

FALL 2023 VOL. 7 NO. 4

MFP

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REMEDIES FOR BURNOUT

We are all too familiar with the statistics on physician burnout and career satisfaction. They do not paint a rosy picture of life as a physician.

During the pandemic, we were forced to rethink nearly everything—it gave me time to reflect on how I battle burnout and frustrations in my career. **My biggest remedies: giving back and doing things that recharge my batteries.**

GIVING YOUR TIME, TALENTS AND/OR RESOURCES

When I wrote this message, the 2023 American Academy of Family Physicians (AAFP) National Conference of Family Medicine Residents and Medical Students had just wrapped up. It had me reflecting on my first AAFP National Conference back in 2006. I received a scholarship from my chapter at the time—the Florida Academy of Family Physicians—to attend. At that conference, I found my people and was energized to connect with others who were passionate about family medicine. I also learned about AAFP leadership positions and how to get involved, which led me to becoming an AAFP Family Medicine Interest Group Regional Coordinator. That was my first step down this path to serving as your current Minnesota Academy of Family Physicians (MAFP) President. Had I not received that scholarship, I wouldn't have been able to attend the National Conference that year and likely wouldn't be writing to you today.

Paying it forward can help battle burnout. My wife and I have received many blessings, and as we aim to be good stewards, we have a responsibility to give back. We have donated multiple scholarships for trainees to attend the AAFP National Conference over the years. I encourage you to give back/pay it forward in whatever ways you can. Donating financially to the MAFP Foundation and helping send medical students to the National Conference are great options: mafp.org/give.

But not all giving needs to be financial. Blood was in extremely short supply toward the beginning of the pandemic. I was working in the hospital caring for a patient that needed a transfusion during this time and thought: "I'm healthy, I order transfusions frequently; why



Bob Jeske, MD
MAFP President

don't I donate blood?" So, I started donating, and I have been able to donate over a gallon of my own blood.

Often, the most rewarding donations are giving your time or talents. As you read this, fall and football (my two favorite seasons) will be in full swing. Coaching youth football has been an absolute joy for me, and I've been blessed to spend a lot of time with my boys coaching their sports. It takes time and energy to coach and serve on youth sports boards, but I continue to commit to doing so, as much I can, because it recharges my batteries.

ADVOCATING FOR OUR COMMUNITIES, PATIENTS AND SELVES

Advocacy matters. We all need to be advocates—for our communities, our patients, our practices and, importantly, *ourselves*.

Advocacy can take many forms. Some advocates go to the Capitol and meet with our elected officials or testify before Congress. Some serve in formal roles through organizations like the MAFP. But all physicians can and should be advocates in their own practices and communities—whether that's a leadership role within your clinic/health system or volunteering for local community organizations.

Moving the needle in a positive direction as a direct result of your advocacy is a great way to refresh yourself and improve your career satisfaction.

What ways can you give back and recharge your batteries?

With love and gratitude for you all,

Bob Jeske, 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 physician specialty organization in Minnesota and state chapter of the American Academy of Family Physicians (AAFP). 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.

Minnesota Family Physician (MFP) is the official publication of the MAFP. Contact the MAFP at 952-542-0130 or office@mafp.org.

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FAMILY MEDICINE OBSTETRICS

FOUR MINNESOTA FAMILY PHYSICIANS SHARE ABOUT THE IMPORTANCE OF FAMILY MEDICINE OBSTETRICS AND THE NEED FOR MORE SUPPORT

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



Family physicians play an important role in access to **maternity care**, especially in underserved areas. In 2022, a study published in the journal *Birth*¹ looked at the impact of family physicians on rural maternity care. Of the 185 hospitals surveyed across 10 states, the authors reported that 67% of babies were delivered by family physicians and, in 27% of those facilities, family physicians were the *only* physicians delivering babies.

Despite their vital role in providing maternity care, recent survey data has shown that *only 6.7% of practicing family doctors are performing deliveries*².

The requirement for the number of infant deliveries for family medicine residents has also decreased (in the last decade), resulting in trainees not often getting the exposure and acquiring the skills needed to perform deliveries in their future practices.

These declines, coupled with the increase in maternal mortality in the U.S., loss of OB care in rural hospitals where family physicians are more likely to attend births compared to other

specialists and a Minnesota Academy of Family Physicians (MAFP) member-adopted resolution to advocate for expanded obstetrical skills training and credentialing, led to the creation of the MAFP Family Medicine Obstetrics (OB) Workgroup in 2022.

Among its goals, the workgroup aims to help medical students and family medicine residents see the possibilities for OB care in their future practices as well as to advocate for the support family physicians need to be able to practice OB.

We interviewed four family physicians from across Minnesota about their experiences providing OB care:

- **Karlyn Armbruster, MD** (Sleepy Eye Medical Center, Sleepy Eye)
- **Betsy Gilbertson, MD** (Allina Health West St. Paul Clinic, St. Paul)
- **Lee Haggenjos, MD** (CentraCare – Willmar Lakeland Clinic, Willmar)
- **Cybill Oragwu, MD** (CentraCare – Long Prairie Clinic and Hospital, Long Prairie)

DESCRIBE THE OB PART OF YOUR PRACTICE.

Armbruster: I have worked at Sleepy Eye Medical Center for the past 11 years, providing OB services and broad-spectrum family medicine care. Sleepy Eye Medical Center is owned by the city of Sleepy Eye and completely unaffiliated, a rarity these days! The city itself has a population of about 3,500 people. We have a 15-bed critical access hospital with an emergency room, surgical services and two OB suites. Four of our five physicians



Karlyn Armbruster, MD



Betsy Gilbertson, MD



Lee Haggenjos, MD



Cybill Oragwu, MD

provide OB care and perform vaginal deliveries. Two of us additionally do Cesarean sections: me and my husband Adam, who is a family physician practicing OB. All four of us deliver our own patients, meaning that we are always on call for our own OB panels.

Gilbertson: I am a family medicine OB provider working in a large health care system. I have an outpatient practice in West St. Paul, where I care for a diverse group of patients (often in collaboration with OB and perinatology colleagues), and I attend deliveries at United Hospital in St. Paul.

Haggenjos: I provide OB care, including attending deliveries and vacuum-assisted deliveries, in a diverse, rural setting with a large immigrant population, including Somali-speaking, Spanish-speaking and Karen-speaking patients. I personally care for many Spanish-speaking patients, given my language abilities. Our practice was a physician-owned group that is now part of CentraCare.

Oragwu: I provide prenatal care at a rural health clinic and do vaginal deliveries at a critical access hospital, both at the same site. Another family physician in my clinic provides C-section services whenever my patients need to have one. Given that my practice is in a rural location and far from tertiary care, I usually consult with high-risk obstetricians and perinatologists when needed.

WHY IS IT IMPORTANT FOR YOU TO PRACTICE OB?

