

ACCESS UP *date*

February 2009

The ACCESS Update is a bi-monthly information source from the Iowa Department of Public Health: Bureau of Health Care Access.

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Rural Health and Primary Care 2009 Legislative Breakfast

By Katie Jerkins, MPH, Rural Resource Coordinator, Bureau of Health Care Access

On February 18, 2009, the Rural Health and Primary Care Advisory Committee in partnership with the Iowa Center for Agricultural Safety and Health (I-CASH) co-hosted a legislative breakfast at the State Capitol. Approximately 60 legislators and visitors came to learn & listen about rural health concerns. Issues addressed during the legislative breakfast included: mental health, oral health and future funding for I-CASH.

Mental health care is a critical issue throughout the state Iowa ranked 47th among states in psychiatrists per 100,000 populations and 46th for psychologists per 100,000 populations in 2000. The professions serving the mental health needs of Iowans exhibited the highest combined percentage of licensed professionals age 55 and older. Iowa is likely to suffer an even greater loss of mental health professionals in the next 10 years due to retirement. Rural areas of Iowa are the hardest-hit by mental health professions shortages.

Dental providers and access to care in Iowa is steadily declining. The major predicament is dentists in Iowa are aging and retiring. In addition, many general dentists limit the number of Medicaid patients. Approximately half of the dentists refer children younger than three years to pediatric dentists. There are a limited number of pediatric dentists in the state and most are located in urban areas. Reviewing alternative workforce models, which may include expanded functions of dental hygienists and assistants, would enhance available services to at-risk families, particularly in rural Iowa.

The committee brought attention to I-CASH sustainment by recommending the program receive direct state funding. It is important I-CASH continues to enhance the health and safety of Iowa's agricultural community by establishing and coordinating prevention and education programs.



Committee Chairperson, Maureen Reeves Horsley addresses rural health issues

Continued on page 4

Featured Article

A New Day Coming? A Productive Discussion on Dental Workforce Change

By Bob Russell, DDS, MPH, Bureau Chief, Oral Health Bureau
"For the times, they are a-changin'" – Bob Dylan

Pressures are increasing across the nation for solutions to improve the nagging and ongoing disparities in dental care access for America's underserved. States are seeking individualized solutions that may address specific issues within the unique confines of a given state, but may not address the needs in others. Various organizations and allied dental groups are developing and promoting new workforce models based on their particular interests^{1,2}. Central to these developments is how divisive this issue has become within the dental profession.

The polarization within the dental community has essentially frustrated, and in many ways paralyzed, progress toward reaching a consensus toward solving the nation's ongoing problem addressing dental care disparities. Furthermore, the lack of leadership and unity has reduced dentistry into warring camps of opposition and resentment. Rather than assuring the nation that everyone's oral health was assigned to hands that truly cared about the oral health of every American - the infighting has resulted in stagnation and an image of perpetrated self-interest. What the nation needs is innovation and a commitment not to accept disparities in oral health care. While dentistry alone will not solve the daunting oral health access problem, there is a need for leadership within the profession to move the agenda in the right direction.



Bob Russell, DDS, MPH

Read the entire editorial by Dr. Russell at http://www.idph.state.ia.us/hpcdp/common/pdf/workforce/a_new_day_coming.pdf.

- 1 ADHA Seeks Input on Updated Draft Curriculum for the Advanced Dental Hygiene Practitioner (ADHP). Accessed 9-8-06.
<http://www.adha.org/news/05312006-adhp.htm>
- 2 American Public Health Association Governing Council Resolution : Support for the Alaska Dental Health Aide Therapist and Other Innovative Programs for Underserved Populations. Passed November 2006

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Governor's Designation for Rural Health Clinics

Iowa 2009 Governor's Designation for Rural Health Clinics

By Gloria Vermie RN, MPH, State Office of Rural Health Director, Bureau of Health Care Access

Rural Health Clinics (RHC) located throughout the nation are part of a federal program implemented through the Rural Health Clinic Services Act of 1977 (Public Law 95-210) which addresses the inadequate supply of physicians serving Medicare beneficiaries and Medicaid recipients in rural areas. RHCs receive cost-based reimbursement from the Centers for Medicare and Medicaid Services (CMS) for a defined set of core physician and certain nonphysician outpatient services.



