FALL 2022 VOL. 6 • NO. 4

MFP

MINNESOTA FAMILY PHYSICIAN

REPRESENTATION MATTERS: A CONVERSATION WITH MAFP STUDENT DIRECTOR TAMEE LIVERMONT, MPH

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Minnesota family physicians were well-represented at the 2022 American Academy of Family Physicians (AAFP) Congress of Delegates, the AAFP's policy-making body, in September in Washington, DC.

Pictured, l-r: **Jami Burbidge, MAM,** MAFP COO; **Alex Vosooney, MD,** MAFP President and Senior Alternate Delegate (Minnesota); **Dave Bucher, MD, FAAFP,** Junior Delegate (Minnesota); **Dania Kamp, MD, FAAFP,** Senior Delegate (Minnesota); **Bob Jeske, MD,** MAFP President Elect; **Nicole Chaisson, MD, MPH,** Junior Alternate Delegate (Minnesota); and **Maria Huntley, CAE, MAM,** MAFP CEO.

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MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

CONNECT WITH THE MAFP

Alex Vosooney, MD
MAFP President

Dear Colleagues,

The Minnesota Academy of Family Physicians (MAFP) is here to serve and support you, our members, but we need your input.

HELP SET THE POLICIES & DIRECTION OF THE MAFP

One of the many ways members can connect with the core work of the MAFP is by helping to direct the MAFP's focus. Participating in our **House of Delegates**, the MAFP's policy-setting body, is an excellent way to do this.

The House of Delegates is something I've always enjoyed—talking with colleagues from around the state, gaining perspective on how issues affect different practices and helping to determine how our advocacy staff will focus their time helps me feel connected to the MAFP. If there is an issue you're interested in seeing the MAFP take action on, whether at the state or national level, please peruse the advocacy blog (mafpadvocacy.org) or reach out to staff to see what work the MAFP may already be doing.

Consider working with your local chapter or MAFP staff on writing a resolution for our upcoming House of Delegates, which will be held on **Saturday, May 6, 2023, 9:00 am - 12:00 pm**, at the University of Minnesota Medical School, Duluth campus (*virtual participation will also be available*).

When you attend the House of Delegates, be ready for collegial but lively debate. Don't be intimidated by parliamentary procedure; your leadership team (and parliamentarian) will be there to help you with the technical aspects of the process. Whether your opinion is in the minority or the majority, *you will be heard.*

I recently had the pleasure of serving as Minnesota's senior alternate delegate at the **AAFP 2022 Congress of Delegates**. The Minnesota delegation had several resolutions brought forward—many of which were voted through by the Congress. It was exciting to see resolutions which started at our House of Delegates playing a role in future policy and advocacy work for the AAFP.

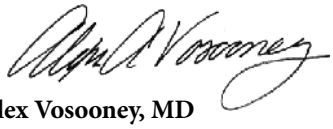
If you are able to attend the House of Delegates in 2023, I look forward to seeing you there and hearing more about your thoughts on the issues facing our colleagues and how the MAFP can best serve its members.

GET CONNECTED WITH THE MAFP

Other ways to connect with the MAFP:

- **Share your story** on how legislation could affect you and your patients by testifying at the legislature. *Interested in getting involved in legislative advocacy?* Contact MAFP Chief Operating Officer Jami Burbidge, MAM, at jami@mafp.org.
- **Participate in CME offerings**, or suggest topics you think we should include in future offerings. Find current CME opportunities online at mafp.org/cme.
- **Attend the MAFP Innovation & Research Forum** to learn what students, residents and physicians around the state have been working on. Find Forum details and registration at mafp.org/IRF.
- Bring your ideas for getting engaged in the work we do to our staff and leaders.

I look forward to connecting with you in person as I meet with chapters and groups around the state in early 2023.



Alex Vosooney, MD
MAFP President

MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

Representing more than 3,100 family physicians, family medicine residents and medical students, the Minnesota Academy of Family Physicians (MAFP) is the largest medical specialty organization in Minnesota. It is the state chapter of the American Academy of Family Physicians (AAFP), one of the largest national medical organizations in the United States, with more than 127,600 members.
The MAFP promotes the specialty of family medicine in Minnesota and supports family physicians as they provide high quality, comprehensive and continuous medical care for patients of all ages.
The ***Minnesota Family Physician*** (MFP) is the official publication of the MAFP.
Contact the MAFP at 952-224-3875 or office@mafp.org.

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AUTISM SCREENING AND EARLY REFERRAL

by **Nicole Berning, MS, BCBA**

Currently, the American Academy of Pediatrics (AAP) recommends universal autism spectrum disorder (ASD) screening for children ages 18 and 24 months.[1] Although ASD can be reliably diagnosed by 24 months, the average age of diagnosis in Minnesota is 5 years 3 months, according to a recent study by the Minnesota-Autism and Developmental Disabilities Monitoring Network (MN-ADDM).[2] The MN-ADDM is part of the Autism and Developmental Disabilities Monitoring Network, a group of programs funded through the Centers for Disease Control and Prevention (CDC) to estimate the number of children with ASD and other developmental disabilities living in different areas of the United States.

The MN-ADDM's research also found that over 40% of those children (diagnosed after 24 months) had a concern regarding their development noted prior to age three but did not go on to receive a medical diagnosis until much later. Later diagnosis leads to delays in accessing early intervention services. This is concerning, since research has shown early intervention increases overall IQ, builds language and communication skills and teaches self-regulation behaviors. The American Academy of Family Physicians.[3] notes that children with more optimal outcomes receive earlier, more intensive behavioral interventions.

IMPORTANCE

ASD is the fastest growing developmental disability in America. One in 36 eight-year-old children in Minnesota is diagnosed with ASD. This is higher than the national average of 1 in 44. As a family physician, you are often the first point of contact for families. You can identify children who might need extra help in their development before they go to school. It is best to *NOT* take a "wait and see" approach. Accessing early intervention[4] can make a tremendous difference in the child's quality of life and learning and their later development.

The CDC notes: "Early identification of ASD and other developmental disorders often allows access to interventions, which may lead to improved outcomes. Formal screening of every child for ASD during pediatric visits has been recommended by the AAP at 18 and 24 months." The CDC also created a case study[5] to help physicians improve their screening of ASD.

Despite these recommendations, Minnesota Medical Assistance Child and Teen Checkups (C&TC) data indicates that only 10-12% of children eligible for C&TC services received the recommended ASD screening at 18 and 24 months or social-emotional screening at 18 months.

PRACTICE CONSIDERATIONS

Screening

Developmental and social-emotional screening should be occurring at 9-, 18- and 30-month visits, with ASD specific screenings at 18 and 24 months or any time a concern is identified. The Modified Checklist for Autism in Toddlers-R/F (M-CHAT-R/F)[6] Revised with follow-up is the most common ASD screening tool used in clinical settings. It takes five minutes to complete and only two minutes to score. Parent report tools, like the M-CHAT, often have the advantage of being brief, inexpensive and practical in the clinic or office setting. The M-CHAT does not require training to administer and is available in multiple languages.