Armbruster: The ability for our facility to provide OB care allows patients to deliver close to home, which is very important to them. Not only is it more convenient and more desirable for a mother to receive care from a team she knows and trusts, but it is also much safer (in most cases). I find a lot of joy in providing OB care too, and it helps to keep my practice varied and fresh. It also supports our small medical center in that young families are drawn in and stay with us long term. Not only is this a benefit to our facility, but also our town.

Gilbertson: Pregnancy can be joyful, but it can also be an incredibly vulnerable time, especially for patients experiencing complications or loss, or those who haven't felt well-supported by the medical establishment. I think all birthing people deserve to feel safe and supported as they navigate such a major life and health event. Being able to be with patients during this time—to be a pillar of support and a source of reliable information; to be a familiar, loving presence when they are uncertain; to witness their strength—is one of the greatest privileges of my practice.

Haggenjos: I find the work meaningful in the continuity it provides with patients across prenatal, labor and delivery and postnatal care. It's a humbling privilege to care for patients in such a frequently profound part of life.

Oragwu: Not only does OB help me maintain a broad scope of practice, it helps me provide a better quality of care for my patients through every stage of their lives. As a family physician, I can care for pregnant patients and still address and continue their other health concerns and treatments without having to refer them to another primary care physician.

With the rise in maternal mortality, providing continuity of care before, during and after pregnancy is important. I often care for pregnant patients and their newborns. So, whenever I see the newborn, I often see the parent, as well, and check in on their well-being, blood pressure and other things that, if I were seeing either party [separately], would not necessarily be addressed. As a result, on numerous occasions, I have been able to diagnose and address postpartum preeclampsia, postpartum depression, lactation and feeding difficulties and poor weight gain all during the same visit.

Providing OB care is crucial to not only maintaining our scope of practice for future generations but also fulfilling the core values of our specialty, and it is important to improving the health of the public, especially in underserved communities where, oftentimes, only family physicians choose to practice.

WHAT CHALLENGES HAVE YOU EXPERIENCED IN PROVIDING OB CARE?

Armbruster: Availability and competency of support staff, including nursing, surgical and anesthesia staff, and C-section coverage. Since my husband and I are the only two providing C-sections at our medical center, our time away is planned carefully, and sometimes influences the way a laboring patient is managed. Unfortunately, there are fewer and fewer family physicians with C-section training and interest.

Gilbertson: Effectively being “on call” for my own patients much of the time is hard, especially as I've grown my family. I am still working to find the right balance between honoring my commitment to continuity of care and making space for family and self. I am lucky to have a supportive partner and to work in a supportive call pool, but I have definitely considered giving up my OB practice multiple times. For now, the connection and satisfaction that comes from following patients through this special part of their lives keeps me going.

continued on page 8

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Haggenjos: Finding appropriate training opportunities, including electives to prepare for practice, and finding mentors who share similar goals.

Oragwu: Poor support, e.g., not having enough colleagues to share call with and inadequate training in C-sections; health systems not giving family physicians OB privileges and limiting scope of practice; and reimbursing family physicians at lower rates for providing the same services as other specialists.

WHAT SUPPORT DO FAMILY PHYSICIANS NEED TO PROVIDE OB CARE?

Armbruster: Easily accessible referral centers to provide support to us as well as an adequate number of well-trained nurses.

Haggenjos: To maintain OB within a family medicine practice, family physicians need institutional recognition of their role, including recruitment and marketing; continuing medical education; emergency preparedness training, both at the site of practice and from provider associations; and support and a collegial practice setting with other non-family-medicine providers who also attend births.

Oragwu: I believe that [support] starts as far back as medical school. Medical students should be made aware that family physicians practice OB and offered opportunities for shadowing and mentoring from their first year of medical school through residency. Residency programs and institutions need to prioritize OB training for family medicine trainees alongside OB-GYN trainees, and health systems and hospitals should offer OB privileges to family physicians based on standardized measures and/or experience. Increasing continuing education opportunities for family medicine OB, including surgical OB, is also important, as well as considering collaborations between OB-GYN and family physicians.

WHAT SHOULD STUDENTS/RESIDENTS KNOW ABOUT FAMILY MEDICINE OB?

Armbruster: There is nothing quite like following an expectant mother through her pregnancy, providing care for her through labor and bearing witness to such an important event for her family. Additionally, we almost always follow the baby and provide pediatric care as well. It is such a gratifying thing to be able to do—a physician who has a good rapport with a family is best able to provide the most customized care for mom and baby.

Gilbertson: Seriously, is there a better job? It maximizes all of the greatest things about family medicine: meaningful and longitudinal connections with patients, medical complexity and constant learning, procedural skill and opportunities to advocate for safe, respectful care for all patients.

Haggenjos: Family medicine OB is deeply rewarding and still possible to find in academic and private practice, and there are family physicians, in practice, who are eager to serve as mentors.

Oragwu: It is a great way to establish care with a younger generation. Our patients depend on us! I cannot count how many times I confirmed a pregnancy during a patient visit and the patient's face lit up when I told them that I could manage their pregnancy and deliver their newborn. It creates another level of trust with patients and, as most family physicians plan on remaining in their communities for as long as they can, you may end up delivering more than one generation in families that you care for.

HOW CAN THE MAFP SUPPORT FAMILY MEDICINE OB?

Armbruster: Increase continuing education opportunities on prenatal and OB care as well as postpartum and newborn care and help create/encourage more opportunities for medical students and residents to learn and provide OB care from a family medicine perspective.

Gilbertson: Provide opportunities for mentoring for medical students and residents with interest in an OB practice and continuing education and networking for practicing physicians. In terms of addressing the crisis of pregnancy-associated mortality, advocate for policies that address racism in and outside of health care structures and that support birthing people and families, like paid leave, lactation support and adequate, durable access to quality care, including comprehensive reproductive health options.

Haggenjos: Advocate for further investment in training, recruitment and support for family medicine OB, as well offer CME and recertification in preparing for emergencies, like Advanced Life Support in Obstetrics (ALSO®) courses.

continued on page 10

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continued from page 8

Oragwu: Family physicians are more likely (than other primary care specialists) to practice in rural, underserved communities, which also happen to have higher rates of maternal mortality. If more family doctors practice OB, that will have an important impact in decreasing overall rates of maternal mortality in the U.S.

The MAFP can help advocate for family medicine OB by:

- *Speaking to health systems and hospitals about credentialing family medicine OB, citing best practices set by the American Academy of Family Physicians and American College of Obstetricians and Gynecologists.*
- *Talking to legislators about policies that are limiting scope of practice as well as the need to increase reimbursement rates, especially for Medicaid programs.*
- *Encouraging family medicine residency programs to improve their OB focus by hiring more faculty that provide obstetrical services and compensating them*

with incentives for doing so, as it requires more skill and training.

- *Educating medical students and residents on the importance and benefits of OB to their comprehensive education and practice.*
- *Creating mentoring networks for medical students, residents and practicing family physicians.*

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Want to get involved in the MAFP's advocacy efforts around family medicine OB? Email office@mafp.org.



