PrimePartners
for Case Managers

Volume 16, Issue 3
Summer 2022

In this issue:

Health Disparities in Native American Communities

Benjamin Cahill, CHW, PrimeWest Health Community Health Worker
Susan Ninham, Red Lake Comprehensive Health Services Administrator, EdS, CHW

Minnesota is home to seven Anishinaabe reservations and four Dakota communities, totaling 11 Federally recognized Tribes, each with their own distinct cultures, governments, and traditions. Public health data shows that Native American communities continually rank lower than their white counterparts in many health measures. It's important to look at the health disparities these communities face, why these disparities exist, and what can be done about them. While reading the following, note that Native American communities are not a monolith. Despite average health trends, it's important to remember that each individual will have their own specific and unique health issues, beliefs, and traditions.

What are some of the disparities?

Health disparities in Native American communities are often quite shocking. For example, pregnant Native Americans in Minnesota are nearly eight times as likely to die from a pregnancy-related complication as their white peers (Interrante). In addition, Native American infant mortality rates are more than twice as high as those for white infants (MDH, "Infant Mortality"). Alarming health trends follow much of the population through youth and into adulthood. Native American youth ages 15 – 24 are one of the most at-risk populations in the United States and have a suicide rate 3.5 times higher than the national rate (Center for Native American Youth).

Moving into adulthood, Native American populations suffer higher rates of obesity and diabetes and continue to die at higher rates than other Americans due to chronic liver disease, cirrhosis, unintentional injuries, suicide, and chronic lower respiratory diseases, among others (IHS). Ultimately, these health factors combined with other poor socioeconomic circumstances lead to shorter average lifespans. Looking at years of potential life lost before age 75 per 100,000 people, the value for Native Americans in Minnesota is 19,570 years. This number is especially alarming when compared to the value for whites in Minnesota, which is only 5,647 years of potential life lost before age 75 per 100,000 people (United Health Foundation).

What caused these drastic gaps in outcomes?

In its report, "Accessible and Affordable Health Care," the Minnesota Department of Health (MDH) speaks directly to the root causes of inequitable outcomes:

> Minnesota acknowledges that systemic racism and generational structural (social, economic, political and environmental) inequities result in poor health outcomes. These inequities have a greater influence on health outcomes than individual choices or one's ability to access health care, and not all communities are impacted the same way. All people living in Minnesota benefit when we reduce health disparities and advance racial equity.

These drastic gaps in outcomes are also a direct result of colonization over the last 500-plus years, with systemic issues giving rise to current health disparities. Forced relocation, boarding schools, culturally inappropriate interventions, historical trauma, institutional practices, structural racism, discrimination, social inequality, and other Federal and public policies have served to create the conditions that allow these health disparities to exist.

What can be done?

Everyone has a role in addressing disparities to improve the health of Native American community members. The following are a few ways to start:

- Provide a welcoming and non-judgmental atmosphere for clients/members to tell their story
- Increase collaboration with, and referrals to, culturally knowledgeable providers and Tribal programs
- Have culturally relevant materials on hand
- Utilize and partner with the many Tribal programs created to specifically address disparities
- Assist in navigating health and social service systems
- Seek education and training on culturally respectful and trauma-informed care
- Get involved with local Native American community events and organizations

Sources:

- Center for Native American Youth at the Aspen Institute, "Native American Youth 101: Information on the Historical Context and Current Status of Indian Country and Native American Youth," accessed July 15, 2022, www.aspeninstitute.org/wp-content/uploads/files/content/upload/Native%20American%20Youth%20101_higres.pdf.
- Indian Health Service (IHS), "Disparities Fact Sheet," October 2019, www.ihs.gov/newsroom/factsheets/disparities.
- Interrante, Julia D., "Minnesota's Native Communities Deserve Investments in Prenatal Care," University of Minnesota, December 15, 2022, https://genderpolicyreport.umn.edu/minnesotas-native-communities-deserve-investments-in-prenatal-care.
- MDH, "Accessible and Affordable Health Care: Comprehensive, Quality Health Care Services that are Available and Affordable for All," May 3, 2021, www.health.state.mn.us/docs/communities/titlev/accaffhc2021.pdf.
- MDH, "Infant Mortality: The Death of an Infant Born Alive under Age 1," March 31, 2021, www.health.state.mn.us/docs/communities/titlev/infantmortality2021.pdf.
- United Health Foundation, "America's Health Rankings Annual Report: Premature Death in Minnesota," accessed July 15, 2022, www.americashealthrankings.org/explore/annual/measure/YPLL/state/MN.