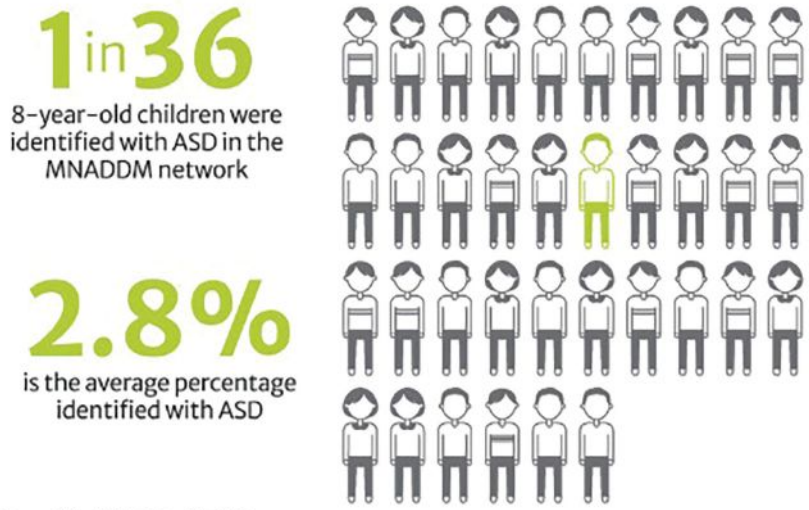
In an effort to mitigate the shortage of trained clinicians to evaluate ASD and the subsequently long wait lists, the AAP has recently recommended the use of a Level 2 screener[7] (e.g., Screening Tool for Autism in Toddlers (STAT), Rapid Interactive Screening Test for Autism in Toddlers RITA-T, Tele-ASD-PEDS) after a positive screen on a Level 1 screener before referring children on for a full comprehensive evaluation for ASD. This way, a series of screening tools are used to enrich the population of children referred for further evaluation.

Key indicators of ASD in young children include a lack or loss of functional communication, little to no eye contact, no response to name, restricted behaviors or interests and being easily upset by small changes in routine. For more signs and symptoms, visit the Minnesota Autism Resource Portal: Signs and Symptoms[8] and view the C&TC Manual on Screening for Autism Spectrum Disorder (ASD) in Toddlers[9] for billing and additional instructions.

Identification and Referral

Generally, as a family physician, you are within your scope of practice to diagnose a child with ASD. It is important to do so immediately and definitively. If it is outside your clinic's scope or the child is demonstrating complex co-occurring symptoms, such as anxiety, depression or seizures, refer the child on for a comprehensive evaluation. A medical diagnosis opens the door to access services and supports.

It is critical to explore both medical and educational pathways[10] to make sure a child gets everything they need. Some services, like Medical Assistance and Social Security, require a medical diagnosis for eligibility. An educational determination allows students to access special education services through the



public school system. View the section on Finding Supports Early[11] on the Minnesota Autism Resource Portal website for specific referral information and forms.

Families are often not aware of all the potential supports available. You empower families by helping them access evaluation and services. In Minnesota, we have a variety of peer to peer[12] organizations, support groups[13] as well as advocacy[14] and legal supports.[15] Families report[16] connection to these groups as being vital in helping to navigate a complex system of supports.

Intervention and Follow-up

The Early Intensive Developmental and Behavioral Intervention (EIDBI) Benefit is a medical benefit for children with ASD and related conditions. EIDBI offers a range of services, including 1:1 or group intervention, family caregiver training and counseling and coordinated care conferences. EIDBI services can be provided in person or via telehealth. Services are provided in home or in centers. Providers can also go into the community or other environments, such as childcare settings or schools, to offer support. Use the EIDBI referral form[17] to help families access EIDBI services.

In addition, encourage families to contact their local county office or tribal office[18] to request a MnCHOICES assessment and support plan.[19]

A number of factors impact families accessing services, including a lack of awareness on the resources available, long wait lists, transportation barriers, lack of insurance and cultural considerations. If you are confident and comfortable sharing information on ASD, families will be more likely to follow up on referrals and access the support their child needs.

DELAYS AND DISPARITIES

Race, ethnicity and social drivers of health are associated with inequities in early identification of developmental delays and disabilities. It is critical to provide resources on developmental milestones and child development to families in a variety of formats and languages, including:

- The Milestone Tracker app[20] from the CDC: Learn the Signs, Act Early
- The First Steps: Pathway to Playing, Learning and Growing[21] resource found on the Minnesota Autism Resource Portal website[22]
- Information on Head Start, early childhood family education or community education classes

In addition, guidance should include how to promote development through maximizing interactions during everyday activities like talking, reading, singing and playing with the child. Review the specific skills the child should typically develop before the next visit.

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Nicole Berning, MS, BCBA, is a board-certified behavior analyst and works with the Minnesota Department of Human Services as the Autism Clinical Lead for the Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit.

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REPRESENTATION AND VISIBILITY MATTERS: WORKING TO STRENGTHEN CARE OF NATIVE AND INDIGENOUS COMMUNITIES IN FAMILY MEDICINE

AN INTERVIEW WITH TAMEE LIVERMONT, MPH

by **Emie Buege,** MAFP Communications & Marketing

MAFP Student Director **Tamee Livermont, MPH,** is a second-year medical student at the University of Minnesota, Duluth campus. She is a leader and advocate and passionate about Native American health care.

At the 2022 American Academy of Family Physicians (AAFP) National Conference of Family Medicine Residents and Medical Students, the Minnesota student delegation introduced a resolution, authored by Livermont, calling for the AAFP to increase the visibility of Native and Indigenous communities by inviting representative members to contribute to the new AAFP Commission on Diversity, Equity and Inclusiveness. The resolution was adopted.

In addition to her role as MAFP Student Director, Livermont serves on the American Medical Association Medical Student Section's American Indian Affairs Committee and as a representative for the Center of American Indian and Minority Health. She also is a member of the MAFP Legislative and Health Equity Committees.

Livermont was recently named a recipient of the 2022 Morris K. Udall and John S. McCain III Native American Graduate Fellowship in Tribal Policy. Before medical school, she served as the Tribal Liaison at the Great Plains Tribal Leaders Health Board and earned a Master of Public Health degree in health policy. Livermont is a member of the Oglala Lakota Nation.

We asked Livermont to share more with us about the resolution she authored and her experiences in leadership and advocacy.

TELL US ABOUT THE "INCREASING VISIBILITY OF NATIVE AND INDIGENOUS COMMUNITIES WITHIN THE AAFP" RESOLUTION THAT YOU AUTHORED.

The idea for the resolution came after looking through AAFP publications, resolutions and policies that failed to, in most cases, mention Native and Indigenous communities. Within spaces at the AAFP, there was little to no representation for our tribal communities.

In this resolution, we called on the AAFP to:

- Provide targeted educational opportunities focusing on Native and Indigenous communities, centering Indigenous voices in these conversations.
- Be deliberate in the recruitment and selection of individuals to serve on the Commission on Diversity, Equity and Inclusiveness—to identify AAFP members who are Native or Indigenous to contribute to the commission's work.

Representation is important. Visibility is important. I am hopeful that this resolution leads to explicit efforts by the AAFP and will further strengthen the quality of care for Native patients by family medicine physicians and the AAFP's relationship with Native physicians, student doctors and tribal communities.

WHAT DO YOU HOPE TO ACCOMPLISH AS STUDENT DIRECTOR OF THE MAFP?

As mentioned before, representation is important. I see being the student director as an opportunity to be a voice for Native patients across Minnesota and strengthen the commitment of the MAFP to their mission of health equity, reaching tribal communities across the state.