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BIAS IN DERMATOLOGY: A MEDICAL SCHOOL REFLECTIVE EXERCISE

Faculty at the University of Minnesota Medical School, Duluth campus, created a teaching module for first-year medical students, asking them to read articles about skin, color and race, reflect on what they've read and create a poem, artwork or essay in response.

by **Janet Fitzakerley, PhD**, Associate Professor; **Emily Onello, MD**, Associate Professor; and **Sandy Stover, MD, FAAFP**, Assistant Professor



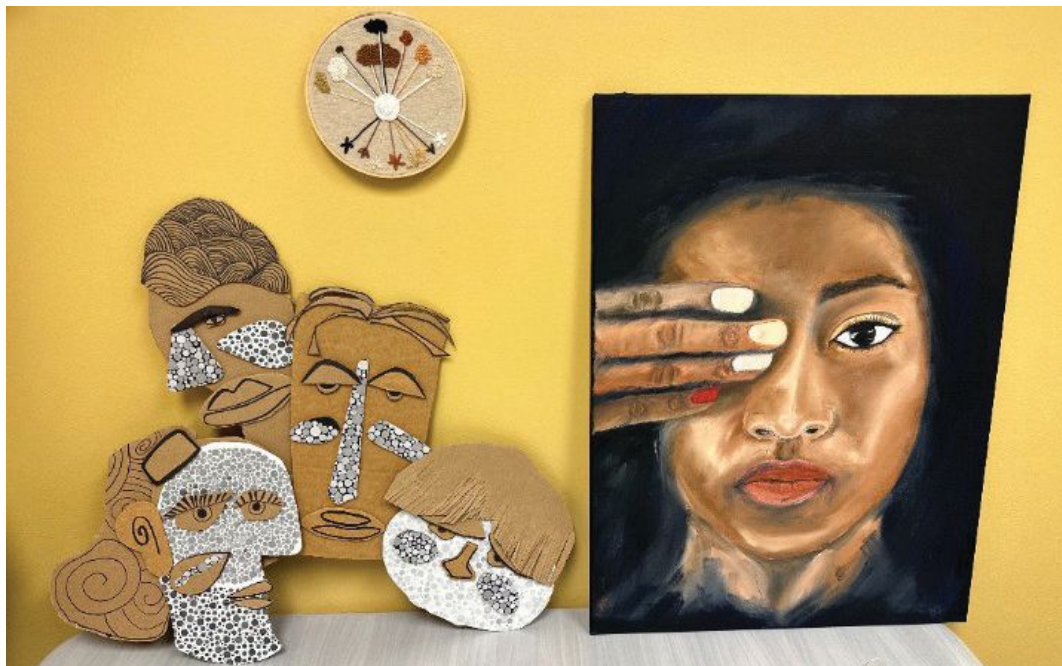
Janet Fitzakerley, PhD



Emily Onello, MD



Sandy Stover, MD



Artwork by students from the University of Minnesota Medical School, Duluth campus (shared with permission): **Megan Beh** (mixed media), **April Feist** (textile, embroidery) and **Clayton Metcalf** (oil painting).

A GAP IN MEDICAL EDUCATION

Important skin conditions, such as melanoma, are underdiagnosed or undiagnosed in Black and Indigenous People of Color (BIPOC)¹, for many reasons. Medical research involving skin diseases fail to adequately incorporate BIPOC skin types^{2,3}, and BIPOC trainees are underrepresented in dermatology residencies¹. Another contributing cause is the failure of medical schools to adequately train students to recognize and diagnose dermatologic conditions in BIPOC⁴.

In order to begin to address this gap between medical student learning and delivery of care to BIPOC patients, faculty members at the University of Minnesota Medical School, Duluth campus, created a self-directed learning activity specifically for first-year medical students as part of the Skin Course. This activity was placed early in their curriculum

as a deliberate effort to raise student awareness of diverse skin types and colors prior to entering their module on skin conditions. This was part of a larger curriculum expansion designed to increase awareness of social determinants of health and how these factors contribute to both individual and community health⁵.

THE ACTIVITY: PREPARE-REFLECT-CREATE

Students were asked to **prepare** by reading three current articles^{1,3,6}, and **reflect** based on one or more of the following prompts:

- Skin conditions are underdiagnosed in people of color. *How could a lack of BIPOC representation in clinical trials impact the generalizability of clinical research data? How does a lack of representation within clinical settings impact delivery of care in dermatology in particular?*

- Social determinants of health impact dermatologic conditions. *How might this impact your approach in history-taking?* Examples can include skin cancer, atopic dermatitis, psoriasis or others.
- Bias and racism impact common clinical scenarios that medical students may experience in didactics or the clinical setting. *What are some strategies you could employ to address an occurrence of bias (your own or that of others)? What might a systems-level approach look like?*

The Duluth campus faculty hoped that the opportunity to reflect on this topic would encourage students to think broadly about how diseases manifest in different populations—specifically, that students would recognize that when one population is marginalized relative to both research and delivery of care, it has a deleterious impact on both patients and the broader community.

Students were then asked to **create an expression of their understanding of the problem, in either essay form or through their choice of poetry or art.** Of the 66 students engaged in this exercise, 56 wrote traditional essays, 7 chose to do artwork and 3 wrote poems. With permission, students shared their creative work in a public display within the medical school.

THE INTERSECTION OF RACISM AND HEALTH CARE

Explorations of the intersection of racism and health care were found throughout the Duluth curriculum and occurred in many different formats, from lectures to facilitated learning to case-based learning to informal discussions.

In the Skin Course, a place where the historic and current context of racism in health care is particularly applicable, this activity provided reflective practice in a student-directed mode. Student engagement sparked much needed conversation, and students were hungry for more discussion time.

With further feedback from students and DEI (diversity, equity and inclusion) experts at the University of Minnesota, this content could be broadened to other health education and engage multiple levels of learners.

STUDENT REFLECTIONS

The following excerpts were pulled from student essays for the reflection activity and shared with permission.

- “As future physicians, we must remain humble students, ever learning from our patients, in order to deliver care that fights oppressive medicine.”
- “It is of high importance to include all shades of skin color in research and clinical training so that clinicians can provide high quality care and treatment to all of their patients, especially those who have a long history of being mistreated by health care systems in the U.S.”
- “Education around treating people who may look different, sound different or have different backgrounds is essential in providing quality care and putting the patient before all else. It is my role to recognize my bias and continually educate myself on the facts.”

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Cover Art // Artist Statement: *“I am an oil painter with a special interest in portraits. For me, portrait paintings bring out emotions that feel more personal and intimate than other subjects. This painting was created to express the lack of diversity in medical dermatology resources and the negative effects it can have on patient outcomes.”*

—**Clayton Metcalf**, medical student, University of Minnesota Medical School, Duluth campus

2023 AAFP NATIONAL CONFERENCE: MINNESOTA HIGHLIGHTS



Minnesota medical students take a charter bus to Kansas City, Missouri, for the 2023 AAFP National Conference.

The Minnesota Academy of Family Physicians (MAFP) Foundation helped send 27 Minnesota medical students to the 2023 American Academy of Family Physicians (AAFP) National Conference of Family Medicine Residents and Medical Students, held July 27-29, in Kansas City, Missouri.

