Show Discusses Impact of Secondhand Smoke
Antismoking group ClearWay Minnesota has created a television show about secondhand smoke and its health risks, especially among ethnic communities in the state.

The show, “Secondhand Smoke in Our Communities,” will air on public television eight times, each time featuring a different language, starting on Jan. 15. The show was produced in collaboration with ECHO Minnesota, a nonprofit media group that addresses health and safety issues among immigrant and refugee populations in the state. The program will be broadcast in English, Spanish, Hmong, Somali, Karen, Vietnamese, Lao, and Khmer.

Officials say ethnic and low-income populations face a disproportionate risk from the dangers of secondhand smoke. “Secondhand smoke is harmful to all Minnesotans’ health, but diverse communities experience some of the greatest harm,” says David Willoughby, CEO of ClearWay Minnesota. “Tobacco companies use clever marketing practices to make their dangerous products attractive to these communities. This program offers a distinct way to tell the story of tobacco’s impact in all Minnesota and to educate the specific populations that are most at risk.”

ClearWay officials estimate that tobacco companies spent nearly $200 million marketing tobacco products in Minnesota in 2008. They note that tobacco use among some ethnic communities is outpacing the rates of tobacco use among the general population.

“Tobacco’s impact and health risks do not discriminate—but tobacco companies’ marketing efforts do,” Willoughby says. “We need to continue strong public policy efforts together with tobacco prevention and smoking cessation services in the communities targeted most by tobacco companies. Partnering with ECHO Minnesota provides an invaluable opportunity to protect the health of all Minnesotans.”

United Health Foundation State Rankings Finds Obesity and Diabetes Are Getting Worse
A new United Health Foundation report on the nation’s health raises alarms about the rise in rates of chronic diseases such as obesity and diabetes, saying that the increase in such conditions is undermining the country’s health.

The annual America’s Health Rankings has consistently received considerable attention for its grading of individual states’ health status, but it also presents an overall snapshot of the nation’s health, and foundation officials say they are concerned about trends shown by recent data.

The report says areas of improvement, such as improved smoking cessation,
reduced hospitalizations, and a decline in cardiovascular deaths are offset by increasing rates of obesity, diabetes, and the number of children in poverty.

The rankings find Minnesota is the sixth-healthiest state in the nation. The results mark three years in a row the state has finished sixth, which also is the lowest grade Minnesota has received to date. Minnesota was ranked No. 1 in the nation for seven of the report’s 21 years. It was ranked in the top five every year until 2009.

The United Health Foundation report says Minnesota’s strengths are its low rates of deaths from cardiovascular disease, its low rate of uninsured residents, and the state’s high rate of high school graduation. Challenges include a high incidence of infectious disease, low per-capita public health funding, and a high prevalence of binge drinking.

The report also finds that obesity in Minnesota has increased from 17.4 percent to 25.4 percent of the adult population, and that diabetes increased from 4.9 percent to 6.7 percent of the population in this state.

Luke Benedict, MD, an endocrinologist at Allina Hospitals and Clinics and president of the American Diabetes Association–Minnesota Board, says the United Health Foundation report confirms what health experts have been seeing for some time. “We’ve been trumpeting this for years, that there’s a huge problem with obesity. It is a true epidemic and this report echoes that,” he says. “Minnesota is doing better than a lot of other states, but we’re still following the same general trend—we’re getting heavier.”

MHA to Benefit from Federal Safety Initiative

The Minnesota Hospital Association (MHA) is part of a $218 million effort to prevent injuries and complications at hospitals across the country.

The Partnership for Patients initiative recently announced that 26 hospital systems and organizations will work together as hospital engagement networks to improve patient safety. The networks will develop collaborative efforts to train hospital staff and provide support and technical assistance to hospitals to improve patient safety and promote quality improvement goals. The efforts will be monitored by the Centers for Medicare and Medicaid Services (CMS) to ensure that the program’s goals are being met.

MHA officials say the federal funds will allow the group to add three staff members to its patient safety team to provide members with training and technical assistance to address hospital-acquired conditions, readmissions, and safety culture issues.

The Partnership for Patients effort will build on patient-safety programs already in place in Minnesota, MHA officials say. They list the state’s Reducing Avoidable Readmissions Effectively (RARE) campaign; the Transforming Care at the Bedside (TCAB) program; and the work of the Minnesota Alliance for Patient Safety (MAPS) as three examples of programs that will gain from the educational and technical assistance that the new funding will provide.