Tamee Livermont, MPH

HOW CAN MEDICAL STUDENTS BENEFIT FROM MEMBERSHIP IN THE MAFP?

The MAFP has many opportunities to be involved, advocate for the things you are passionate about and learn more about family medicine and the flexibility in this specialty, including financially supporting students in attending the AAFP National Conference. Staff are supportive and provide low-stress opportunities to get engaged.

TELL US ABOUT THE UDALL NATIVE AMERICAN GRADUATE FELLOWSHIP IN TRIBAL POLICY.

The Udall Native American Graduate Fellowship in Tribal Policy recognizes

outstanding Native American and Alaska Native graduate students who are currently pursuing advanced degrees in health care fields. It's a financial award that supports students in opportunities to further their work on health care policy.

Morris Udall was a champion for tribal self-determination and tribal health care policy. Receiving this award allows me to continue his work and legacy and uphold the obligations of the federal government to provide quality, competent health care to my own and other tribal communities across the nation.

I entered medical school knowing that the end goal wasn't to be a clinical physician full-time, but to use my clinical experiences and interactions with those I serve to inform my advocacy and create change. This fellowship invests in my true passion for policy and systems change while I continue my medical training.

YOU HOLD A NUMBER OF LEADERSHIP ROLES AS A MEDICAL STUDENT. CAN YOU SPOTLIGHT ONE?

My favorite leadership position in medical school is being the Center of American Indian and Minority Health Representative. This leadership position provides me the opportunity to advocate for BIPOC students and DEI (diversity, equity and inclusion) issues, plan events to build a community for students on the Duluth campus and so much more.

It meant a lot to me when students put their trust in me to be their representative. Through this position, the change in which we are able to mobilize doesn't only impact current students, but those who follow in our footsteps. Higher education spaces were not meant for us, so being able to be a voice through this role, break down barriers and hold the institution accountable to true inclusivity is very important to me.

ANY TIPS FOR OTHER STUDENTS ON HOW TO DEVELOP AS A LEADER AND ADVOCATE?

Try it. Be humble along the way. Being a leader and advocate takes time. Get used to being uncomfortable. Equally, be a good listener and stand up for what is right. Being a leader isn't a title; it's a commitment to the work that you do and your actions upholding the leadership which you say you provide.

The same rings true for advocacy. For allies, leadership and being an advocate means finding the balance between taking on the workload of educating and uplifting *and* centering the voices of those impacted by the things that you're advocating for. For individuals from marginalized backgrounds, it sometimes means having awareness to recognize spaces in which your perspective is not respected and creating healthy boundaries to know when to step away or keep pushing.

COMING SOON...

INTRO TO ADVOCACY

Family physicians, family medicine residents and medical students are invited to our advocacy workshop to get equipped to advocate effectively for patients and family medicine. *Registration includes access to online modules/resources.*

When: Saturday, January 14, 2023
8:30 - 11:30 am

Where: Fueled Collective Northeast
1400 Van Buren St NE, Ste 200
Minneapolis

Cost:

- $25 for AAFP/MAFP physician members
- $0 for AAFP/MAFP family medicine resident members and medical students

mafp.org/intro-to-advocacy

LEGISLATIVE LUNCH + DAY AT THE CAPITOL

Family physicians, family medicine residents and medical students from across Minnesota will gather for a legislative luncheon at the State Capitol to be followed by meetings with lawmakers, as part of the Minnesota Medical Association Day at the Capitol.

When: Thursday, February 9, 2023
Time TBA

Where: Minnesota State Capitol
75 Rev. Dr. Martin Luther King Jr Blvd
St. Paul

Cost: Free

mafp.org/event/dac-2023

INNOVATION & RESEARCH FORUM

The Innovation & Research Forum brings together practicing family physicians, researchers, innovators, medical students and residents to:

- Dig into the latest in primary care innovations and research and see how the findings can translate into clinical practice and improve patient care.
- Share research and innovation projects and receive valuable feedback from peers.

Opening presenter **Ann Gearity, PhD,** will present, "Lessons learned from these difficult past few years: how do children cope, and what mediates adversity?" Gearity has worked for more than four decades in mental health with children, teens, adults and families. She is the author of *Development Repair*, an intervention model that integrates research about early development to mitigate the impact of trauma.

When: Saturday, March 11, 2023
8:00 am - 2:05 pm

Where: UCare
500 NE Stinson Blvd
Minneapolis

Cost:

- $150 for AAFP/MAFP physician members
- $0 for AAFP/MAFP family medicine resident members and medical students

mafp.org/IRF

CALENDAR

Intro to Advocacy
Saturday, January 14, 2023
8:30 – 11:30 am
Minneapolis (Fueled Collective)

Legislative Lunch + Day at the Capitol
Thursday, February 9, 2023
Time TBA
St. Paul (State Capitol Building)

Innovation & Research Forum
Saturday, March 11, 2023
8:00 am – 2:05 pm
Minneapolis (UCare)
**This is offered in a hybrid format—you may attend online or in person.*

Foundation Innovation & Research Grant + Summer Externship Application Deadline
Friday, April 1, 2023
mafp.org/apply

House of Delegates
Saturday, May 6, 2023
9:00 am – 12:00 pm
Duluth (University of Minnesota Medical School, Duluth campus)
**This is offered in a hybrid format—you may attend online or in person.*

ABFM Group KSA: Care of the Older Adult
Saturday, May 6, 2023
12:30 – 4:30 pm
Duluth (University of Minnesota Medical School, Duluth campus)
**This is offered in a hybrid format—you may attend online or in person.*

Visit mafp.org/events to register and for compete event details (unless otherwise noted).

MAFP PROGRAM

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Ad Council

Jonathan Dickman, MD, PhD, faculty, United Family Medicine Residency and **Laura Miller, MD, MPH, FAAFP,** faculty, University of Minnesota North Memorial Family Medicine Residency, co-chaired the Family Medicine Midwest conference, held October 7-9, 2022, at the McNamara Alumni Center at the University of Minnesota. Minnesota family physicians, family medicine residents, medical students and MAFP leaders presented on a variety of primary care topics, including increasing the numbers of indigenous health care providers, improving health care engagement in the Hispanic community of southeastern Minnesota and using family medicine's advocacy voice for change.

Jon Hallberg, MD, FAAFP, creative director at the University of Minnesota Center for the Art of Medicine, is a creator and co-host of *Art + Medicine*, a TV series and partnership of the University of Minnesota and Twin Cities Public Television. In October, the episode on race and medicine received an Upper Midwest Regional Emmy. The newest episode, *Art + Medicine: Healthy Aging*, premiers on October 28, 2022, and can be streamed at www.tpt.org/art-medicine-healthy-aging.

Carolyn Kampa, MD, FAAFP, Allina Health Cambridge Clinic, and **Yun Chau Lee, MD, FAAFP,** formerly of Rice County Hospital, were conferred as fellows of the American Academy of Family Physicians (AAFP) at the 2022 Family Medicine Experience in Washington, DC, on September 23. The Degree of Fellow recognizes AAFP members who have distinguished themselves among their colleagues, as well as in their communities, by their service to family medicine, advancement of health care to the American people and professional development through medical education and research.

Carolyn Kampa, MD, FAAFP, and **Jonathan Van Arsdale, MD,** of Allina Health Cambridge Clinic, were both voted Best Doctor in the *Isanti-Chisago County Stars*' Readers' Choice 2022 Best of the Star contest. Results were announced on October 6, 2022.