The AAFP National Conference brings together medical students and residents from across the nation with family medicine leaders, residency programs and potential employers for three days of family medicine exploration and celebration.

Thanks to the generosity of individual donors, the Mayo Clinic and University of Minnesota departments of family medicine and MAFP local chapters across the state, we were able to cover \$21,600 in student conference registration, lodging and travel costs.

The MAFP also hosted a reception at the conference for students and residents interested in residency and practice opportunities in Minnesota.

WHAT MINNESOTA MEDICAL STUDENTS ARE SAYING

*“The National Conference is a **must** for medical students interested in family medicine. Not only will you have the opportunity to attend engaging workshops and lectures, but you will also be able to connect with other future physicians, residents and practicing physicians; engage with advocacy with resolution writing; and learn about leadership opportunities with the AAFP. Last year, I met a resident who was an AAFP Emerging Leader Institute (ELI) scholar, and this year I returned to the National Conference as an ELI scholar.”*

—**Sally Jeon**, fourth-year medical student,
University of Minnesota, Twin Cities campus

“The MAFP does an amazing job of supporting students to attend the AAFP National Conference. Once you arrive at the conference, you are truly in the driver’s seat on which sessions, interest groups, skills labs, awards ceremonies and student congress activities you want to attend. I thoroughly enjoyed my time and look forward to attending again in the future. [Funding] from the MAFP takes the financial burden of attending away, and I am very grateful for that.”

—**Hannah Strei**, second-year medical student,
University of Minnesota, Duluth campus

MINNESOTA REPRESENTS AT THE NATIONAL CONFERENCE



27 medical students from the University of Minnesota and Mayo Clinic received financial support from the MAFP Foundation to attend the conference.



1 resident and 2 student delegates represented Minnesota at the congresses to advocate for and deliberate on important issues impacting family medicine:

- Student delegates **Prasanna Vankina**, University of Minnesota – Twin Cities, and **Kyle Strate**, University of Minnesota – Duluth
- Resident delegate **Rebecca Stoll, DO**, Mayo Clinic – Rochester



6 Minnesota medical students (Prasanna Vankina, Christopher Prokosch, Kyle Strate, Sally Jeon, Christina Lan and Tlalli Moya-Smith) presented resolutions to the Student Congress:

1. *An Engaged Approach to Preventative Health Care for Physical Laborers*
2. *Response to Affirmative Action for Students Underrepresented in Medicine*



The **Family Medicine Interest Group at the University of Minnesota Medical School, Duluth campus**, received a *Program in Excellence Award* from the AAFP, recognizing its efforts to encourage student interest in family medicine and family medicine programming.



MAFP Resident Director **Rebecca Stoll, DO**, of Mayo Clinic Family Medicine Residency – Rochester, chaired a Resident Congress reference committee and was elected to the position of alternate resident delegate for the 2023 AAFP Congress of Delegates.



Chris Boswell, MD, faculty at Mayo Clinic Family Medicine Residency – Rochester, led workshops on family medicine obstetrics and procedures.

SEND MINNESOTA STUDENTS TO NEXT YEAR'S CONFERENCE

We have a goal to raise \$28,000 to send 35 Minnesota medical students to the 2024 AAFP National Conference.

The correlation between the number of medical students who attend the National Conference and choose to go into family medicine is undeniable—**82% of Minnesota medical students who attended the National Conference with the Minnesota Academy of Family Physicians (MAFP) since 2003 matched into family medicine.**

How many students will you send?

- **\$800** = 1 student's full experience (*registration + lodging + travel*)
- **\$175** = 1 student's conference registration

To donate and learn more, visit mafp.org/max.



“The MAFP takes the financial burden of attending [the AAFP National Conference] away, and I am very grateful for that” (medical student **Hannah Strei**).

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VACCINATE TO PROTECT AGAINST RESPIRATORY INFECTIONS

by the **Minnesota Department of Health**

Even though this year's respiratory season may not follow a typical pattern, we expect respiratory pathogens—including influenza, COVID-19 and Respiratory Syncytial Virus (RSV)—to circulate again. There are vaccines to protect against these diseases, including, for the first time, RSV immunization products for people at highest risk of severe disease.

A strong recommendation of vaccination by their family physician or primary care provider may improve a patient's willingness to get vaccinated.

The following provides a summary of vaccines recommended to reduce respiratory illnesses this fall/winter season.

INFLUENZA VACCINE

Influenza vaccine is recommended annually for everyone ages six months and older.

The Advisory Committee on Immunization Practices (ACIP) no longer considers egg allergy a contraindication for influenza vaccines (*Morbidity and Mortality Weekly Report*, 2023). People with egg allergy may receive any flu vaccine product that is otherwise age-appropriate and indicated for their health status.

ACIP recommends that, whenever available, clinicians provide seniors ages 65 years and older influenza vaccine products that have a higher likelihood of eliciting a protective response. These preferred products include the high-dose product Fluzone®, the adjuvanted product Fludax® and the cell-based product Flucelvax®.

Use the Minnesota Department of Health (MDH) 2023-2024 Fall Flu Guide as a quick reference for providers who give influenza vaccine: www.health.state.mn.us/diseases/flu/hcp/vaccine/fluguide.pdf

COVID-19 VACCINE

The 2023-2024 COVID-19 vaccine is recommended for everyone ages six months and older.

A new monovalent formula, 2023-2024 (XBB containing) COVID-19 vaccine, was recently recommended by ACIP and is available this fall. The previous bivalent vaccines are no longer



recommended. Updated Centers for Disease Control and Prevention (CDC) guidance is found on the Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States webpage at www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

A strong recommendation—especially to seniors, persons who are immunocompromised, pregnant women and children under age two—will help reduce the morbidity of COVID.

To stay current, refer to MDH's Interim COVID-19 Vaccine Provider Guide and sign up for provider email updates by visiting the COVID-19 Vaccine Providers webpage at www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html.

RSV VACCINES

Two new RSV vaccine products for older adults are available. **RSV vaccination is recommended for people 60 years of age and older using shared clinical decision-making.** The decision may be informed by the patient's risk of severe RSV disease; your clinical discretion; patient's preference; and the characteristics of the vaccine, including duration of immunity and inflammatory neurologic events seen in both vaccine's clinical trials but not yet attributable to the vaccine.

For more on RSV vaccination for older adults, refer to Healthcare Providers: RSV Vaccination for Adults 60 Years of Age and Over (www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults.html), the

provider job aid for shared clinical decision-making for RSV vaccine for older adults (www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf) and ACIP's Adult RSV Vaccine Recommendations (www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rsv.html).

Nirsevimab is a new RSV monoclonal antibody product recommended for all infants and young children. The CDC recommends one dose for all infants younger than eight months who are born during or entering their first RSV season. This product is given IM (intramuscular injection), allowing for a more feasible implementation than palivizumab, which is given monthly by intravenous injection. Certain children between 8 months and 19 months at persistent risk of severe RSV disease (i.e., children already recommended for palivizumab and American Indian/Alaska Native children) are recommended to get a dose in their second RSV season. Nirsevimab will be available through the Vaccines for Children program.

