



the review

Randy Perkins, PA-C, Editor

June, 2014

This Edition...

This edition of “the review” begins to examine concepts, policies, and practices surrounding health disparities and how physician assistants can impact these policies and issues. Health disparity is a concept that initially focused on differences of health care 2003 provided to different

ethnic groups. This concept has been expanded to include more diverse populations. In 2007, the American Academy of Physician Assistants Committee on Diversity (now AAPA Health Diversity Work Group) and the Physician Assistant Foundation launched “Heads Up!”, an awareness group to reduce disparities in health care. (www.stop-disparities.org). Readers are encouraged to

view this website as well as other sites such as www.healthypeople.gov. This edition examines health disparities and practices in the LGBT (lesbian-gay-bisexual-transgender) community.

“The term health disparities refers to population-specific differences in the presence of disease, health outcomes, quality of health care and access to health care services that exist across racial and ethnic

groups. Disparities represent a lack of efficiency within the health care system and therefore account for unnecessary costs. According to a 2009 study by the Joint Center for Political and Economic studies, eliminating health disparities for minorities would have reduced direct medical care expenditures by \$229.4 billion between 2003 and 2006.” (National Council of State Legislatures).

Mission:

The mission of NDAPA is to promote quality, cost-effective, accessible health care to enhance the health and well-being of the people of North Dakota and to promote the professional and personal development of Physician Assistants.

Inside this issue:

<i>Health Disparities: Equitable Treatment of all Patients</i>	2
<i>ND PA Survives “Survival Camp”</i>	3
<i>Coming Out to Your Doctor</i>	3
<i>What Healthcare Providers Need to Discuss</i>	4
<i>UND PA Program Update</i>	6
<i>PA of the Year Announced</i>	6
<i>NDAPA Elections Held</i>	6
<i>New LGBT Health Journal to Launch</i>	7

My Two Cents Worth

By Curt Kroh, NDAPA President

As I am writing this, I can’t help but think about the family of Rod Sigvaldson and the pain they must still feel from his passing. I would ask that each of you keep his family in your thoughts and prayers as they grieve his death.

I am also preparing for my deployment to Afghanistan. Regardless of your political feelings about this country’s involvement, I took an oath to protect this country against all enemies foreign and domestic and during my 30 plus years of wearing the uniform have served each of our elected leaders without prejudice. As an Army PA, I am also proud to work with some of the best medics in the world taking care of the best soldiers in the world.

I intend to continue to try offer my “two cents worth” from “down range” offering my thoughts and observations about any number of topics.

On another subject, I had the opportunity recently to visit with the incoming class of UND PA students. A person rarely sees a more professional group of young people and with this quality of PA students I feel our profession is going to be in good hands with a bright future.

Also, don’t forget to check out our website, as there are always new articles and helpful links being added.



Health Disparities: Promoting the Equitable Treatment of All Patients

(Adopted 2011)

Executive Summary of Policy Contained in this Paper

Summaries will lack rationale and background information, and may lose nuance of policy. You are highly encouraged to read the entire paper.

AAPA will work to

Enhance and create organizational outreach and strategic partnerships aimed at decreasing and eliminating health disparities.

Increase physician assistant awareness of health disparities.

Create and promote health equity tools and resources for physician assistants.

Utilize Health People 2020 as a template for increased organizational efforts to support health surveillance systems that track outcomes by race and ethnicity, gender, sexual identity and orientation, disability status or special health care needs, and geographic locations.

INTRODUCTION

“Health disparities are differences in health among groups of people that are closely tied to social or demographic factors such as race, gender, income, or geographic region. Decades ago, the issue of health disparities was seen primarily as one of race and ethnicity. As the focus of health disparities has sharpened over the last decade, definitions have broadened to include gender, sexual orientation, or gender identity, religion, socioeconomic status, mental health, geographic location, and other characteristics typically linked to discrimination or exclusion.” (Smedley, BD. “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.” 2003)

“Accompanying this more sophisticated understanding of health disparities has been a growing body of research demonstrating healthcare inequities. Data suggest that increasing provider awareness of health disparities, social determinants of health, and implicit bias can decrease the impact of health disparities”. “One example of the recent expansion of the definition of disparities is the inclusion of lesbian, bisexual, gay and transgender populations in the overall examination of health disparities.” (US Dept. of Health and Human Services. Healthy People 2020)

Conclusion

“The AAPA believes that enhancing strategic partnerships, supporting increased provider and organizational awareness of health disparities, creating and promoting clinically relevant resources, and supporting data collection related to health disparities will result in decreased health inequities and result in the improved health of all patients.”