988: Suicide and Crisis Lifeline

Nancy Euteneuer, RN, Behavioral Health Manager

Please let members know about the new, easy-to-remember number to call or text when they need help for a suicide, mental health, or substance use crisis. The number is just 3 digits: **988**. There is no charge for calling or texting **988**, and counselors are available 24 hours a day, 7 days a week.

Calling or texting **988** will put the user through to the National Suicide Prevention Lifeline where they will be connected with a trained counselor at a local crisis center. This person will listen, offer support, collaborate on ways to feel better, and make connections with any needed resources.

While the number may be new, the National Suicide Prevention Lifeline is not. It was established in 2005 and has received over 20 million calls. Studies have shown that callers feel more hopeful and less depressed, suicidal, and overwhelmed after speaking with a Lifeline counselor.

Let members know that help is available and encourage them to reach out by calling or texting **988**.

Note: The National Suicide Prevention Lifeline can still be reached by calling the longer number, ***1-800-273-8255****.*

Education about Safe Disposal of Medications: Requirement from CMS

Aja Mayer, RN, Special Needs Plan Care Coordinator

The Centers for Medicare & Medicaid Services (CMS) require that all Medicare Advantage plans provide education to members about the safe disposal of medications. Title 42 Code of Federal Regulations (CFR) Part 422.111 (j) states that all members not in an institutional setting (such as a nursing facility) who participate in a face-to-face assessment need to be provided with both verbal and written education about the safe disposal of medications.

As part of the written education, CMS requires members to be provided with information about two medication take back sites or programs available in their area. To meet these requirements, county case managers should use the PrimeWest Health Safe Disposal of Medications Flyer found on the *Letters/Forms* page of the PrimeWest Health ***County Case Management Manual***. This is a fillable form, meaning county case managers should download the form and add the applicable medication take back information.

When completing the member's care plan, document your compliance with the requirement by entering the following under the "Services" section in the "My Medications" field: "As part of the in-home assessment, proper disposal of medications was reviewed with <member name>, who was given a copy of the *PrimeWest Health Safe Disposal of Medications Flyer* that lists two sites to use for medication disposal."

More information is available in the Minnesota Senior Care Plus (MSC+) and PrimeWest Senior Health Complete (MSHO) Desktop Process and the Special Needs BasicCare (SNBC) and Prime Health Complete Desktop Process.

Dialectical Behavior Therapy (DBT)

Nancy Euteneuer, RN, Behavioral Health Manager

Dialectical Behavior Therapy (DBT) is an evidence-based intensive outpatient mental health treatment modality that has its roots in cognitive behavioral therapy (CBT). While CBT focuses on identifying and reframing negative thoughts, DBT focuses on finding a balance between change and acceptance (Psychotherapy Academy). DBT teaches the person to accept their troubling thoughts and feelings so that they can then recognize their own power to change those thoughts, feelings, and behaviors (NAMI). DBT uses a combination of individual therapy sessions, group skills training, and telephonic coaching between formal sessions (Psychotherapy Academy).

Developed in 1993 to treat borderline personality disorder, DBT is now also used to treat people with multiple mental health diagnoses, high risk of self-harm or suicide, and impulsive behaviors who have had limited response to other forms of treatment. Evidence shows a 50 percent lower rate in suicide attempts, a decrease in psychiatric hospitalizations, and a higher likelihood of remaining in treatment when compared to people who received other types of mental health treatment (Psychotherapy Academy).