Thomas Marcroft, a fourth-year medical student at the University of Minnesota, was named a 2022 Pisacano Scholar by the Pisacano Leadership Foundation. Scholars participate in a leadership development program for future leaders of family medicine and receive a scholarship. Marcroft has been active in outreach, education and care around addiction and substance use disorders, specifically working with underserved populations. As a medical student, he has founded two new academic interest groups, organized trainings on the use of naloxone and more. Learn more about Marcroft and this scholarship program at pisacano.org.

Shailey Prasad, MBBS, MPH, FAAFP, professor, University of Minnesota Department of Family Medicine and Community Health, was appointed Associate Vice President for Global and Rural Health in the Office of Academic Clinical Affairs (OACA) at the University of Minnesota. In this new role, he will expand the work of the University's Center for Global Health and Social Responsibility and partner with and align global health work in the Medical School and OACA.

PREVENTING VIOLENCE IN HEALTH CARE

The following resources have been compiled by the American Academy of Family Physicians (AAFP) and are included in the Preventing Violence in Health Care Toolkit (printed with permission from the AAFP).

Violence is a significant problem in health care and accounts for most on-site injuries. Mitigating workplace violence requires that health care facilities and medical practices take preventive steps and follow specific plans of action.

Office staff and other team members in a family medicine practice should be trained to identify situations that commonly precipitate violence and respond appropriately. The AAFP encourages health care facilities to have security protocols in place. New staff should be trained on these protocols during orientation, and existing staff should receive regular training updates. Routine security drills or simulations may also help ensure health care facility staff are appropriately prepared to respond to a violent incident.

Simple changes to practices, policies and staff training can dramatically improve responsiveness to potentially violent situations and help ensure the safety of both the health care team and patients.

AAFP RESOURCES: POLICIES AND POSITION PAPERS

Violence Position Paper:

www.aafp.org/about/policies/all/violence-position-paper.html

Family physicians and office team members have many opportunities to identify patients at risk of victimization or perpetration and to prevent or influence the outcomes associated with violence for patients. Many patients have strong relationships with staff within a primary care office and may disclose their experiences with violence to those staff members.

Violence as a Public Health Concern:

www.aafp.org/about/policies/all/violence-public-health-concern.html

Exposure to violence and abuse has been associated with death and severe physical and mental health outcomes. To support their patients who have experienced violence or are at risk, family physicians need to be aware of the various manifestations of violence, risk factors related to violence, and availability of resources and services for survivors of violence and their families.

Prevention of Gun Violence Position Paper:

www.aafp.org/about/policies/all/gun-violence.html

The AAFP recognizes gun violence as a national public health epidemic. The AAFP supports primary prevention strategies to reduce the injuries and deaths associated with gun ownership and violence. Physicians play an important role in counseling patients about injury prevention, including safe storage practices.

Violence, Illegal Acts Against Physicians and Other Health Professionals:

www.aafp.org/about/policies/all/violence-illegal-acts.html

The AAFP condemns violence and other illegal acts against physicians and other health professionals and urges prompt enforcement of laws prohibiting such activities. The AAFP supports classifying violent crimes against physicians and other health professionals as felonies.

Intimate Partner Violence:

www.aafp.org/about/policies/all/intimate-partner-violence.html

Family physicians should be aware of individual, relationship, community, and societal factors that increase the risk for experiencing intimate partner violence. Family physicians who provide ongoing care for patients and communities have a unique opportunity to help break the cycle of abuse by working with families and within their communities to prevent abuse.

Violence, Harassment and Bullying:

www.aafp.org/about/policies/all/violence-harassment-school-bullying.html

Violence, harassment, and bullying that takes place in any venue has significant and harmful physical and psychological effects and should not be tolerated.

Prevention of Sexual and Gender-Based Harassment in Medical Education and Clinical Settings:

www.aafp.org/about/policies/all/prevention-gender-basedharassment.html

The AAFP acknowledges that sexual and gender-based harassment is a serious public health issue relevant to physicians and medical trainees. Prevention and mitigation of this harassment should be addressed in both medical educational and clinical settings.

AAFP RESOURCES: JOURNAL ARTICLES

- *Family Practice Management:*
  How to Prepare for and Survive a Violent Patient Encounter,
  www.aafp.org/pubs/fpm/issues/2018/1100/p5.html

- *American Family Physician:*
  Violence in the Health Care Setting: What Can We Do?
  www.aafp.org/pubs/afp/issues/2018/0915/p381.html

- *Family Practice Management Quick Tips Blog*:
  Violence in the Office: Six Questions to Help You Prepare,
  www.aafp.org/pubs/afp/issues/2018/0915/p381.html

- *Family Practice Management:*
  Incivility in Health Care: Strategies for De-escalating Troubling Encounters,
  www.aafp.org/pubs/fpm/issues/2019/0900/p8.html

Access the full toolkit online and see additional resources at **bit.ly/violenceinhealthcaretoolkit**.

MANKATO RESIDENCY SPONSORSHIP TRANSITIONS FROM THE UNIVERSITY OF MINNESOTA TO MAYO CLINIC

Mayo Clinic - Mankato program faculty and residents gathered around their new residency sign.

On July 1, 2022, the ACGME sponsoring institution for the Mankato family medicine residency transitioned from the University of Minnesota Medical School to the Mayo Clinic Alix School of Medicine.

The University of Minnesota first launched the residency in 1994 as a rural program, with residents training in both the Waseca and Mankato communities. Over the years, the program has experienced several transitions (and moves). While the University of Minnesota has been the sponsoring institution, the residency's clinic and hospital sites have been part of the Mayo Clinic Health System for years.

This transition has been a long time coming, and both institutions worked hard to make it as seamless for the program as possible.

Associate Residency Program Director **Erin Westfall, DO, FACOFP,** had this to say: "We're grateful for the many years that the University of Minnesota sponsored our residency program. Together, we've trained hundreds of family physicians—many of whom stayed right here in Minnesota to practice. We are steadfast in our commitment to cultivating the family medicine workforce in Minnesota under the sponsorship of Mayo Clinic and with ongoing support from family medicine organizations such as the MAFP."

We asked Mayo Clinic Family Medicine Residency – Mankato leadership to share more about the transition and their program.

WHAT ARE YOU MOST EXCITED ABOUT WITH THIS TRANSITION?

We have always been proud to see patients within the Mayo Clinic Health System. Mayo Clinic is a top-notch organization.

We're looking forward to:

- Using techniques and skills we used for co-learning at the University of Minnesota with other Mayo family medicine residencies.
- Having other community hospital sites to collaborate with and to learn about how they approach community medicine in smaller towns that are neither rural nor urban.
- Having other Mayo sites with osteopathic recognition, which will help facilitate joint learning and research opportunities.

WHAT MAKES YOUR PROGRAM UNIQUE AND/OR SETS IT APART FROM OTHER RESIDENCIES?

We're a community-based program that prepares residents for transformational care through empowering them to innovate and develop their passions.

Our program has a strong culture of engaging in work around health equity and has developed sustainable relationships with community-based organizations. Our residents spend a significant amount of time working in the community, providing care to people experiencing homelessness at the Connections Shelter Free Clinic or to people unable to afford health care at the St. Peter Community Free Clinic; educating children and families at the Children's Museum of Southern Minnesota; and engaging in research with our community-based participatory research network, the Greater Mankato Health Equity Partnership.