(Editor’s Note: Please research the topic of health disparities if this is new ground for you. Visit www.aapa.org to read this entire position paper.)

North Dakota PA Survives Survival Camp in Preparation for Move to Africa

Cindy Renner, PA-C

Well, we survived “Survival Camp”! No snakes, no spiders, no eating odd things, and no reward challenges. We weren’t auditioning for the TV show “Survivor”, but were at the Rafiki Foundation headquarters in Florida for our final training



before our move to Africa. We spent a week with 10 other ROS (Rafiki Overseas Staff), who will all be going to one of the 10 Rafiki villages in Africa. The most “survivor-like” activity we had was to prepare meals for all of us (and any unexpected guests from headquarters who might show up) using only the food they had there for us which was a big bag of dried red beans, a big bag of rice, some fresh fruits and vegetables, 4 chickens

(thankfully already dead and cleaned...) 2 lbs. of ground beef, a pound of bacon, a loaf of bread and some eggs. We did just fine and were never hungry, but it sure took a lot more planning (who knew that you have to soak dried beans for a

LONG time before you can expect to cook and eat them?). At the end of the week we each received our country locations and job assignments.



It was a wonderful week, where we learned more about the RAFIKI heritage, philosophy and goals. We were inspired by the vision, hope and dreams for expanded programs to fulfill the mission to help Africans know God and raise their standard of living.

Rather than going back to Tanzania where we were first introduced to Rafiki and some of the precious children they serve, my husband and I have been assigned to the country of Malawi! There are 98 children living there currently, with room for only 2 more. They range in ages from 20 months to



13 years. We will join the 4 Rafiki staff currently working there and expect to be on the ground by early August or maybe late July.

We have been able to work out that Dr. Martin will be my supervising physician, even though he will be a country away in Tanzania. We will have the availability of Skype, email and phone

(continued on page 5...Africa)

COMING OUT TO YOUR DOCTOR

(By: Human Rights Campaign)

One of the keys to good healthcare is being open with your healthcare provider. Doctors, nurses, physician assistants, psychotherapists and other professionals treating you need to know about your sexual orientation and gender identity to give you the best care possible. Yet surveys consistently show that many gay, lesbian and bisexual patients aren’t open about their sexual orientation with their healthcare providers. Also, transgender patients often face unique challenges finding competent care.

TIPS FOR FINDING AND BEING OPEN WITH HEALTHCARE PROVIDERS

- ◆ Ask for referrals. Ask friends or local LGBT centers for the names of LGBT-friendly healthcare providers. You can also check the Gay and Lesbian Medical Association’s Healthcare Provider Directory.
- ◆ Inquire by phone. When you call to make an appointment, ask if the practice has any LGBT patients. If you are nervous about asking, remember you don’t have to give your name during that initial call.

(continued on page 5...Coming Out)

WHAT HEALTHCARE PROVIDERS NEED TO DISCUSS

(www.glma.org)

Ten Things Gay Men Should Discuss with their Healthcare Provider:

- 1) Come out to your provider. This should lead the provider to ask more specific questions. Consider finding another provider if your current provider seems uncomfortable with these issues.
- 2) HIV/AIDS, safe sex. Treatment options need discussion.
- 3) Hepatitis immunization (A and B) and screening for HCV. HCV treatment discussion is critical.
- 4) Fitness- diet and exercise. Body image and eating disorders are important to review.
- 5) Substance abuse/alcohol. Higher rates in this population.
- 6) Depression/anxiety. Higher rates in this population.
- 7) STDs.
- 8) Prostate, testicular, and colon cancer.
- 9) Tobacco. Higher use in this population.
- 10) HPV- anal/genital warts and anal cancer. Some guidelines suggest anal PAP smears.

Ten Things Lesbians Should Discuss with their Healthcare Provider:

- 1) Breast cancer due to increased risk factors.
- 2) Depression/anxiety.
- 3) Heart health. Heart disease is the leading cause of death for women. Smoking and obesity are leading factors among lesbians.
- 4) Gynecological cancer. Higher rates of some types of gynecological cancers compared to straight women.
- 5) Fitness due to increased obesity.
- 6) Tobacco.
- 7) Alcohol.
- 8) Substance Use.
- 9) Intimate partner violence.
- 10) Sexual health, i.e. STDs.