Service coverage and restrictions

DBT has been a covered benefit for PrimeWest Health members since 2011. While originally designed to treat adults ages 18 and over, DBT is now also available as an adolescent service for youth ages 12 – 17 who meet

eligibility criteria. Providers must complete a special certification process with the Minnesota Department of Human Services (DHS) to provide DBT services. DHS maintains a list of all DBT-certified providers in Minnesota on their website.

DBT does not require Service Authorization, and there are currently no service limits in place for PrimeWest Health members. To maintain the fidelity of the DBT model, there are a few services that cannot be provided concurrently with DBT:

- For adults, exclusionary services are individual outpatient therapy, partial hospitalization, and day treatment.
- For adolescents, exclusionary services are individual outpatient psychotherapy, partial hospitalization, children's day treatment provided through Children's Therapeutic Services and Supports, intensive treatment in foster care, and Youth Assertive Community Treatment.

More information

You can find more information in the *Mental Health Services>Covered Services* section of the PrimeWest Health ***Provider Manual***. Click on *Dialectical Behavioral Therapy (DBT)* in the "Jump To" menu. You can also find information on the DHS website.

Sources:

- National Alliance on Mental Illness (NAMI), "Psychotherapy," accessed July 15, 2022, www.nami.org/About-Mental-Illness/Treatments/Psychotherapy.
- Psychotherapy Academy, "Dialectical Behavioral Therapy: An Essential Guide for Therapists," accessed July 15, 2022, www.psychotherapyacademy.org/dbt.

Dental Program Updates

Leah Anderson, Dental Services Coordinator

The following is a review of dental access changes, recent utilization data, and dental resources available for dental service coordination. We encourage county case managers to review and become familiar with this information.

Access

PrimeWest Health continues to work hard to increase access to dental services for our members. Dental providers throughout Minnesota currently have limited availability to take new patients or schedule treatment for current patients. We have talked with many dental providers across our service area and the struggles they reported are diverse and include operating without a fully staffed office, including lack of dental hygienists, dentists, and licensed dental assistants; an overall increase in people seeking dental care; and an increase in the oral health needs of patients of all ages. Nonetheless, dental providers are finding new and unique ways to combat these barriers and are doing their best to triage patient need.

In an effort to continue to add new dental providers to the PrimeWest Health network, we are reaching out to non-contracted dental providers throughout our service area and offering in-person or virtual meetings to discuss our organization, recent reimbursement changes, and the benefits of working with a health plan that is county-owned and embedded in the communities we serve. We are having conversations with a few potential new dental providers and will continue to provide updates on new dental provider options.

As a reminder, we do work with a few dental providers that offer mobile dental outreach clinics in various communities throughout the PrimeWest Health service area. As you work with PrimeWest Health members, we encourage you to keep these options in mind for those who may have dental care needs.

- **Apple Tree Dental Clinic** mainly holds dental outreach clinics in schools and at Head Start locations. Communities they serve are Breckenridge, Detroit Lakes, Elbow Lake, and New York Mills. Both preventive

and restorative services are offered. Members can contact Apple Tree Dental Clinic at **1-218-998-2218** to find out about upcoming clinics.

- **Caring Hands Dental Clinic** is not currently providing outreach services but has plans to restart services in nursing home and assisted living outreach locations once they are fully staffed. Members can contact Caring Hands Dental Clinic at **1-320-815-5711** to find out when clinics will be offered.
- **Children's Dental Services** holds dental outreach clinics in schools, Head Start locations, Public Health and Human Services offices, and other locations within communities. Both preventive and restorative services are offered. Members of all ages can be seen at these clinics—not just children! Members can contact Children's Dental Services at **1-866-543-6009** to find out about upcoming clinics.

Utilization data

PrimeWest Health reviews dental service utilization by looking at the number and percentage of members with at least one dental visit during the year. Members must be enrolled for at least 11 out of 12 months of the year to be included in calculations.