More information, specifically for Minnesota providers, will be communicated through MDH's newsletter, *Got Your Shots? News*, at www.health.state.mn.us/people/immunize/hcp/gys/index.html.

Clinical vaccine questions for MDH can be emailed to health.vaccineSME@state.mn.us.

View an **electronic version of this article** with links to resources and websites at mafpadvocacy.org/2023/09/14/vaccinate-to-protect-against-respiratory-infections.

AAFP RESOURCES: IMMUNIZATIONS AND VACCINES

The American Academy of Family Physicians (AAFP) provides online vaccination resources for members, including clinical guidance, immunization schedules, how to address vaccine concerns and misinformation, continuing medical education and more.

Scan the QR code in this box to access the AAFP's Immunizations and Vaccines web resources.



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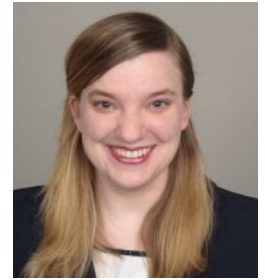
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MINNESOTA ACADEMY OF
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HOUSING IS HEALTH CARE: ESTABLISHING A FREE CLINIC FOR INDIVIDUALS WITHOUT HOMES

A PROJECT OF GREATEST INTEREST FROM THE 2023 MAFP INNOVATION & RESEARCH FORUM



by **Sara Robinson, MD**, family physician, Mayo Clinic Health System – Eastridge

HOMELESSNESS IS A PUBLIC HEALTH CRISIS

Housing is an essential, fundamental aspect of living—a provision that more than half a million Americans, on any given day, do not have¹. In fact, the United States has more homeless families than any other developed country².

There are many paths to homelessness, including lack of affordable housing, poor health, unemployment, poverty, untreated substance dependence, domestic violence, discrimination, structural racism in the housing market and lack of mental health resources^{2,3}.

Lack of stable housing has a direct correlation with poorer health outcomes, including...

- An **average lifespan that is 12 years less** than the general population.
- A **disproportionately higher disease burden**, including increased rates of diabetes, heart attacks, substance use disorders and mental illnesses³.
- **Lack of access to affordable and preventive care**, with most individuals without homes utilizing emergency room visits rather than seeking primary care¹.

Homelessness is a public health concern and root cause for many individual health issues. It also puts a financial strain on health care systems and will only get worse without intervention. *Family physicians have both the ability and responsibility to intervene.*

CREATION OF A FREE CLINIC

Homelessness is a problem everywhere, including in Mankato, Minnesota.

Pastor **Erica Koser**, co-director of Connections Shelter in Mankato, identified that local barriers to accessing primary care services for individuals experiencing homelessness included lack of trust in the health care system, poor prior health care experiences, lack of transportation, financial restrictions, lack of health insurance and the heavy stigmatization of homelessness. Koser estimated that the

majority of Connections Shelter guests struggled with unmet health care needs and would benefit greatly from a program that would seek to deliver care in a team-based approach.

With these thoughts in mind, a collaborative effort was initiated among Connections Shelter, the Mayo Clinic Family Medicine Residency Program - Mankato and Open Door Health Center, a federally qualified health center (FQHC) in Mankato.

The first objective was to create a biweekly free clinic for guests at Connections Shelter. The clinic took place inside the shelter, seeing up to six to eight patients a night. Nurses from Open Door would perform the initial rooming process and obtain vitals. Resident physicians would gather histories, perform examinations and form plans of care. These plans would then be precepted with nurse practitioners from Open Door, who would finalize the charting and place orders.

By partnering with Open Door, we were able to utilize Open Door's resources as an FQHC, sliding scale fee program and partnership with a local pharmacy (which was able to deliver prescription medications to the shelter within 24 hours). Some labs were provided on site, including lipid panels, A1c, UAs, COVID swabs, strep tests and hemoglobin checks, and we occasionally administered vaccinations, including COVID immunizations. Follow-up appointments were scheduled at Open Door for dental care, mental health and addiction counseling, insurance enrollment, legal assistance and more. We were also able to make referrals to outside specialties.

RESULTS OF THE FIRST YEAR

One of the guests that came to the clinic was a gentleman in his fifties. In addition to being homeless, he was battling untreated post-traumatic stress disorder with ongoing nightmares that he was self-treating with alcohol, leading to a subsequent substance dependence disorder. He wanted to get help but, due to his lack of insurance, he had not been able to find a medical provider. He was started on medications, including prazosin for his nightmares.

Further assistance was provided for timely transportation to the clinic. He was then able to establish with both a general practitioner and an addiction counselor.

This was just one example of numerous encounters since the initiation of the clinic on October 25, 2021, which treats patients of all ages and needs. Common diagnoses encountered include anxiety, depression, chronic pain and hypertension. The number of emergency department visits by guests at the shelter dropped in a statistically significant manner, decreasing from 13 visits in the 2020-2021 season to 1 visit in the 2021-2022 season. This provided relief to both the shelter workers and local hospital system, which was under constant stress from the pandemic.

Feedback from guests of the shelter was overwhelmingly positive, with many appreciating easy access to a broad range of health care services. Upon reflection, this was also a positive experience for resident physicians. In a survey, 100% of family medicine residents found the experience valuable, and that it improved their knowledge and understanding of health care issues experienced by those without homes.

Workers at the clinic shared that the opportunity to seek medical care in a place that already felt safe encouraged several guests to get care who would not have otherwise. The biggest positive of the clinic was noted to be “the change in guests who were able to receive care, receive medications and truly experience change in their lives. To see guests feel empowered as they were heard, treated and healed was beautiful.”

MOVING FORWARD

Lack of stable housing has a direct correlation with poorer health outcomes. Social factors of health play an essential role in our overall wellbeing. As family physicians, it is imperative that we

recognize and advocate for the betterment of these issues. Creative solutions can be found through community partnerships.

This free clinic would not be possible without everyone at the Mankato residency, especially **Nicholas DeVetter, DO**, and **Erin Westfall, DO**; Open Door Health Center; and Connections Shelter. The Minnesota Academy of Family Physicians Foundation and its donors also provided a generous grant to help with the clinic launch.

We are excited to continue the free clinic and expand the services provided.

REFERENCES

1. Hayashi S. How health and homelessness are connected – medically. *The Atlantic*. January 25, 2016.
2. Beiner C. These moms overcame homelessness. But the fight for a better life is far from over. NPR. December 5, 2021. www.npr.org/2021/12/05/1057273975/single-moms-homelessness-domestic-abuse
3. Homelessness & Health: What's the Connection? National Health Care for the Homeless Council. February 2019. nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf

Robinson received funding from a Minnesota Academy of Family Physicians Foundation Resident Innovation Grant to help launch the free clinic in Mankato. You can support innovation grants like this one at mafj.org/give.