Ten Things Transgender Persons Should Discuss with their Healthcare Provider:

- 1) Access to health care. May be difficult to find informed providers.
- 2) Health history.
- 3) Hormones. Need to discuss related treatment risks and medication options.
- 4) Cardiovascular health. Increased risk.
- 5) Cancer screens.
- 6) STDs, safe sex.
- 7) Alcohol/tobacco.
- 8) Depression.
- 9) Injectable silicone. Avoid use along with avoidance of “pumping parties”.
- 10) Fitness due to high rates of obesity.

Ten Things Bisexuals Should Discuss with their Healthcare Provider:

- 1) Come out to your provider if possible.
- 2) Safe sex, HIV/AIDS.
- 3) Hepatitis immunizations.
- 4) Fitness.
- 5) Substance abuse. May have higher rates in this population.
- 6) Depression/anxiety. Higher rates in this population.
- 7) STDs due to higher rates.
- 8) Prostate, testicular, breast, cervical, and colon cancer screening following general population guidelines.
- 9) Tobacco. Higher rates in this population.
- 10) HPV

(continued from page 3...Africa)

communication. I attended the Society of Physician Assistants in Pediatrics national conference in Cincinnati a few weeks ago just for a refresher on Peds, and will need to plan regular time to do online CME. I will be taking my PA boards before we leave the country but am

quite concerned because I really cannot squeeze in much time for study with everything else going on in the moving process.

We are now at a point at work where when I schedule my patients back for their 3 month follow up visit, it will no longer be with ME. This is heartbreaking and difficult since I have taken care of many of these dear people for 16 – 17 years! Some of them are still trying to change my mind about leaving by regaling me with stories of giant spiders and snakes!

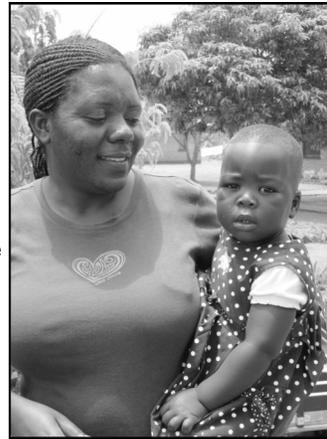


We have been doing presentations about the mission of Rafiki for various churches and civic organizations around the area. Our house is in chaos with everything pulled out of closets and being sorted through.

We have sold or given away quite a bit of our furniture and are planning a rummage sale as soon as the weather cooperates. After a fresh coat of interior paint and some carpet cleaning, we expect to have our house on the market soon as well, and hopefully by the time you are reading this it will be sold!

I attended my last NDAPA Primary care conference in May and

was happy to share some African widow crafts for the silent auction. Sorry to all of the “Scrumptious Chocolate Pizza” lovers who look for them every year – no time (or space on my cupboard) to make any this year! If I missed seeing you or did not get to visit with you one last time at the conference, I



want you to know that it has been a pleasure to call you friends and colleagues. NDAPA has come a LONG way over the years and I am proud to be counted in your ranks. If you don't know me, I was the slightly “mature” but friendly PA carrying the big box of Kleenex!

If you want to keep track of our adventures in AFRICA we have a blog! You can see it at: cindyandlarryinafrica.blogspot.com

(continued from page 3 ...Coming out)

- ◆ Bring a friend. If you are uneasy about being open with your healthcare provider, consider asking a trusted friend to come with you.
- ◆ Bring it up when you feel most comfortable. Ask your doctor for a few minutes to chat while you are still fully clothed-maybe even before you are in the exam room.
- ◆ Know what to ask. Learn about the specific healthcare issues facing LGBT people.

TIPS FOR THE HEALTHCARE PROVIDER

- ◆ Educate yourself. Learn about the specific health issues facing LGBT people.
- ◆ Be sensitive. Make sure you and your staff knows about which pronouns are appropriate to use when referring to a transgender person or same-sex couple. Present visual cues. Displaying an HRC equal sign or other LGBT-friendly emblem will demonstrate that your office is a safe place for all.
- ◆ Revise client forms. Allow options for male/female/transgender and use neutral terms like “partner” or “spouse” instead of “single”, “married” or “divorced”. Use “parent 1” and “parent 2” to include same-sex couples raising children.
- ◆ Don't assume. Avoid making assumptions about a patient issue based on their appearance. When taking a sexual history, ask “Are your current or past sexual partners men, women, or both?”
- ◆ Listen attentively. Be sensitive to the fact that this disclosure may be difficult for your patients.
- ◆ (source: <http://hrc.org/resources/entry/coming-out-to-your-doctor>) For further information, contact Human Rights Campaign: www.hrc.org.