Members with a dental visit for any reason in 2021

	Number of members with dental visit	Total number of members	Percent of members with dental visit
Families and Children and MinnesotaCare	15,322	38,421	39.88%
Special Needs BasicCare (SNBC) and Prime Health Complete	970	2,282	42.51%
Minnesota Senior Care Plus (MSC+) and PrimeWest Senior Health Complete	899	2,622	34.29%
Total (members enrolled at least 11 out of 12 months)	**17,191**	**43,325**	**39.68%**

PrimeWest Health, along with the other Medical Assistance (Medicaid) and MinnesotaCare health plans, is required by the Minnesota Department of Human Services (DHS) to increase the percentage of child and adult members who have at least one dental visit to at least 55 percent for each calendar year from 2022 to 2024. Our rate for 2021 was well below this requirement.

PrimeWest Health also reviewed utilization of dental services by county for 2021. One county had a utilization rate below 30 percent, four counties had rates of 30 – 40 percent, and eight counties had rates of 40 – 50 percent. If you are interested in seeing your county's specific utilization data, please contact **Leah Anderson**.

Resources

The *Dental Program* section of the PrimeWest Health ***County Case Management Manual*** is a great resource that county case managers can utilize when working with members in need of dental care. The manual includes information on how to find dental providers, dental benefit summary sheets for various member programs, oral health tip sheets, dental care coordination guides, details on denture coverage guidelines, health literacy resources, detailed information for navigating State-Operated Dental Clinics, and answers to frequently asked questions about dental benefits.

Contact information

If you have questions, comments, or would like your county's dental utilization data, please contact **Leah Anderson**.

Post-Acute Withdrawal Syndrome (PAWS)

Danielle Turner, LADC, Behavioral Health Care Coordinator

Many people are aware of the withdrawal symptoms a person experiences while detoxing from alcohol or other substances, but a condition that isn't as widely known is called post-acute withdrawal syndrome (PAWS). PAWS is a second phase of intermittent withdrawal symptoms that a person may experience after their initial withdrawal. PAWS symptoms can start weeks or months into recovery (Abbott), and symptoms can be a leading cause of relapse (Hazelden).

The type of substance used can affect the chance of experiencing PAWS and the intensity of symptoms. Addiction to alcohol, opioids, benzodiazepines, heroin, or medically prescribed pain medication increases the risk and intensity of PAWS. Each episode of PAWS can last for a few days, with the duration varying based on how much, how long, and how often a person has used the substance. Symptoms occur less frequently and at longer intervals the longer a person has been in recovery (Hazelden).

People in recovery can benefit from knowing that the way they are feeling is caused by PAWS, and that the symptoms are temporary. According to the Hazelden Betty Ford Foundation, the following are the most common symptoms of PAWS:

- Foggy thinking/trouble remembering
- Urges and cravings
- Irritability and hostility
- Sleep disturbances—insomnia or vivid dreams
- Fatigue
- Issues with fine motor coordination
- Stress sensitivity
- Anxiety or panic
- Depression
- Lack of initiative
- Impaired ability to focus
- Mood swings

Symptoms can be triggered or made worse by any of the following (Abbott):

- Stressful and/or frustrating situations
- Multitasking
- Feelings of anxiety, fearfulness or anger
- Social conflicts
- Unrealistic expectations of oneself

How can county case managers help?

Experiencing any symptoms of PAWS can increase a person's risk of relapse. If you notice symptoms in someone who is in early recovery, have a conversation with them about PAWS. Assure them that what they are experiencing is normal and temporary. As noted by the Hazelden Betty Ford Foundation, the following are ways you can help someone experiencing PAWS:

- Help them find and/or schedule appointments with a mental health provider
- Remind them to practice self-care by eating well, exercising, establishing positive relationships, and getting quality sleep
- Offer to listen to what they are going through or encourage them to talk about it with a support group or a non-critical family member or friend
- Discuss using lists, writing things down, and setting up phone reminders to help with difficulty remembering things
- Discuss the benefits of journaling and how this may help them identify symptom triggers and what coping strategies do and don't work
- Help them make a list of activities they can do, such as walking, listening to music/podcasts, or having someone to call to interrupt circular thinking

PAWS is a normal and temporary part of recovery, but it comes with a risk of relapse. Encourage members to maintain their recovery and ask for help when they need it.

