Louis Community
Health Board, Duluth
Eveleth Economic Development Authority,
Eveleth
Hibbing Medical Explorers

National organizations

National AHEC Organization
National Libraries of Medicine
National Health Service Corps
Healthcare Education-Industry Partnership
3Rnet

Appendix C: Northeast Minnesota AHEC Presentations

Ashby, Brendan. "Northeast Minnesota AHEC." University of Minnesota, Duluth. Duluth, Minnesota. October 2005.

Vincent, Mitch, and Ashby, Brendan. "Northeast Minnesota AHEC." Fairview University Medical Center. Hibbing, Minnesota. October 2005.

Ashby, Brendan, and Buck, Sally. "The NE Minnesota Health Care Provider Workforce Development and Recruitment Project." Madison, Wisconsin. September 2005.

Ashby, Brendan. "Northeast Minnesota AHEC." Iron Range Resources Regional Health Care Forum. May 2005.

Ashby, Brendan. "Northeast Minnesota AHEC." Mille Lacs County Public Health Board. February 2005.

Ashby, Brendan. "Northeast Minnesota AHEC." Stakeholders from the Fond du Lac Tribe. February 2005.

Ashby, Brendan. "Northeast Minnesota AHEC." Medical Alley Board of Directors. January 2005.

Ashby, Brendan. "Northeast Minnesota AHEC." Senior administration, Range Regional Health Center.

Ashby, Brendan. "Northeast Minnesota AHEC." Stakeholders meeting (SMDC, Falls Memorial Hospital, Rainy River Community College, and Koochiching Public Health Department). International Falls, Minnesota. October 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." Northland Healthcare Workforce Consortium. Duluth, Minnesota. October 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." The Healthcare 2010 Workforce Conference Regional Forum. Proctor, Minnesota. August 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." Range Regional Health Services Senior Management Meeting. Hibbing, Minnesota. August 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." National AHEC Organization Conference. Baltimore, Maryland. August 2004.

Kertz, Jennifer Stumpf, Ashby, Brendan, and Huntley, Kathleen R. "[Minnesota AHEC: Supporting healthy communities through education and service.](#)" 2004 Minnesota Rural Summit. Hibbing, Minnesota. August 18-20, 2004.

Kertz, Jennifer Stumpf, Ashby, Brendan, and Fay, Mike. "[Creating a Virtual Community Presence On Campus: Using Technology to Connect Students with Communities.](#)" National AHEC Organization Conference. Baltimore, Maryland. July 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." Range Regional Health Services Board of Directors. Hibbing, Minnesota. May 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." Health Occupations Teachers Curriculum Conference. Brooklyn Park, Minnesota. April 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." Fairview University Medical Center-Mesabi. Hibbing, Minnesota. April 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." Hibbing Economic Development Agency (HEDA). Hibbing, Minnesota. March 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." The Minnesota Health Strategy & Communications Network (MHSCN). Duluth, Minnesota. March 2004.

Ashby, Brendan. "Workforce development, K-12 youth, and health care promotion programs." Business and Education Partnership. Hibbing, Minnesota. February 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." Joint meeting of the Kiwanis Clubs of Cloquet and Moose Lake. February 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." Woodlands Wisdom and Fond du Lac Tribal and Community College. Cloquet, Minnesota. February 2004.

Ashby, Brendan. "Northeast Minnesota AHEC." Range Health Care Forum (Mt. Iron), Fairview Hospital Management, and Hibbing Breakfast Rotary. Hibbing, Minnesota. November 2003.

Brandt, Barbara, and Ashby, Brendan. "[The Greater Minnesota Strategy and Minnesota Area Health Education Center \(Minnesota AHEC\)](#)." Minnesota Rural Health Association Conference. St. Cloud, MN. October 27, 2003.

Participation in Other Selected Meetings

HOSA Executive Board planning session. Prior Lake, Minnesota. August 2004.

Continuing medical education pilot for providers, which focused on children's mental health. Hibbing, Minnesota. August 2004.

Community meeting in Grand Marais with local stakeholders and faculty from the University of Minnesota. Local stakeholders shared their thoughts and ideas about working with the University and Northeast Minnesota AHEC. Grand Marais, Minnesota. September 2004.

Business Education Partnership Board meeting to discuss technical preparation with emphasis on health care careers in the Chisholm and Hibbing areas. Hibbing, Minnesota. October 2004.

Business Education Partnership meeting in Hibbing to discuss forming closer connections with Northeast Minnesota AHEC, especially around K-12 health careers discovery programs. January 2005.

University of Minnesota Extension meeting to identify points of collaboration, namely around community youth development, health and nutrition, and leadership and civic engagement. January 2005.