University of North Dakota PA Program Update

Greetings from Grand Forks:

The UND PA program recently graduated 55 new PA's into the U.S. workforce. Most will be taking their certification exam at the end of May or beginning of June. We congratulate all of the graduates and wish them well.

Our second-year students completed their 2nd didactic session on May 9th and are currently in their 2nd primary care clinical rotations. They will also be completing an urgent care clerkship during this clinical block to help foster their skills in acute care. All 26 students did well through the last didactic session during which they focused their studies on the cardiovascular,

pulmonary, endocrine, musculo-skeletal, and ENT systems. When they return in September for their 3rd didactic session, they will finish up the remaining systems including neurology, nephrology, mental health, women's health, infectious disease, and emergency medicine.

Our newest class, the class of 2016, began their orientation session on May 19 and were here through May 23rd. They will be completing their basic science coursework over the summer and fall, and start their clinical preparation in January. Of the 34 first-year students, 9 are from North Dakota, 7 from Minnesota, and 2 from South Dakota. This makes up nearly 51% of the class. The average age of this

class is 35 years old, and consists of 19 males and 15 females. There are a total of 15 states represented in the class of 2016, the average amount of clinical experience prior to matriculation is 9 years.

If you or any PA's or MD/DO's you know of are interested in being a preceptor for PA students, please contact the UND PA program at the number listed below.

Jay R. Metzger, MPAS, PA-C
Assistant Professor,
Physician Assistant Program
School of Medicine and Health
Sciences
University of North Dakota
501 N Columbia Road Stop 9037
Grand Forks, ND 58202
Phone: 701-777-3414 / 1-866-431-2087
Fax: 701-777-2491
jay.metzger@med.und.edu

PA of the Year Announced

During the NDAPA Primary Conference held May 1-2, 2014 in Fargo, Michelle (Micki) Lueck, PA-C from Sanford Enderlin Clinic, Enderlin, North Dakota was awarded the Physician Assistant of the Year. Micki was one of five outstanding nominees for this year's award. The other four nominee's included: Marie Brekken, PA-C, nominated by Dr. William Klava, MD, Physical Medicine and Rehabilitation at Sanford Health in Fargo; Becky Ritter, PA-C, nominated by Dr. John M. Witt, MD, Mid Dakota Clinic Women's Health Center in Bismarck; Lisa Peterson, PA-C, nominated by Robert G. Kemp, MD, Craven Hagen Clinic in Williston; and Captain Laramie Richmond, PA-C, nominated by Mary T. Floyd, Lt Col, USAF NC, Commander, 5th Medical Operations Squadron at Minot Air Force Base.

Micki began practicing in Enderlin in 2002 providing healthcare stability for the community. As Linda Lane, Director of Clinic Operation at Sanford Health Valley City, Enderlin Clinic stated, "She truly cares about people and putting the patient first. She has shown a strong commitment to patients and the Enderlin community in providing quality/comprehensive care. She has built relationships based on trust and respect by her honesty, compassion, professionalism, and ability to communicate well."

Congratulations again to Micki and all the outstanding PAs that were nominated for PA of the Year.

NDAPA Election Held

Elections were held for the 2014-2015 NDAPA Board at the general membership meeting on Friday, May 2, 2014, in Fargo. Curtis Kroh, PA-C, Bismarck, ND was elected to the position of President Elect and will assume the President's role for a two-year period beginning 2015-2017. Other offices are one-year terms and the following PA's were elected to the Board for 2014-2015:

Vice President — Shelley Bartow, PA-C, Lignite, ND
 Secretary — Micki Lueck, PA-C, Enderlin, ND
 Treasurer — Judy Anderson, PA-C, Valley City, ND
 Director at Large — Lori Dockter, PA-C, Minot, ND

In addition, American Academy of Physician Assistants House of Delegates Junior Delegate and two Alternate Delegates for North Dakota were elected for the 2015 convention which will be held in San Francisco. The Junior Delegate moves up to Chief Delegate the following year. The 2015 North Dakota Delegates will be:

Chief — Luanna Graeber, PA-C, Garrison, ND
 Junior — Jay Metzger, PA-C, Grand Forks, ND
 Alternates — Judy Anderson, PA-C, Valley City
 Micki Lueck, PA-C, Enderlin, ND

The minutes of the general membership meeting and board meetings can be found on-line under the members only section at www.NDAPA.net

New LGBT Health Journal to Launch at Denver Conference

By Winnie McCroy, EDGE Editor (2 Sept, 2013. Reprinted with permission from author and publisher)



This fall marks the launching of a new quarterly healthcare publication, **LGBT Health**, dedicated to optimizing the health and healthcare of the LGBT community. Dr. William Byne has signed on as editor-in-chief of the new peer-reviewed journal. The premier issue will be available free of charge at the 31st GLMA Conference in September 18-20 in Denver, CO.