The practice of family medicine is complex and ever-changing. It's not a one-size-fits-all specialty, and we approach our curriculum with that in mind. Because of our ability to individualize training, we have graduates that practice broad, traditional family medicine in rural areas, and others who have gone on to complete fellowships in sports medicine, palliative medicine and addiction medicine and everything in between!

Above all, we want to foster the growth of our residents so that they become the types of physicians that they want to be—to practice in a way that's consistent with their values and that brings them joy.

Find the Mayo Clinic Family Medicine Residency - Mankato online at mayocl.in/3DjyoyK.

"We're grateful for the many years that the University of Minnesota sponsored our residency program. Together, we've trained hundreds of family physicians—many of whom stayed right here in Minnesota to practice. We are steadfast in our commitment to cultivating the family medicine workforce in Minnesota under the sponsorship of Mayo Clinic and with ongoing support from family medicine organizations such as the MAFP."

- Erin Westfall, DO, FACOFP
Associate Program Director, Mayo Clinic - Mankato residency

MAFP MEMBERS SWEEP THE AAFP NATIONAL CONFERENCE POSTER COMPETITION

At the 2022 American Academy of Family Physicians (AAFP) National Conference of Family Medicine Residents and Medical Students, the resident and medical student poster competitions were both won by MAFP members.

View the posters online (and be able to adjust the size for easier reading) by looking at our online publication at mafp.org/mfp.

RESIDENT POSTER WINNER

Increasing Healthcare Agent Documentation in a Residency Clinic (Community Project)

Mariah Eggebraaten, MD, left, and **Janisha Manhas, MB BCh,** right, University of Minnesota Methodist Hospital Family Medicine Residency

Increasing Healthcare Agent Documentation in a Residency Clinic

HealthPartners®

Janisha Manhas, MB BCh BAO; Mariah Eggebraaten, MD; Zach Merten, MD; Donald Pine, MD; Teresa Quinn, MD; Alison Schmitz, RN; Deborah Mullen, PhD
University of Minnesota Methodist Family Medicine Residency

Purpose

- Increase # of patients (50+ age) with a documented healthcare agent
- Increase awareness of Advanced Care Planning (ACP) and Healthcare Agent (HCA) documentation importance for patients and residents

Background

- Only about 5% of seriously ill patients have an ACP or HCA billable discussion with their clinicians [1]
- US average ACP completion rates 37% [2]
- Clinic's ACP completion rates 42% (5/21)

Methods

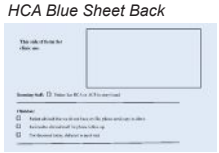
- An inter-professional quality improvement workgroup (MDs, a DNP student) led intervention at a suburban residency clinic of the Healthcare Agent Intervention Bundle.

Healthcare Agent Intervention Bundle - all new except Honoring Choices Form

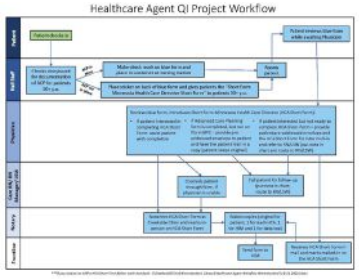
- *Honoring Choices Minnesota Healthcare Agent Short Form*
- Clinician script
- EMR "dot phrase" template for healthcare agent discussion documentation
- Healthcare Agent HCA "blue" educational sheet
- Modified Clinic Workflow

HCA Blue Sheet Front

HCA Blue Sheet Back



Healthcare Agent QI Project Workflow



Results

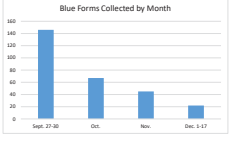
- 11.7% added ACP/HCA documentation

Measurements for patients age 50 years and above	
Dates of Project: 9/27/2021 - 12/17/2021	
968	# of patient visits
54	# of patient visits with ACP already in place on storyboard
40	# of patient visits with ACP already in place but not on storyboard
56	# of patients advised by clinician to document or mail in Honoring Choices form among patients with no HCA on storyboard
7	# of patients referred to Social Work or Nursing for further conversation
38	# of patients counselled about HCA/ACP
21	# of patients completing "Honoring Choices form" documentation in office
28	# of patients not interested in ACP
67	# of patients deferred discussion to next visit
85	# of patients who have told their HCA about their role
82	# of patients who have told their HCA about their wishes/goals
260	# of unique patients with intervention
13	# of patients with multiple visits during intervention
12	# of weeks project spanned

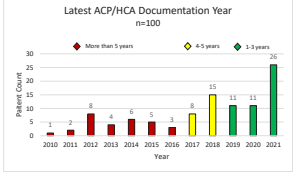
- ACP/HCA documentation is a process for patients and many reasons delay completion

Reasons ACP/HCA still in process or deferred	
Due to pain	1
Children deciding	2
Complex patient	1
Recent POLST only	1
Patient still deciding who HCA is	2
In different clinic's EMR	1
Want to discuss with HCA first	1
Thinking about it	1
Updating choices	1

- Data collection tapered over time



- HealthPartners/Park Nicollet recommend patients update ACP/HCA every few years



Staff and Clinician Thoughts

	Faculty	Frontline	Resident	Rooming Staff
HCA documentaiton is important to patients	Strongly Agree	Neutral to Agree	Strongly Agree	Strongly Agree
Significantly changed daily workflow	Disagree	Neutral	Neutral	Disagree
HCA Intervention assisted in HCA documentation completion	Neutral to Agree	Neutral to Agree	Neutral to Agree	Agree
Intervention is sustainable 1 month per Qtr	Neutral to Agree	Neutral	Agree	Neutral to Agree

Intervention is important, sustainable, and does not significantly alter workflows

Discussion

- Effective, sustainable intervention
- Patient wait time used
- Interprofessional approach engaged all staff
- Ongoing interventions educate patients, staff, and residents about the importance of current, updated ACP/HCA documentation

Limitations

- Some patients approached multiple times during intervention period
- Residency clinic staffing is different and may not be exactly replicable

Implications for Practice

- Intervention increased patient, staff, and clinician discussions and documentation of ACP and HCA. Plan is for these ACP/HCA ongoing discussions to be added to Medicare Annual Wellness, new patient intake, and physicals for patients 50+ as well as an annual focused patient outreach period.

References

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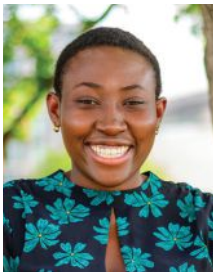
STUDENT POSTER WINNER



Exploring Associations Between Social Determinants of Health and Mental Health Outcomes in Socioeconomically and Racially/Ethnically Diverse Families (Research)

Christopher Prokosch, left, and **Ayomide Ojebuoboh,** right, University of Minnesota Medical School, Twin Cities campus

Exploring Associations between Social Determinants of Health and Mental Health Outcomes in Socioeconomically and Racially/Ethnically Diverse Families

Authors: Prokosch C, Fertig A, Ojebuoboh A, Trofholz A, Baird M, Young M, de Brito J N, Kunin-Batson A, Berge J.