SUICIDE PREVENTION AND MENTAL WELL-BEING

FOSTERING A WAVE OF TRANSFORMATIVE CHANGE THROUGH COLLABORATION

by **Kara Maucieri, MD**, family physician, Cuyuna Regional Medical Center

In June 2018, I experienced the heart-wrenching loss of a dear friend—an exceptional physician known for his infectious joy and passion for medicine. His untimely passing deeply impacted our tight-knit community, leaving us grappling not only with his absence but with the pressing issues of physician burnout within our hospital and a growing tide of anxiety and depression. As we faced this adversity, I felt compelled to channel our grief into something that would honor his memory and help heal our community.

Recognizing the need for positive change, I reached out to a young visionary, **Luke LeMieur**, a University of St. Thomas student who had been both a patient of our late friend and harbored aspirations of becoming a physician himself. Luke had written a research paper on physician well-being, a study that delved into the profound impact of spirituality, religiosity, perfectionism and the meaning of life on the well-being of medical professionals. The timing seemed perfect, as the study had already sparked his interest in mental health within the medical field. I approached Luke with the idea of collaborating to create a mental health initiative—a project that would not only address physician burnout but also the pressing mental health concerns echoing through our community.

We started with two key objectives: **mitigating provider burnout** and **nurturing community well-being**. The initial step involved crafting a comprehensive survey aimed at addressing the well-being of local health care providers. This survey would serve as a crucial tool to gauge the extent of physician burnout, depression and general well-being within our medical community.

The project's second phase involved engaging the wider community through workshops and talks on mental well-being. We took inspiration from the **Bounce Back Project™**, which provides tools and education to promote resilience and decrease burnout. With training from their program, we fine-tuned our approach, adapting the presentations to suit our audience (schools and Cuyuna Regional Medical Center employees) and equipping individuals with practical tools to nurture their mental well-being.

Our work took an unexpected turn when a colleague serendipitously crossed paths with a board member from **Smiles for Jake**, a nonprofit in the Brainerd Lakes Area that is focused on suicide prevention and promoting good mental health, which



Kara Maucieri, MD, center, at Cuyuna Regional Medical Center's annual Driving for Hospice golf tournament fundraiser.

led us to collaborate with the Smiles for Jake organization. United in purpose, we secured a substantial grant from **Sourcewell** to drive our mission of improving mental health awareness across our five-county area. Our goals evolved to encompass both preventive tools for community-wide mental health maintenance and targeted outreach to those grappling with mental health challenges.

One of our initiatives drew inspiration from a pioneering study by psychiatrist **Jerry Motto, MD**, that found that personal letters from health care professionals expressing care and desire for ongoing contact significantly reduced suicide rates among at-risk patients. We embraced this concept, encouraging local providers to implement it in their practices. Community members enthusiastically contributed artwork for stationery, creating a heartfelt medium through which we distributed these vital messages of connection.

Another facet of our program centered around continuing education and awareness. As part of our grant, in collaboration with other mental health organizations, we orchestrated keynote presentations by **Emma Benoit**, a remarkable survivor of a suicide attempt at the age of 16. Emma's journey, documented in a film called *My Ascension*, transformed her into a powerful advocate for suicide awareness.

This endeavor has been a profound source of joy, not only due to its impact but because of the extraordinary individuals who have contributed. *It's a testament to the power of collaboration, where diverse talents and backgrounds merge to amplify benefits and outreach beyond imagination.* Our experience underscores the significance of joining forces with like-minded individuals to effect positive change within our communities.

Through the magic of collaboration and dialogue, we've fostered a stronger network, facilitating deeper conversations about mental health and well-being. As these ideas take root in our community, my hope is that they find their way to other communities, fostering a wave of transformative change.



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INTRODUCING THE 2023 MAFP ACADEMY AWARD HONOREES

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

The Minnesota Academy of Family Physicians (MAFP) is proud to announce recipients of the 2023 Academy Awards:

- **Family Medicine Educator of the Year:** Kurt Angstman, MD, FAAFP
- **Innovation & Research Award:** Meghna Mansukhani, MD
- **Family Medicine Resident of the Year:** Marjan Jahani Kondori, MD, MPH
- **Medical Student Leadership Award:** Miranda Harris

In addition to mentoring and training residents in family medicine, Angstman has been active in primary care research, specifically around collaborative care management of depression and the integration of mental health and primary care, and mentoring others in the pursuits of academic medicine and research. He's also held a variety of national and local leadership roles, including being past president of the MAFP.

One former colleague aptly wrote, "Dr. Angstman is the consummate mentor. He recognizes what learners and colleagues need to succeed and leaves a legacy of generosity in teaching."



FAMILY MEDICINE EDUCATOR OF THE YEAR

Kurt Angstman, MD, FAAFP
Mayo Clinic Family Medicine Residency - Rochester

Angstman has been a family medicine teacher, mentor, researcher and physician for nearly 40 years. Most recently, he served as associate program director and professor of family medicine at the Mayo Clinic Department of Family Medicine in Rochester, Minnesota, until his retirement earlier this year.

Thirty-one resident physicians, family medicine educators and MAFP members nominated Angstman for this award, naming the invaluable role he has played as a family medicine mentor and educator.

"Dr. Angstman has demonstrated a profound and sustained commitment to medical education throughout his career. Beginning in his years in private practice, Dr. Angstman regularly taught and lectured both University of Minnesota and Mayo [Clinic] medical students as well as family nurse practitioner students and was the primary mentor for seven RPAP (Rural Physician Associate Program) students. Dr. Angstman has [now] taught hundreds of medical students and residents, many of whom have joined Mayo faculty or gone on to academic careers of their own," said **John Wilkinson, MD, FAAFP**, Professor of Family Medicine at Mayo Clinic.



INNOVATION & RESEARCH AWARD

Meghna Mansukhani, MD
Mayo Clinic College of Medicine and Science

Mansukhani is a professor of family medicine at the Mayo Clinic College of Medicine and Science in Rochester,

Minnesota. She is also the regional chair of research and innovation for Mayo Clinic Health System - Southwest Minnesota and director of academic advancement and promotions for Mayo's Midwest Department of Family Medicine. Her recent professional roles have included director of the Mayo Clinic Sleep Medicine Fellowship and co-director of the Mayo Clinic Center for Sleep Medicine.

She holds a Certificate of Added Qualifications in Sleep Medicine and is active in research, teaching and quality improvement initiatives around sleep medicine and care of patients with sleep disorders, especially in the primary care setting. Her research has focused on studying the cardiovascular consequences of sleep disorders, effects of psychotropic medications and substances on sleep and advances in the diagnosis and treatment of sleep disorders.

Mansukhani is currently principal investigator on two Mayo Clinic grants—one looking at sleep apnea status in patients on chronic opioid medication for pain and one examining sleep disturbances in patients with major depression and/or alcohol use disorder. She is also co-investigator on a grant funded by the

National Heart, Lung and Blood Institute, researching disrupted sleep in Somali Americans and the implications for hypertension risk, and serving as a consultant on an American Sleep Medicine Foundation grant on pediatric/adolescent delayed sleep-wake phase disorder.