"We want this to be a journal for the general health practitioner, because we believe LGBT individuals should feel empowered to expect high-quality healthcare with appropriate screenings, delivered in a culturally competent manner, regardless of where they seek care," said Byne in a recent interview.

Byne said that many LGBTs consult directories of LGBT-friendly healthcare providers via the Gay and Lesbian Medical Association (GLMA) or HRC's Health Equality Index, to allow them to see how their hospital or clinic rates. While this was good, said Byne, he looked forward to the day when every doctor could be counted on to recognize and treat issues relevant to LGBT patients.

"LGBT individuals experience a number of health care disparities and barriers to health," said Byne. "Recently, legislative changes and judicial decision and policy changes have opened a window of opportunity to remove those barriers to care. I think it's important we take this opportunity to move forward and accomplish what we can during this window."

Among these health care disparities and barriers to health, Byne named the need for physicians to not only treat LGBT individuals with respect, but the need to know about health risks endemic to the population.

For example, men who have sex with men, especially those who engage in anal intercourse, should have PAP smears. But Byne said that many doctors and gay men alike believe PAP smears are something only women should have.

In addition, compared to heterosexual women, lesbians are more likely to be overweight and smoke, and with their reproductive pattern differences are more likely to experience breast or reproductive cancers, said Byne. Yet they are four times less likely to have mammograms or PAP smears than heterosexual women.

"The combination of being overweight and smoking increases their cardiovascular risk. With that knowledge, we can encourage them to have appropriate screenings," said Byne. "Unfortunately, they may be missing screenings because of having had the experience of stigma or embarrassment in previous care. Some LGBT individuals might avoid seeking care, and if they don't set foot in clinic to begin with, that precludes screening."

(editor's note: please refer to original article for remainder of text. Also, online text is now available for LGBT Health Journal, a peer reviewed publication.)



the review

North Dakota Academy of Physician Assistants
1412 Cottonwood Avenue
Minot, ND 58701

**We're on the Web:
NDAPA.net**



President

Curtis Kroh—Bismarck,
E—curtis.kroh@va.gov

President Elect

Curtis Kroh—Bismarck
E—curtis.kroh@va.gov

Vice President

Shelley Bartow—Lignite
E—shelbartow@yahoo.com

Secretary

Michelle Lueck—Enderlin
E—michelle.lueck@sanfordhealth.org

Treasurer

Judy Anderson—Valley City
E—judy_a24@hotmail.com

Director at Large

Lori Dockter—Minot
E — bldoc@min.midco.net

CME

Deb Houdek—Bismarck
E — dhoudek@bektel.com

Corporate Sponsor

Jay Metzger—Grand Forks
E — jay.metzger@med.und.edu

Elections

Alice Schatz—Linton
E—temvikal@bektel.com

Legislative/Government Affairs

Cheryl Ulven—Ray
E —parabar@nccray.com

Membership

Shelly Bartow—Lignite
E—shelbartow@yahoo.com

Newsletter

Randy Perkins—Jamestown
E—randperkins@hotmail.com

NDAPA Awards

Ginger Strand—Rugby
E—rugbypa00@yahoo.com

PA Program Liaison

Jay Metzger—Grand Forks
E — jay.metzger@med.und.edu

Professional Wellness

Luanna Graeber—Garrison
E-wgraeber@restel.com

Public Relations

Jackie VanderLinden—Bismarck
E—Jackie_vanderlinden@yahoo.com

Reimbursement

Kayla Olson—Beulah
E—Kayla.olson0824@gmail.com

Scholarship

Cheryl Ulven—Ray
E—parabar@nccray.com

Student Representative

TBD

2015 AAPA House of Delegates, San Francisco, CA

Chief Delegate

Luanna Graeber — Garrison
E-wgraeber@restel.com

Junior Delegate

Jay Metzger — Grand Forks
E — jay.metzger@med.und.edu

Alternate Delegates (2)

Judy Anderson—Valley City
E—judy_a24@hotmail.com

Michelle Lueck—Enderlin
E—michelle.lueck@sanfordhealth.org