Sources:

- Abbott, Bill, and Suzy W., "Am I Going Crazy?!" SMART Recovery, July 29, 2014, www.smartrecovery.org/am-i-going-crazy.
- Hazelden Betty Ford Foundation, "Post-Acute Withdrawal Syndrome," October 31, 2019, www.hazeldenbettyford.org/articles/post-acute-withdrawal-syndrome.

Statin Therapy Performance Improvement Project (PIP): Year One Project Outcomes

Jordan Klimek, MS, Quality Coordinator

PrimeWest Health is in the second year of our three-year Performance Improvement Project (PIP) titled, "Statin Therapy in Members with Diabetes." This PIP focuses on encouraging statin use in members with diabetes and helping members with medication adherence in this area. With the first year of this PIP complete, we would like to provide an update on our progress.

The outcome data for this project uses the National Committee for Quality Assurance (NCQA) Statin Therapy for Patients with Diabetes (SPD) Healthcare Effectiveness Data and Information Set (HEDIS®)[1] measure. This measure examines two rates among Prime Health Complete (HMO SNP), PrimeWest Senior Health Complete (HMO SNP), and Special Needs BasicCare (SNBC) members ages 40 – 75 who have diabetes and do not have clinical atherosclerotic cardiovascular disease.

- Received Statin Therapy: Members who were dispensed at least one statin medication of any intensity during the measurement year
- Statin Adherence 80 Percent: Members who remained on a statin medication of any intensity for at least 80 percent of the treatment period

The goals of this PIP are as follows:

- Increase the number of members with diabetes who are prescribed statin therapy by the end of this three-year project, as measured by the SPD HEDIS measure. The goal will be to achieve the 90th national percentile, as reported in the HEDIS Audit Means and Percentile Data. The most current 90th percentile for Medicare in this area is 80.27 percent; for Medical Assistance (Medicaid), it is 70.23 percent.
- Increase the number of members with diabetes who are adherent to their statin medication by the end of this three-year project, as measured by the SPD HEDIS measure. The goal will be to achieve the 90th national percentile, as reported in the HEDIS Audit Means and Percentile Data. The most current 90th percentile for Medicare in this area is 86.13 percent; for Medical Assistance (Medicaid), it is 71.71 percent.

Interventions for this project include the following:

1. Contacting providers when an assigned member is late filling a statin prescription
2. Including Care Plan Gaps Reports in members' care plans to allow county case managers to see which members with diabetes are not currently on a statin and to encourage statin therapy where appropriate
3. Providing member and provider education via newsletter articles, social media, health fairs, etc.
4. Conducting Population Health Management program interventions. Care for members with diabetes is an important part of our Population Health Management program and includes outreach to members to assist with care management and address barriers. Outreach includes discussion of statin therapy and medication adherence.

The following table shows the outcome data for the first year of our PIP, Measurement Year (MY) 2021. (Baseline rates are based on combined data from 2018 – 2020.)

Program	Year	Statin Therapy			Therapy Goal	Statin Adherence			Adherence Goal
		Den	Num	Rate	Rate	Den	Num	Rate	Rate
SNBC	Baseline	184	124	67.40%	70.23%	124	82	66.50%	71.70%
	Year One Rate (MY2021)	71	54	76.10%		54	36	66.70%	
PrimeWest Senior Health Complete	Baseline	308	253	82.50%	80.27%	253	211	83.40%	86.13%
	Year One Rate (MY2021)	118	99	83.90%		99	92	92.93%	
Prime Health Complete	Baseline	115	91	79.20%	80.27%	91	84	92.40%	86.13%
	Year One Rate (MY2021)	26	20	76.92%		20	17	85.00%	

The results for the first year of the project were mixed. PrimeWest Senior Health Complete met both the therapy and adherence goals and saw improvements over the baseline. Prime Health Complete saw decreases from the baseline rates and did not meet either of the goals. However, Prime Health Complete had a denominator of under 30 for HEDIS MY 2021, which means the rate was not considered reportable in terms of NCQA sample sizes. This is important to consider when drawing conclusions from the data.