Introduction

- The COVID-19 Pandemic has exacerbated a brewing mental health crisis in the U.S.[1]
- Social Determinants of Health (SDOH) influence mental health and overall wellbeing.[2]
- SDOH is defined by the Center for Disease Control and Prevention (CDC) as "conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes."[3]
- In considering mental health, The Social Determinants of Mental Health (SDOMH) evaluate how social, environmental, and economic factors can influence mental health.
- There is limited research that explores SDOMH in marginalized communities.[4]
- This study explores the association between SDOH and mental health in children and predominantly female parents from six racial and ethnic groups living in the Twin Cities, Minnesota.

Methods

- The *Family Matters* Study surveyed 1307 parent-child dyads (mean child age = 7.0; mean parent age = 35.7; 89.7% parent respondents were female) from the Latinx (17%), Native American (16%), Somali/Ethiopian (11%), White (18%), Hmong (17%), and African American (21%) communities.
- Using 25 distinct measures from self-reported surveys, we mapped on 5 domains of SDOH:
  (1) Healthcare Access and Quality
  (2) Educational Access and Quality
  (3) Social and Community Context
  (4) Economic Stability
  (5) Neighborhood and the Built Environment.

Results

Table 1: Social Determinants of Health (SDOH) by Race/Ethnicity

	Full Sample (n=1307)	White (n=239)	African American (n=279)	Latinx (n=216)	Hmong (n=227)	Somali/ Ethiopian (n=135)	Native American (n=211)
1. Healthcare Access and Quality							
Parent is uninsured	11.9%	2.1%	5.7%	49.1%	4.8%	5.2%	4.7%
2. Educational Access and Quality							
Parent did not take survey in English	12.4%	0.0%	0.0%	62.0%	4.0%	14.1%	0.0%
No parent in household has HS degree	11.5%	1.3%	6.8%	25.5%	6.2%	28.9%	9.5%
3. Social and Community Context							
Only one adult in household	27.1%	3.8%	54.8%	13.9%	11.9%	33.3%	42.7%
Low social capital	23.5%	6.3%	36.2%	30.6%	33.5%	20.0%	23.7%
4+ ACEs	18.4%	10.0%	27.2%	19.0%	7.9%	3.7%	36.0%
4. Economic Stability							
Family is in poverty	42.8%	6.3%	54.5%	40.7%	37.4%	60.7%	64.9%
Food insecure	30.7%	7.5%	43.4%	30.6%	30.0%	17.0%	46.9%
Receives public assistance	58.3%	13.4%	83.2%	26.4%	73.1%	68.1%	86.7%
Does not own home	66.3%	13.4%	90.0%	74.1%	49.3%	90.4%	90.0%
Moved in last year for a negative reason	9.7%	1.3%	14.3%	6.5%	11.0%	10.4%	14.7%
5. Neighborhood and Built Environment							
High neighborhood violence	19.7%	4.2%	30.8%	13.9%	7.0%	9.6%	48.8%
Low access to affordable fruits & vegetables	17.3%	6.3%	21.5%	19.9%	9.7%	23.0%	27.3%
# SDOH (mean)	5.8	1.7	7.5	6.5	5.3	5.5	7.8
# SDOH domains (mean)	2.5	1.0	2.6	3.5	2.5	2.7	2.8

Chi-square tests of independence indicate that every variable varies significantly by racial/ethnic group at p<0.001.

Table 2: Mental Health of Parents and Children by Race/Ethnicity

	Full Sample (n=1307)	White (n=239)	African American (n=279)	Latinx (n=216)	Hmong (n=227)	Somali/ Ethiopian (n=135)	Native American (n=211)
Parent's Mental Health Measures							
Moderately psychologically distressed	24.3%	25.1%	28.7%	18.1%	27.3%	17.8%	25.1%
Severely psychologically distressed	8.0%	1.3%	14.7%	4.6%	8.4%	5.9%	10.9%
High anxiety	15.1%	7.5%	25.1%	12.0%	12.3%	8.9%	20.4%
High resiliency	21.0%	20.9%	25.1%	20.8%	13.2%	28.1%	19.4%
Child's Mental Health Measures							
High internalizing behaviors	18.2%	14.2%	21.9%	16.2%	20.7%	11.9%	21.3%
High externalizing behaviors	18.4%	17.2%	25.1%	16.2%	17.2%	11.1%	19.4%
High prosocial behaviors	43.2%	38.9%	44.1%	40.7%	38.8%	55.6%	46.0%

Note: Detailed variable descriptions are in the Appendix. Chi-square tests of independence indicate that every parent and child measure varies significantly by racial/ethnic group at p<0.05.

Table 3: Adjusted Associations between SDOH and Mental Health *Overview*

- Low family functioning (q<0.01), high perceived discrimination (q<0.01), no social support (q<0.05), a recent traumatic event (q<0.05), and having four or more ACEs (q<0.01) were positively associated with parental psychological distress.
- High perceived discrimination (by the parent) was associated with a higher rate of severe parental psychological distress (q<0.05), high parental anxiety (q<0.01), and internalizing behaviors among children (q<0.01).
- Recent traumatic events were associated with high anxiety (q<0.05), and ACEs were associated with severe parental psychological distress (q<0.05) and externalizing behaviors among children (q<0.05).
- Food insecurity was associated with increased psychological distress among parents (q<0.05) and lower prosocial behaviors among children (q<0.01).

Discussion

- This is the first study to our knowledge that explored the intersection between mental health and SDOH as a sample stratified by six racial/ethnic groups.
- Communities of color experience an average 5.3-7.8 SDOH barriers while White communities experience 1.7 SDOH barriers.
- All communities of color reported higher rates of poverty, food insecurity and housing insecurity compared to White communities,
- Within the Healthcare Access and Quality domain, nearly half of Latino parents reported being uninsured.
- The Education Access and Quality domain showed that more than half of Latino interviewees used a language other than English and that more than a quarter of Latino and Somali/Ethiopian households lacked an adult in the home with a high school degree.
- Within the Social and Community Context domain, African Americans and Native Americans reported the highest rates of both single-parent households and parents experiencing 4+ ACES.
- The disparities in this study demand action by policymakers to lift families out of poverty, bolster social-support systems and improve mental health and wellbeing for populations.

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Acknowledgments

This study was possible thanks to the willingness of 1307 families from St. Paul and Minneapolis, Minnesota who shared their lived experiences through extensive surveying. Research is supported by grant number R56HL116403 from the National Heart, Lung, and Blood Institute (PI: Jerica Berge).

CONGRATS TO THESE RESIDENT AND STUDENT POSTER WINNERS!

Help us send more medical students to next year's AAFP National Conference to grow, learn and develop their love for all things family medicine. Make a donation to cover the cost of one/more students' conference registrations and/or conference registration + travel + lodging: **mafp.org/max**.

"Thank you to the MAFP for supporting my time in Kansas City, during the AAFP National Conference of Family Medicine Residents and Medical Students. Without your help, I would not have had this incredible opportunity to interact with hundreds of family medicine residents, present my research and clearly identify my interest in rural family medicine training."

- Christopher Prokosch,
third-year medical student
University of Minnesota Medical School, Twin Cities campus

FILLING THE ORAL HEALTH CARE GAP: MEDICAL-DENTAL INTEGRATION

by **Erin Westfall, DO, FACOFP,** (left) and **Nancy Franke Wilson, MS** (right)

THE PROBLEM: UNMET ORAL HEALTH NEEDS

In 2000, the Office of the U.S. Surgeon General published its first report on oral health, which marked a milestone for oral health in America and charged health care institutions, professional organizations and government agencies to address unmet oral health needs through comprehensive integrated care.[1] Unfortunately, it's been over 20 years since the report was released, and the chasm between medical and dental services remains large.