FAMILY MEDICINE RESIDENT OF THE YEAR

Marjan Jahani Kondori, MD, MPH
Mayo Clinic Family Medicine Residency – Mankato

Jahani Kondori is a recent graduate of Mayo Clinic Family Medicine Residency – Mankato (June 2023). Nominators describe her as a fierce advocate, politically active and tenacious in her pursuit of social justice.

Her advocacy has included promotion of oral health and medical-dental integration, for which she advocated at the Minnesota State Capitol to address the oral health gap, specifically in rural Minnesota, through comprehensive integrated care and was featured in the PBS documentary *Uncovered: Minnesota's Dental Crisis* on Mankato's medical-dental clinic. During her family medicine residency, she also participated in the University of Minnesota Department of Family Medicine and Community Health Residency Advocacy Cohort, helped launch the precepting through social justice series and began a social justice book club at the Mankato residency program.

Jahani Kondori has been active in the MAFP, including having authored/co-authored resolutions (which set Academy policies), serving as a panelist for the MAFP's Intro to Advocacy program and participating in advocacy outreach at the Capitol and beyond. She also volunteers her time and serves on the board of the St. Peter Community Free Clinic and is active with the Greater Mankato Health Equity Partnership, where she is helping to study cardiovascular disease in the local Somali community.

MAFP President and Mankato residency faculty **Bob Jeske, MD**, had high praise for Jahani Kondori and her work as a resident physician, advocate and leader: "One could simply say that Dr. Jahani Kondori was a model resident, but I think she exceeds that threshold. I know Minnesota produces the best residents, but you'd be hard pressed to find another as impressive as Dr. Jahani Kondori."

In 2023, Jahani Kondori was awarded the Family Medicine Resident Research Award from the Mayo Clinic College of Medicine. She also received a grant from the MAFP Foundation in 2022 to help support and grow a social justice and health equity teaching curriculum at the Mankato residency program and presented on social determinants of health before the North American Primary Care Research Group in 2021.



MEDICAL STUDENT LEADERSHIP AWARD

Miranda Harris
University of Minnesota Medical School, Twin Cities campus

Harris is a third-year medical student at the University of Minnesota Medical School in the Twin Cities. She is known as a leader, an advocate and a role model and has been active in medical student leadership, legislative and grassroots advocacy, civic engagement, community outreach and research.

One nominator wrote: "Miranda is a fierce advocate for the importance of family medicine and community health. When I look at my future as a physician in Minnesota, I hope I can serve people living here the way that Miranda does. She serves as a role model by internalizing patient- and community-centered care through her everyday actions and by instilling these important values in those around her."

As a leader, Harris has held a variety of roles, including serving as an executive board member of the University of Minnesota chapters of the Latino Medical Student Association, Arts and Medicine Interest Group (which she also co-founded), Students for a National Health Program and White Coats for Black Lives. She has also served as the lead organizer and facilitator of the youth advisory board for *Aquí Para Ti/Here for You*, a clinic-based program for Latinx adolescents, based out of Hennepin Healthcare's Whittier Clinic in Minneapolis (of which she also received funding for the role via an MAFP Foundation David Mersy, MD, Summer Externship grant); and, as an Ecuadorian-American student, Harris was honored to help coordinate the first Latine Youth with Stethoscopes Youth Summit at Hennepin Healthcare.

As an advocate, Harris has taken a posture of learning and action. She completed a one-year advocacy fellowship with Advocates for Better Health (formerly the Twin Cities Medical Society) in May 2023 and attended the American Academy of

continued on page 26

continued from page 25

Family Physicians (AAFP) Advocacy Summit in Washington, D.C., in May 2022. She was also a lead organizer of a “Stop the Merger” rally to oppose the potential Sanford-Fairview merger in Minnesota (February 2023) and met with the Minnesota Attorney General, state senators and city council members to advocate for student and patient perspectives.

“During my first year of medical school, it became clear that medical professionals must leverage their positions of power for change,” said Harris, “I thank the MAFP for allowing me to cultivate a practice of both medicine *and* advocacy.”

Harris has also helped to bring the White Coats for Black Lives Health Justice Teach-In Series—a collection of case-based sessions that focus on health equity for historically underserved groups—to family physicians by facilitating a partnership with the MAFP in fall 2023.

She will spend much of her third year in medical school in the Metropolitan Physician Associate Program (a nine-month clerkship) at Minnesota Community Care – La Clinica in West St. Paul.

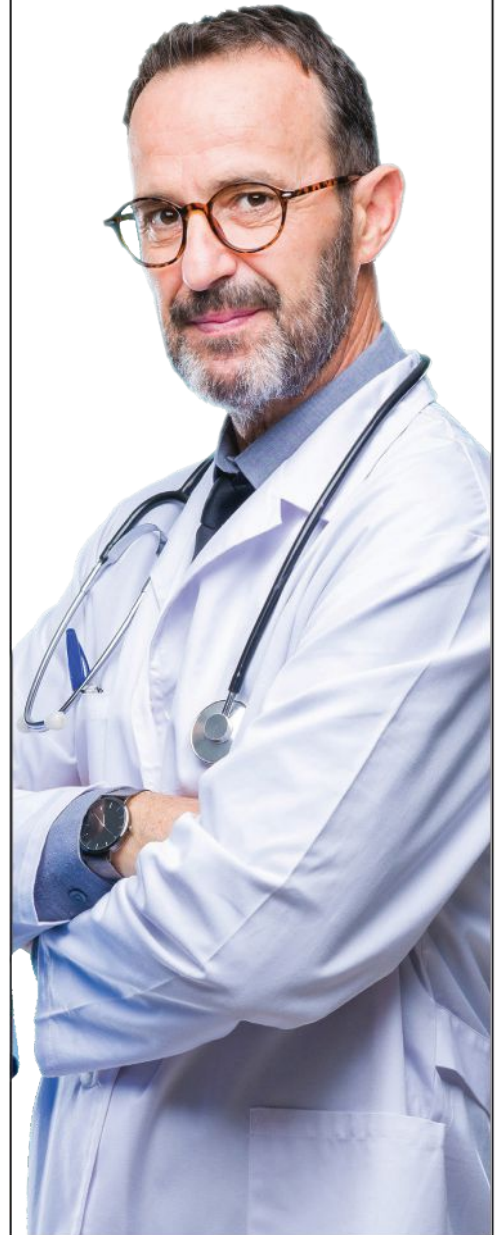
Congratulations to this year’s honorees and nominees! Thank you for the impact you’re making in family medicine. Learn more about the MAFP Academy Awards at mafp.org/awards.



MAFP CEO **Maria Huntley, CAE, MAM**, had the opportunity to deliver awards to (and celebrate with) Educator of the Year Angstman and Innovation & Research Awardee Mansukhani on September 13, 2023.