SNBC members saw an increase of almost 10 percentage points over the baseline in the statin therapy rate and surpassed the goal. This group saw little change in the adherence rate, with a baseline rate of 66.50 percent and Year One rate of 66.70 percent. This did not meet the 71.70 percent goal rate for this portion of the measure. Overall, more members in this group were prescribed a statin when appropriate, which is encouraging.

Interventions will continue as planned for the next year of the project. We are currently in the process of reevaluating the Population Health Management program for outreach efforts and interventions for members, including care for members with diabetes. Any changes made to this program will align with PIP goals.

If you have any questions about this PIP, please contact **Jordan Klimek**.

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

HEDIS® MY 2021: Results

Jordan Klimek, MS, Quality Coordinator

Another Healthcare Effectiveness Data and Information Set (HEDIS®)[1] season has come and gone. The results of member record audits reveal valuable information about areas in which we can work to improve the lives of members, such as the following:

- Adolescent and Childhood Immunizations
- Annual Dental Visits
- Chlamydia Screening
- Comprehensive Diabetes Care
- Medication Reconciliation Post-Discharge
- Well-Child Visits

PrimeWest Health is required by our contracts with the Minnesota Department of Human Services (DHS) and the Centers for Medicare & Medicaid Services (CMS) to conduct these audits and report the results. Contracted providers are required to participate; however, more importantly, we can translate the data provided by these audits into actions we can take to positively affect members' lives.

HEDIS Measurement Year (MY) 2021 involved an audit of over 4,000 randomly selected records for services rendered primarily in 2021. Some of the data reviewed is "administrative," meaning it is based solely on claims; the remainder is "hybrid" data based on claims analysis and on-site record reviews. The impact of the COVID-19

pandemic is reflected in many of our rates. We hope to see the following measures improve next year, and look forward to collaborating with county case managers, public health agencies, and providers.

Opportunities for improvement

Adolescent Immunizations include meningococcal, Tdap, and human papillomavirus (HPV) vaccines. PrimeWest Health would like to improve the HPV vaccine series rate in particular. There continues to be stigma associated with giving HPV vaccines at young ages prior to sexual activity. County case managers can help overcome this barrier by providing education on the importance of the vaccine and cancer prevention.

Annual Dental Visits for children ages 2 – 20 is one of the areas where the COVID-19 pandemic negatively affected our quality measures. While MY 2021 did see an increase over the 2020 calendar year, there is still much room for improvement. Encouraging dental care and providing education about options such as mobile dental clinics or Head Start programs may help to improve access.

Childhood Immunizations could also use improvement. HEDIS looks to make sure all vaccinations are given *before* the age of 2. Getting all vaccinations by this age can be a challenge. To ensure children receive all vaccinations before their 2nd birthday, encourage parents/guardians to set up appointments in advance. We saw a decline this year in overall vaccinations, which may be a sign of hesitation around bringing children into the clinic during the COVID-19 pandemic. This makes communication with parents/guardians about safety measures being taken at clinics, as well as the importance of staying on track with vaccine schedules, of crucial importance.

Chlamydia Screening among females ages 16 – 24 continues to trend well below national means. Chlamydia is ubiquitous in rural Minnesota, as is the reluctance of young people to talk about sexual behavior with their health care providers. County case managers can encourage testing by positioning it as an important, standard, and judgment-free screening test. Telling members that the test is often a simple urine test may help them feel more comfortable with the screening, as may Direct Access testing.