Dental disease is still the most prevalent unmet health need in the United States and the most common chronic disease in childhood.[2,3] In Minnesota, 2 out of every 10 third graders in public schools have untreated tooth decay, and nearly 35% of adults ages 18 and over have had at least one permanent tooth removed due to dental disease.[4,5] Large disparities exist in the oral health of Minnesotans, with households with low socioeconomic status, households of color and households in rural areas experiencing nearly one and half times the dental disease of wealthy, urban, white households.[4] These disparities are largely due to a lack of access to dental care, including a lack of insurance coverage, lack of dental offices that take state insurance and lack of a dental workforce. Thus, the populations with the highest burden of disease are not reached by the current system.

Dental needs of Minnesotans and those across the country have fallen into a prevention gap. And yet, dental disease is an infectious, transmissible and nearly 100% preventable disease that, when left untreated, can have severely detrimental effects on overall health.

Family physicians and other primary care providers are perfectly situated to help fill this prevention gap and expand the oral health workforce to ensure that the holistic needs of our patients are met. Addressing the needs of the whole patient is fundamental to the vision of family medicine, and family physicians are proficient at disease prevention and screening, engaging patients in behavior change and helping patients navigate the health care system. Many family physicians have already begun to address oral health in their clinics, through topical application of fluoride varnish to the teeth of children or by prescribing fluoride supplementation to those without adequate sources of fluoride in the water. Additionally, providing dietary counseling to protect teeth and gums, addressing nicotine use, administering the HPV vaccine and changing medications that can lead to oral dryness is already a routine part of the care provided by family physicians.

THE NEXT STEP: MEDICAL-DENTAL INTEGRATION

The next step in addressing the oral health needs of our communities is to integrate medical and dental care. Integrated care is not a new concept to primary care teams and is a well-known means to improve health outcomes, access to care and lower overall health care costs.

In fact, the new **Minnesota State Oral Health Plan 2020-2030** is a renewed call to action for organizations and communities to collaborate to improve the oral health of all Minnesotans. The plan identifies five areas of focus:

1. **Oral health infrastructure:** Strengthen, stabilize and sustain Minnesota's oral health infrastructure.

2. **Access to oral health care:** Increase access to timely, culturally appropriate, geographically suitable and financially viable dental care.

3. **Health systems integration:** Improve integration of medical and dental care systems to provide more holistic care.

4. **Disability, special care needs and inclusion:** Make oral health care accessible, safe, respectful and timely for all Minnesotans who seek it.

5. **Data:** Share oral health data and indicators to inform data-driven strategies and actions.[6]

The Minnesota Oral Health Coalition (MOHC) has developed a multidisciplinary workgroup to address the state's call to action and is working closely with the **Minnesota Department of Health** (MDH) to develop actionable steps.

PRIMARY CARE & DENTAL CLINIC PARTNERSHIPS IN MINNESOTA

Primary care physicians are adept at team-based care and helping their patients and communities achieve health in creative, innovative ways. Medical-dental integration is key to addressing the oral health gap.

There are several examples of medical-dental integration clinics across Minnesota:

- **Community Dental Care** has developed a collaborative medical-dental integration program with **M Health Fairview Clinic - Roselawn**. In this program, the dental hygienist delivers preventive oral health services on site at the medical clinic in conjunction with well-child visits and offers referral assistance for patients with dental concerns for necessary and often urgent treatment.

- **Children's Dental Services** also has developed medical-dental integration partnerships with **M Physicians Broadway Family Medicine Clinic** and **Dakota Child and Family Clinic**, where on-site dental care is co-located with primary medical services, targeting individuals who are underserved.

- **Apple Tree Dental** recently established a dental clinic within the **Mayo Clinic Health System in Fairmont** targeting older adults' dental needs.

HOW YOU CAN GET INVOLVED IN ORAL HEALTH INTEGRATION

Family physicians can and should join in the fight for oral health equity.

If you are interested in learning more about oral health integration, **consider joining the MOHC** (www.minnesotaoralhealthcoalition.org); **reaching out to the MDH for your local community's oral health data** (www.health.state.mn.us/people/oralhealth) and **grant opportunities** (health.oral@state.mn.us); and **joining the medical-dental community conversation**.

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6. *Minnesota State Oral Health Plan 2020-2030.* Minnesota Department of Health; 2020.

Erin Westfall, DO, FACOFP, is an Assistant Professor and the Associate Program Director and Director of Osteopathic Education at Mayo Clinic Family Medicine Residency – Mankato. **Nancy Franke Wilson, MS,** is the Executive Director of the Minnesota Oral Health Coalition.

AAFP CONGRESS OF DELEGATES 2022: MINNESOTA HIGHLIGHTS

Minnesota family physicians were well-represented at the 2022 American Academy of Family Physicians (AAFP) Congress of Delegates, the AAFP's policy-making body, in September in Washington, DC.

MINNESOTA DELEGATION

- **Dania Kamp, MD, FAAFP,** Senior Delegate (Minnesota)
- **Dave Bucher, MD, FAAFP,** Junior Delegate (Minnesota)
- **Alex Vosooney, MD,** MAFP President and Senior Alternate Delegate (Minnesota)
- **Nicole Chaisson, MD, MPH**, Junior Alternate Delegate (Minnesota)

Other Minnesota leaders also attending this year's Congress:

- **Daron Gersch, MD, FAAFP,** AAFP Vice Speaker
- **Bob Jeske, MD,** MAFP President Elect
- **Cybill Oragwu, MD,** representing New to Practice Physicians
- **Maria Huntley, CAE, MAM,** MAFP CEO
- **Jami Burbidge, MAM,** MAFP COO

Thank you to these incredible leaders for their time, passion and commitment to representing Minnesota family physicians and our patients.

ACTION ON RESOLUTIONS

Minnesota put forth one resolution for 2022 to the Congress of Delegates for deliberation.

Resolution 307 (Minnesota): Advocating for New ICD Codes for Gender-Affirming Care

Substitute Adopted: The AAFP advocate for comprehensive ICD-10 codes for gender-affirming care that are inclusive to the patient experience.

Minnesota also had two extracted resolutions from the 2021 virtual Congress of Delegates that were being considered.

Resolution 525 (Minnesota): Paid Family Leave

Adopted: The AAFP advocate for and support national legislation in favor of gender-inclusive paid family leave.

Resolution 505 (Minnesota): Taking Action on Universal Single-Payer Health Care

Not Adopted: The AAFP promote universal single-payer health care, especially at the Family Medicine Advocacy Summit.

Read more about actions taken on resolutions at mafpadvocacy.org/2022/09/29/aafp-congress-of-delegates-2022-minnesota-highlights.

GERSCH RE-ELECTED

MAFP past president and leader **Daron Gersch, MD, FAAFP,** was re-elected to the Vice Speaker role for next year's Congress of Delegates (and will be up for re-election again for 2024).

MINNESOTA RECEPTION AT FMX

The AAFP's **Family Medicine Experience (FMX)** conference follows the Congress of Delegates and was back in person for the first time since fall 2019. The MAFP hosted a reception for any Minnesota family physicians, family medicine residents and medical students (and their guests) in attendance at FMX.

We had a wonderful time connecting with members and nonmembers and are grateful to our reception sponsor, **Mankato Clinic**, for their support of family medicine in Minnesota.