Lake Superior Community College meeting regarding expanding respiratory and radiological technician training programs on the Range. February 2005.

Career Laddering for Education and Advancement in Nursing (CLEAN) project committee for increasing the supply of nurses with a focus on rural nursing throughout the Arrowhead Region through distance education. June 2005.

Appendix D: Northeast Minnesota AHEC Board and Committee Memberships

Chairman, Northeast Primary Care Fund-Sub Committee, Iron Range Resources

Executive Board, Minnesota Health Occupations Students of America

Advisory Board, Northern Minnesota Area Geriatric Education Center

Advisory Board, Career Laddering for the Education and Advancement of Nursing, Hibbing, Itasca, and Rainy River Community Colleges

Advisory Board, Hibbing Community College Nursing Assistant/Home Health Aide and AD Nursing Program Business Education Partnership, Hibbing Chamber of Commerce

Hands on Health Committee, Iron Range Resources

Planning Committee, Healthcare Education Industry Partnership (HEIP)

Chair/Advisor, Hibbing Medical Explorers

Planning Group, K-12 and Beyond Health Science Network, Healthcare Education Industry Partnership, Minnesota

Appendix E: Southern Minnesota AHEC Partners

Regional health care agencies

Rice Memorial Hospital, Willmar
 Affiliated Community Medical Centers, a system of 10 clinics in Western and Southern Minnesota
 Family Practice Medical Center, Willmar
 Immanuel St. Joseph's Mayo Medical Center, Mankato
 Open Door Health Center
 New Ulm Medical Center
 Chippewa County Montevideo Hospital
 Madison Hospital
 Johnson Memorial Hospital, Dawson
 Hendricks Community Hospital
 Avera Marshall Medical Center
 Glencoe Regional Health Services
 Granite Falls Municipal Hospital
 Hutchinson Community Hospital
 Fairmont Medical Center
 St. Peter Regional Treatment Center
 Worthington Regional Hospital
 Redwood Area Hospital
 Renville County Hospital
 Appleton Municipal Hospital
 Swift County Benson Hospital
 Waseca Medical Center Mayo Health System
 Madelia Community Hospital

Academic institutions

University of Minnesota, Twin Cities
 University of Minnesota, Duluth
 University of Minnesota Family Practice Residency Program, Waseca and Mankato
 Augsburg College, Minneapolis
 Ridgewater College, Willmar and Hutchinson
 MN West Community College, Granite Falls
 Century College, White Bear Lake
 University of Wisconsin, Madison
 University of Kansas Medical School
 Minnesota State University, Mankato
 South Central Community and Technical College, Mankato
 Gustavus Adolphus College
 Mankato East and West High Schools
 Willmar Public Schools

New London/Spicer High Schools
 ACGC High School, Grove City
 BBE High School, Belgrade
 KMS High School, Kerkhoven
 MACCRAY High School, Clara City
 BOLD High School, Olivia
 Marshall High School
 St. Peter High School
 Prinsburg Central Community Christian School
 Springfield High School
 Lac Qui Parle Valley High School

Community-based agencies and local units of government

West Central Integration Collaborative
 Workforce Centers, Willmar, Montevideo, Fairmont
 Minnesota Rural Health Association
 Willmar Area Chamber of Commerce
 Minnesota River Area Agency on Aging
 Minnesota Area Geriatric Education Center
 Medi-Sota, Inc.
 Minnesota Rural Health Cooperative
 Minnesota Department of Health
 Minnesota Department of Education
 Healthcare Education Industry Partnership
 Rural Health Resource Center
 Kandiyohi County Public Health Services
 Countryside Public Health Services
 Brown County Public Health Services
 Redwood County Public Health Services
 Renville County Public Health Services
 Centro Campesino
 Center for Cross Cultural Health
 Minnesota Council of Nonprofits
 Hospice Minnesota

National organizations

National AHEC Organization
 National Health Service Corps

Appendix F: Southern Minnesota AHEC Presentations

Huntley, Kathleen R. “Southern Minnesota AHEC.” Prairie Regional Health Alliance. April 2005.

Huntley, Kathleen R. “Southern Minnesota AHEC.” Atwater, Cosmos, Grove City (ACGC) School District. March 2005.

Huntley, Kathleen R. “Southern Minnesota AHEC.” Kiwanis Club. Benson, Minnesota. February 2005.

Huntley, Kathleen R. “Southern Minnesota AHEC.” Vision 2020 Task Force, Chamber of Commerce. Willmar, Minnesota. January 2005.