According to MHA communications director Jan Hennings, the new partnerships will ensure that Minnesota hospitals will continue to be at the forefront of
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Pal shrinkage simultaneously,” says study author Adam Brickman, PhD, of the Taub Institute for Research on Alzheimer’s Disease and the Aging Brain at Columbia University Medical Center in New York.

“Given that conditions like Alzheimer’s disease are defined mainly by memory problems, our results may lead to further insight into what causes symptoms and the development of new interventions for prevention. Since silent strokes and the volume of the hippocampus appeared to be associated with memory loss separately in our study, our results also support stroke prevention as a means for stabilizing memory problems,” Brickman says.

MAYO RECEIVES AWARD FOR PATIENT-CENTERED CARE

Mayo Clinic has received the 2011 Picker Award for Excellence in the Advancement of Patient-Centered Care.

The Picker Awards recognize national and international excellence in improving the health care experience of patients. Mayo received the award for its “distinguished history of putting every patient first, and of the respect, dignity, and quality care that each patient is afforded,” officials with the awards program say.

“We believe that Mayo Clinic’s efforts have demonstrated—and continue to demonstrate—the ability to deliver the kind of patient-centered care that elevates the patient experience to new levels of excellence,” says Picker Institute Executive Director Lucile Hanscom.

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delivering high quality care. “We in Minnesota have always had a very good working relationship with partners such as Stratis Health and ICSI. What this grant is going to help us with is to solidify and build upon those partnerships,” she says. “We’re extremely excited about it and I think that Minnesota is really in good shape to use that grant money to the fullest.”

Cancer Rates Continue to Decline, ACS Data Show

Cancer mortality rates continue to decline both nationally and in Minnesota, according to new data from the American Cancer Society (ACS).

The group’s annual cancer statistics report shows that between 2004 and 2008, cancer death rates decreased by 1.8 percent per year in men and by 1.6 percent per year in women. Overall cancer incidence rates for men have also declined, by 0.6 percent per year nationally. Cancer incidence rates in women were stable during those four years.

The incidence and mortality rates for cancer in Minnesota have shown similar declines in recent years, ACS officials say. The overall cancer mortality rate in Minnesota decreased by 1.6 percent a year between 2000 and 2007. After adjusting for population growth and aging, the overall cancer mortality rate in Minnesota was 15 percent lower in 2007 than it was 20 years earlier, with cancer mortality declining 17 percent in men and 15 percent among women.

The ACS data lags behind a few years because it takes time to collect such information, says Lou Harvin, public relations manager for the Minnesota chapter of ACS. But he says the improving trend lines have been consistent, adding that better treatments have played a role, along with improved screening rates for cancer. “People are better about talking to their doctors about screening,” he says.

According to Harvin, the data show that one reason that men’s incidence and death rates have declined more than those for women is that men are quitting smoking at higher rates than women. “Women have been slower to give up smoking; men have been dropping the cigarette habit at a faster rate,” he says.

Harvin adds that although the ongoing reduction in smoking among the general population is making significant improvement in cancer numbers, other health trends could reverse the gains that anticancer groups have been seeing. “We continue to see Americans and Minnesotans becoming more overweight and obese,” he says. “We know that one-third of cancers are directly related to nutrition, exercise, and general eating habits. There is a good chance that 10 years from now, we could see these numbers going backward.”

Another area of concern is the racial and ethnic disparities seen in cancer incidence and mortality rates. In Minnesota, the cancer society data show that African American men have a 13 percent higher cancer incidence rate than non-Hispanic white men and a 42 percent higher mortality rate.

Harvin says that more than ethnicity, socioeconomic factors are playing a role in these findings. “It’s not really about the race of the person, it’s more about access to health care,” he says.
Each month members of the Minnesota Health Care Consumer Association are invited to participate in a survey that measures opinions around topics that affect our health care delivery system.

There is no charge to join the association, and everyone is invited. For more information, please visit www.mnhcca.org. We are pleased to present the results of the December survey.

1. In discussing my health status with my physician, I withhold information due to concerns it may increase my insurance premiums/status.

2. I feel there is inaccurate information in my medical record.

3. I limit my utilization of health care services because of potential impact on my insurance premiums/status.

4. I do not feel my medical records are adequately private.

5. When physicians are mandated to collect data about domestic violence, gun ownership, smoking, drinking, drug use, etc., it limits the productiveness of the physician-patient relationship.