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Human Trafficking Warning Signs



Warning Signs

- Signs of physical abuse (burn marks, bruises, cuts)
- Pelvic or abdominal pain; appears malnourished
- Tattoos or branding
- Possession of large amounts of cash, multiple cell phones and/or hotel keys ; offers to pay in cash
- Caught lying about age/possession of false ID; lacks official identification documents
- Avoids social interaction and authority figures/law enforcement
- Seems to adhere to scripted or rehearsed responses in social interaction; someone always speaks for them
- Unable or unwilling to give an address or information pertaining to parents/guardian
- Maintains sexually explicit profiles on social networking sites; over-familiar with sexual terms and practices
- Suicide attempt
- Bizarre relational dynamics/unsettling behavior
- Disorientated about date, time, and place
- Appears fearful, anxious, depressed, submissive, hyper-vigilant, paranoid, or excessively hostile
- Seemingly excessive number of sexual “partners”
- Multiple or frequent pregnancies and/or abortions
- Fearful attachment to a cell phone (often used for monitoring or tracking)



How Hospitals Can Help



What is Human Trafficking?

- Modern day slavery
- Exploiting a person through force, fraud or coercion
- Sex trafficking, forced labor or domestic servitude
- Human trafficking is happening everywhere around the globe to people of any age, gender, race, socioeconomic status or nationality
- Any person under the age of 18 involved in a commercial sex act



Identifiers of a Trafficker

- Significantly older than their female companions
- Encourages illegal activities and/or inappropriate sexual behavior
- Vague about his/her profession
- Demanding or pushy about sex
- Someone that exerts an unusual amount of control over the patient



How to Help a Victim of Trafficking

- Separate any companions from the patient and provide a quiet, safe place for the patient
- Attend to any physical needs of the patient; don't rush the patient
- Adopt open, non-threatening body positioning (sit at eye level, avoid touching patient unless given permission, be aware of body language, avoid crossing arms)
- Engage the patient with active listening skills, respectful and empathetic language; avoid judgment
- Educate hospital staff on the red flags and the protocol of actions to be taken
- Document suspected and confirmed trafficking using the new ICD-10 codes
- Invest community benefit dollars towards anti-trafficking initiatives
- Become acquainted with community groups/resources that help victims

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Minnesota Reception at AAFP FMX
Fri., Oct. 27, 2023, 6:00 - 7:00 pm
Chicago, IL (Cafe Bionda)



Intro to Advocacy
Sat., Nov. 18, 2023, 8:30 - 11:30 am
St. Cloud, MN (CentraCare) + online



Group KSA (Knowledge Self-Assessment): Behavioral Health Care
Sun., Nov. 19, 2023, 4:30 - 8:30 pm
Online



Give to the Max Day
Thurs., Nov. 16, 2023
Let's grow family medicine and send Minnesota medical students to the 2024 AAFP National Conference: mafp.org/max



Health Justice Series: Policing & Incarceration, hosted by *White Coats for Black Lives (University of Minnesota chapter)*
Tues., Nov. 28, 2023, 5:45 - 7:45 pm
Online



Legislative Lunch + Physicians' Day at the Capitol
Wed., Feb. 28, 2024
St. Paul, MN (Capitol)



Innovation & Research Forum
Sat., Mar. 16, 2024
Minneapolis, MN (UCare offices)



Spring Refresher
Fri., Apr. 12 - Sat., Apr. 13, 2024
Maple Grove, MN (Rush Creek Golf Club) + online

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ANTI-SLAVERY RESOURCES AND ORGANIZATIONS

At our 2023 Minnesota Academy of Family Physicians (MAFP) House of Delegates, our policy-setting body, a resolution titled “Abolish Slavery and/or Involuntary Servitude from the Minnesota Constitution” was adopted.



by **Khin Oo**,
MAFP Advocacy Coordinator

BE IT RESOLVED that the MAFP supports all efforts to remove slavery from our constitution and penal system and supports the passage of legislation prohibiting slavery and/or involuntary servitude as criminal punishment for a crime.

—From Resolution 2023-06, *Abolish Slavery and/or Involuntary Servitude from the Minnesota Constitution* (mafp.org/resolutions-2023)

In the resolution, authors **Sally Jeon, Andrea Westby, MD, FAAFP, and Chris Reif, MD, MPH**, wrote: “...current day slavery remaining in our constitution and in our prisons are a vestigial extension of systemic racism and oppression that justified genocide and slavery against people Indigenous to this land and people stolen from Africa. As family physicians, we are aware that the generational and systemic trauma of slavery, genocide, racism, discrimination and poverty drives much of the health disparities experienced by people who are Black and Native American. In our responsibility to care and advocate for equitable health of all peoples, the MAFP opposes the existence of these traumatic drivers of health disparities in our constitution and prisons.”

ANTI-SLAVERY RESOURCES

To bring awareness and provide education to MAFP members, a list of resources and articles on the work to remove slavery from the Minnesota constitution follows.

- **2023 Minnesota bills SF 43 and HF 93** propose a constitutional amendment prohibiting slavery or involuntary servitude as a criminal punishment for a crime. The legislation passed two committees and was sent to the Rules Committee in the House but did not get a hearing in the Senate. *View the bills at www.revisor.mn.gov.*
- **“An Update on Prison Labor in Minnesota,”** by Filiberto Nolasco Gomez (*Workday Magazine*, January 5, 2022), shares research on the working conditions and experiences of the incarcerated in Minnesota prison industries. *Read the article at workdaymagazine.org/an-update-on-prison-labor-in-minnesota.*

- **“A Look Into the Issue of Underpaid Prison Labor,”** by Zach Courtney (*The Minnesota Daily*, February 16, 2023), is an opinion piece on underpaid prison labor and the need to recognize the humanity of incarcerated workers. *Read the article at mndaily.com/275460/opinion/courtney-a-look-into-the-issue-of-underpaid-prison-labor.*
- **“The Color of Justice: Racial and Ethnic Disparity in State Prisons,”** by Ashley Nellis, PhD (*The Sentencing Project*, October 13, 2021), documents the rates of incarceration for white, Black and Latinx Americans in each state; identifies three contributors to racial and ethnic disparities in imprisonment; and provides recommendations for reform. *Read the article at www.sentencingproject.org/reports/the-color-of-justice-racial-and-ethnic-disparity-in-state-prisons-the-sentencing-project.*
- **Abolition Today** is an online radio program with a specific focus on modern slavery as it is practiced through the thirteenth amendment of the U.S. constitution and by private, for-profit prisons worldwide. *Listen at abolitiontoday.org.*

ANTI-SLAVERY ORGANIZATIONS

Get connected to these organizations working to remove slavery from the constitution at a state and national level.

- **Twin Cities Incarcerated Workers Organizing Committee** are prison abolitionists working with incarcerated workers to end prison slavery. Listen to their podcast project, “Stories from the Inside,” on SoundCloud (soundcloud.com/user-41909583).
- **Abolish Slavery National Network** is a national coalition fighting to abolish constitutional slavery and involuntary servitude in all forms, for all people. abolishslavery.us

Scan the QR code to access an electronic version of this article with links to resources and organizations.



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Please submit your CV to Joanne D. Stadnik, CEO of Voyage Healthcare.

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