Huntley, Kathleen R. “Southern Minnesota AHEC.” Minnesota Area Geriatric Education Center South Board of Directors Meeting. Willmar, Minnesota. January 2005.

Huntley, Kathleen R. “Southern Minnesota AHEC.” Regional Directors of Public Health. Sleepy Eye, Minnesota. December 2004.

Huntley, Kathleen R. “Southern Minnesota AHEC.” Willmar Rotary. Willmar, Minnesota. November 2004.

Huntley, Kathleen R. “Southern Minnesota AHEC.” Glencoe Medical Center. Glencoe, Minnesota. November 2004.

Huntley, Kathleen R. “Southern Minnesota AHEC.” Healthcare Workforce Forum. Mankato, Minnesota. October 2004.

Huntley, Kathleen R. “Southern Minnesota AHEC.” Healthcare Workforce Forum. Willmar, Minnesota. September 2004.

Huntley, Kathleen R. “Southern Minnesota AHEC.” Marshall High School fall teacher workshop. Marshall, Minnesota. August 2004.

Huntley, Kathleen R. “Southern Minnesota AHEC.” Medical Education Meeting. Rice Memorial Hospital. Willmar, Minnesota. August 2004.

Appendix G: Southern Minnesota AHEC Board and Committee Memberships

Partnership Council, Healthcare Education Industry Partnership (HEIP)

Planning Committee, 2004 Statewide Workforce Forums

Planning Committee, Bridging Distances in Healthcare, a grant-funded project to develop a health care academy as an entry point into health care occupations

Policy Committee and Curriculum and Evaluation Committee, Community Health Worker Project

Ex-officio Board Member, Rural Pharmacy Network

Partner, with Ridgewater College, in grant to use simulation in health care education

Planning Committee, Focus Group conducted by Women's Health Center of Excellence at the University of Minnesota School of Nursing

Interpreters' Stakeholders' Group

Task Force, Willmar Area Vision 2020

Partner, with Minnesota River Area Agency on Aging in application for an ElderCare Development Partnership grant for improving chronic disease management

Advisory Board, Ridgewater Customized Training and Continuing Education

West Central School-to-Work Collaborative

Southwestern Minnesota Public Policy Committee, Minnesota Council of Nonprofits

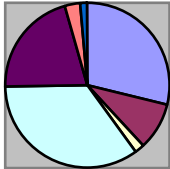
Planning Committee, Latina Health Symposium

Appendix H: Minnesota AHEC Financial Report - 2002-2005
Three Years' funding sources

Minnesota AHEC is a federal-state matching funds cooperative agreement funded through Title VII of the Public Health Service Act through the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services. State and local funding to support Minnesota AHEC is made possible through the substantial contributions of its academic and community partners.

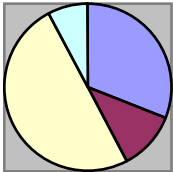
	University of Minnesota Resources	MERC Funding	HRSA Grant Funds	Regional Matches	Total
Expenses					
Staff	395,000	0	120,000	0	515,000
Supplies, etc.	90,000	0	75,000	0	165,000
Travel	15,000	0	20,000	0	35,000
Northeast AHEC Activities	0	100,000	410,000	115,000	625,000
Southern AHEC Activities	0	100,000	245,000	25,000	370,000
Student Assistance	55,000	0	0	0	55,000
Indirect Cost	<u>0</u>	<u>0</u>	<u>25,000</u>	<u>0</u>	<u>25,000</u>
Total Expenses	555,000	200,000	895,000	140,000	1,790,000

Minnesota AHEC Expenses 2002-2005



- Staff
- Supplies
- Travel
- Northeast AHEC Activities
- Southern AHEC Activities
- Student Assistance
- Indirect Cost

Minnesota AHEC Funding Sources 2002-2005



- UM Resources
- MERC Funding
- HRSA Grant
- Regional Matches

Three Years' funding sources: 2002 - 2005

- The funding listed in this report as “University of Minnesota Resources” is from tobacco settlements.
- The cost to deliver clinical education to higher education and health and community settings is substantial. Revenue and cost recovery in Minnesota takes the form of direct site compensation from the state’s Medical Education and Research Cost (MERC) funds. MERC supports graduate level Nursing, Medicine, Dentistry and Pharmacy students and residents at a variety of clinical sites throughout the state.
- The MN AHEC has developed a funding strategy to attract and provide assistance to students who are participating in new programs or new experiential education opportunities. Thus one criterion for funding is to support students who would otherwise not be participating in rural experiential practice rotations. This ultimately increases students’ involvement in disciplinary or interprofessional clinical education in medically underserved areas of the state.