A photo collage from the 2022 AAFP Congress of Delegates.

MEET THE 2022 MAFP ACADEMY AWARDEES

by **Emie Buege,** MAFP Communications & Marketing

Each year, the Minnesota Academy of Family Physicians (MAFP) recognizes members for their hard work and dedication to Minnesota family medicine through its Academy Awards. The MAFP is proud to announce the 2022 Academy Awards recipients.

EDUCATOR OF THE YEAR

Laura Miller, MD, MPH, FAAFP

Family Medicine Educator of the Year is presented annually to an outstanding teacher of family medicine in Minnesota.

Miller has been teaching family medicine residents and medical students for more than a decade. She holds an assistant professor appointment in the Department of Family Medicine and Community Health at the University of Minnesota Medical School, where she currently serves as faculty for the North Memorial Family Medicine Residency and sees patients at M Physicians Broadway Family Medicine Clinic; chairs the department's Community Health Committee; and directs the department's Community Health Course for residents at all seven of its programs.

Past MAFP President and Associate Program Director at the University of Minnesota North Memorial Family Medicine Residency **Andrew Slattengren, DO, FAAFP,** had this to say: "Dr. Miller is passionate about training the next generation of family physicians. She meets learners with a mix of empathy and patience to provide a learning environment that is both supportive and challenging."

In addition to Miller's work teaching, precepting and mentoring, she sits on the board of Family Medicine Midwest, a multi-state collaboration dedicated to building a strong family medicine workforce in the Midwest region, and co-chairs the MAFP Innovation & Research Forum. She is also the family medicine/OB elective rotation coordinator for North Memorial Health Hospital, developed resilience curriculum for the University of Minnesota's North Memorial Family Medicine Residency and is a member of the Minnesota Department of Health Maternal Mortality Committee.

"Dr. Miller is passionate about medical education, social justice and continuous quality improvement. As a mentor, I find her most notable for always exploring the why—in precepting, education and direct patient care," said **Ian Latham, MD,** third-year resident physician.

INNOVATION & RESEARCH AWARD

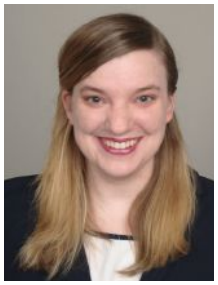
Maria Veronica Svetaz, MD, MPH, FSAHM, FAAFP

The Innovation & Research Award is presented annually to an individual who has made a major contribution to the development of family medicine research and/or innovation at the state and/or national level.

Svetaz designed and directs the award-winning **Aquí Para Ti/ Here for You** youth development program with Hennepin Healthcare in Minneapolis. Aquí Para Ti is a direct clinic-based development program for Latine youth and families, providing bilingual and bicultural medical care, mental/sexual health coaching, health education and referrals. It is funded by the Eliminating Health Disparities Initiative of the Minnesota Department of Health and was among the first behavioral health homes in Minnesota.

For more than two decades, Svetaz has been actively researching, teaching, practicing and advocating around the areas of adolescent health, family interventions, racism and health equity in the Twin Cities and beyond. Her research has largely focused on adolescent health and health equity, and her work centers on innovative care delivery, placing a special importance on dissemination and advocacy.

In addition to ongoing funding for Aquí Para Ti, Svetaz is principal investigator of a grant examining Latino parent resilience. She is also well-published and an author on 30 peer-reviewed publications, appearing in the *Journal of Adolescent Health, FP Essentials, Family Practice* and more, as well as several book chapters. She is first author of the Society for Adolescent Health and Medicine Position Paper on Racism and Health "Racism and its harmful effects on nondominant racial–ethnic youth and youth-serving providers: A call to action for organizational change" and second author and editor of the book *Promoting Health Equity Among Racially and Ethnically Diverse Adolescents: A Practical Guide.*



RESIDENT OF THE YEAR

Sara Robinson, MD

Family Medicine Resident of the Year is presented annually to a family medicine resident for contributions to the specialty through community involvement, leadership and educational activities.

Robinson is currently co-chief resident at Mayo Clinic Family Medicine Residency - Mankato (formerly the University of Minnesota Mankato Family Medicine Residency). She is passionate about family medicine, advocacy and leadership.

In addition to her current role as co-chief, Robinson has held a variety of leadership positions at her residency, including serving as Wellness Lead from 2021 to 2022 and developing an LGBTQ+ health curriculum. In 2021, she received an MAFP Foundation Innovation Grant to establish a residency-run, sustainable free clinic in collaboration with community partners and a local homeless shelter in Mankato: Connections Shelter Free Clinic, where she volunteers twice per month.

"Dr. Robinson embodies what it means to be a family physician: inspiring, compassionate, unwavering and selfless. She has positively impacted our residency program with her innovative wellness curriculum for faculty, residents and nursing as well as creating a sustainable interdisciplinary medical clinic embedded within a homeless shelter in Mankato. She continues to be a vocal social justice advocate and leader within our program and community, working on issues of food insecurity and breaking down barriers and improving our care of LGBTQIA patients," said **Erin Westfall, DO, FACOFP,** Associate Program Director at the Mankato residency.

Robinson is a past American Academy of Family Physicians Foundation Family Medicine Leads Scholar and has been a member of the Gold Humanism Honor Society since 2019. She has also been active in the MAFP and served as a past representative to the Society of Teachers of Family Medicine Board of Directors.

Learn more about the MAFP Academy Awards and awardees at mafp.org/awards.

MEDICAL STUDENT LEADERSHIP AWARD

Koushik Paul

The Medical Student Leadership Award is presented annually to a medical student who demonstrates leadership in family medicine on a local, state and/or national level.

Paul is a second-year medical student at the University of Minnesota Medical School, Duluth campus.

Associate Dean of Student Life and Academic Affairs at the University of Minnesota Medical School, Duluth campus, **Robin Michaels, PhD,** had this to say: "Koushik has been a leader in his class, tackling difficult issues of racism and microaggressions on campus as the class elected DEI (diversity, equity and inclusion) representative. He is also a leader in the community, organizing workshops for students, so they may better understand the challenges faced by marginalized populations in Minnesota."

Paul has held a variety of leadership roles on campus (and beyond), including serving as a DEI representative for his medical school class, a medical student tutor and as the Research and Education Director for the HOPE Clinic for the uninsured in Duluth. Among numerous honors and scholarships that he's received, Paul was most recently awarded the Jim Boulger, PhD, Endowed Scholarship for medical students from the University of Minnesota in 2022.

Paul is a non-traditional medical student and previously worked as a research professional on projects addressing health inequities in BIPOC communities, including food insecurity, childhood obesity, underrepresentation in clinical trials and more. He is currently working with **Cuong Pham, MD,** an assistant professor of medicine at the University of Minnesota, on projects in addiction medicine in primary care.

In 2011, Paul came to Minnesota as an asylee from Bangladesh, seeking refuge in rural St. Charles, where he assisted his family in navigating medical challenges, access-related barriers and health disparities. The experience was critical in helping him value and appreciate the role family physicians play in the well-being of families. He also completed an internship at Min No Aya Win Clinic, operated by the Fond du Lac Band of Lake Superior Chippewa, as an undergrad, where he was mentored by family physician **Arne Vainio, MD**. Paul credits that internship and Vainio's mentoring for furthering his interest in family medicine and educating him about culturally responsive and multigenerational family-centered care.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