Comprehensive Diabetes Care examines members ages 18 – 75 with diabetes. Because diabetes is a chronic, incurable condition that affects a broad segment of the population, it is important to focus on ways to keep the disease under control. This measure looks at the following key elements of keeping diabetes under control:

- HbA1c control
- Eye exam (retinal)
- Medical attention for nephropathy
- Blood pressure control (<140/90 mm Hg)

While PrimeWest Health saw improvement over the last year in many of these areas, we hope to improve even more next year. Encourage members to get annual eye exams and to make healthy lifestyle choices such as eating right and exercising to help control blood pressure and blood sugar.

Well-Child Visits among children ages 0 – 21 are areas of focus for PrimeWest Health, and we hope to increase these rates. These measures look for wellness visits that include a physical exam and address health history, physical development, mental development, and health education. HEDIS looks for six wellness visits in the 0 – 15-month age group and an annual visit thereafter. County case managers can help improve this area by encouraging preventive care.

Contact information

If you would like additional information about HEDIS and the processes involved, please see our Quality Performance web page or contact **Jordan Klimek**.

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Clinical Care Practice Guidelines

Christi Matt, RN, CCP, Manager of Families and Children

To ensure quality of care for our members, PrimeWest Health has adopted preventive and chronic disease practice guidelines appropriate for preconception, prenatal, and postpartum care; children; adolescents; young adults; and adults. The guidelines are approved by the Quality and Care Coordination Committee (QCCC) and the Joint Powers Board (JPB), reviewed annually, and updated as appropriate. In addition, PrimeWest Health follows National Committee for Quality Assurance (NCQA) specifications for certain areas.

PrimeWest Health-adopted clinical practice guidelines and their official sources are available on our website. We encourage county case managers to review these guidelines.

For more information, please contact **Christi Matt**.

Welcome Our New PrimeWest Health Community Health Workers!

We are excited to introduce the newest members of our Care & Population Health Management team. PrimeWest Health Community Health Workers (CHWs) are embedded within the communities they serve and have experience connecting people with health and social services. Their role at PrimeWest Health is to make sure members' health and social needs are met, allowing them to achieve the best possible outcomes. For more information on how PrimeWest Health CHWs can assist members or to refer a member to a PrimeWest Health CHW, please see the PrimeWest Health Community Health Workers page on our website.

Connie Norman

Connie and her husband live a few miles north of Bemidji, MN. They have two dogs, Arty and Cooper, as well as chickens! Connie's blended family includes two sons and six grandchildren. She enjoys gardening, traveling, music, reading, and walking on the beautiful trails around Bemidji. Connie has a special interest in working with people experiencing housing instability, a population she has worked with for many years. She is passionate about helping others live their best lives! Connie serves as a PrimeWest Health CHW in Beltrami, Clearwater, and Hubbard Counties.

Benjamin Cahill

Benjamin is a transplant from the West Coast. Growing up 40 minutes outside of Seattle, WA, he enjoys cold brew and says overcast skies make him feel at home. After graduating from Bellevue College in 2017, he moved to the Midwest and began his education as a Community Health Worker. He has a deep passion for equity, social justice, and addressing social and health disparities of all kinds. In his free time, Benjamin is a community organizer and LGBTQ2S+ advocate in Bemidji, MN. Benjamin serves as a PrimeWest Health CHW in Beltrami, Clearwater, and Hubbard Counties.

Important Dates

✓ County case management supervisor meetings

Meetings are held the third Thursday of the month, and will take place remotely or in person depending on the size of the agenda. Watch your emails for additional information.

- August 18
- September 15
- October 20
- November 17

Contact Information

Leah Anderson, Dental Services Coordinator
1-320-335-5272
leah.anderson@primewest.org

Jordan Klimek, MS, Quality Coordinator
1-320-335-5364
jordan.klimek@primewest.org

Christi Matt, RN, CCP, Manager of Families and Children
1-320-335-5368
christi.matt@primewest.org

You can find current and past issues of *PrimePartners* at www.primewest.org/primepartners.

PrimeWest HEALTH
3905 Dakota St
Alexandria, MN 56308
www.primewest.org