Iowa is one of several states maintaining a Governor's Designation process which identifies counties for certification according to state developed criteria. Clinics in these counties are also eligible to apply for CMS RHC certification status. The CMS cost-based reimbursement allows funding necessary to recruit and retain health care providers in rural areas. The 2009 Governor's Designation process is currently underway and is a strategy to further ensure health care access and services to rural areas and residents of Iowa.

The methodology and state criteria for designation of a county to be eligible for RHCs was approved in 1998 by the Department of Health and Human Services, Health Resources and Services Administration (HRSA)-Shortage Designation Branch. The criterion contains two eligibility steps:

- Step 1 – Measure population to provider ratio to be $\geq 2,500:1$, OR
- Step 2 – Measure population to provider ratio to be $\geq 2,000:1$ and have
 - a. 100% poverty level equal to or greater than the state average (11.28%) and/or
 - b. Percent of population age 65 years equal to or greater than the state average (14.67%).

Additionally, per July 2003 determination with CMS any county that was previously designated and does not meet the current review criteria will not lose the RHC certification established during a previous designation period ("grandfathered"). However, new RHCs will not be certified for enhanced reimbursement in that county.

The recent metadata analysis of state criteria for Governor's Designation indicates:

- 18 counties do not fulfill any of the criteria
- 44 counties qualify based on Step 1 or Steps 2 above
- 27 counties qualify to maintain certification based on grandfathered status eligibility

Worth noting: According to most recent Iowa data: 1) three counties fulfilled eligibility criteria for the first time, 2) thirteen counties are eligible but do not have RHCs, and 3) two counties currently classified as a metropolitan statistical area (population $\geq 50,000$) qualified in the past and thus maintain certified RHCs.

Governor's Designation for Rural Health Clinics Cont.

After the Governor's Designation letter is received at the federal Bureau of Health Professions – Office of Shortage Designation, the State Office of Rural Health will host conference calls to give more information regarding the designation process. **If interested in participating in one of the conference calls please email an RSVP by March 15 to rdavis@idph.state.ia.us.** Email Subject line should read: RSVP for RHC call. Include contact name, organization/facility name, and telephone number.

Additional information: All parties seeking to complete the Rural Health Clinic application process will also need to contact the Iowa Department of Inspections and Appeals (DIA), Rosemary Kirlin RN, M.S., 515-281-4120 - Rosemary.Kirlin@dia.iowa.gov

Iowa Congressional Senate Staffers Recognized Nationally

Each year at the Annual Policy Institute, the National Rural Health Association (NRHA) honors congressional legislative staff for outstanding contributions to rural health in America. This year Iowa rocked! In January 2009, awards were given to members of Senator Harkin's and Senator Grassley's staff. Iowa rural residents are fortunate to have talented and dedicated individuals representing their interest at the national level. Recipients were:

Jenelle Krishnamoorthy, from the Office of Senator Tom Harkin

Jenelle has been instrumental in helping her boss advance and promote key appropriation funding levels for rural safety net programs and in taking the lead on rural Medicare legislation and the Rural Act. Senator Harkin is the Democratic lead of the Senate Rural Health Caucus and a powerful member of the Appropriations Committee.

Michael Park, from the Office of Senator Chuck Grassley

Michael (Mike) Park was recognized as a key Republican staffer of the Senate Finance Committee. Mike has been instrumental in ensuring that there is strong bi-partisan support for a rural agenda in the Finance Committee. He worked on drafting the ranking Member's (Senator Chuck Grassley) expansive bill on improving payment for small and "tweener" rural hospitals. Mike will also be a critical staff member in drafting any Republican health care reform in the 111th Congress.

Rural Health and Primary Care 2009 Legislative Breakfast Continued from page 1

The Rural Health and Primary Care Advisory Committee was established to address rural health and primary care issues. The advisory committee was formed to act as a source of direction and guidance to the State Office of Rural Health staff in coordinating and collaborating with all Iowa agencies concerned with rural issues. For more information on the Rural Health and Primary Care Advisory Committee: http://www.idph.state.ia.us/hpcdp/rural_health_primary_care.asp.

Iowa Legislative Update

Health Care Access Legislative Update

By Doreen Chamberlin, Bureau Chief, Bureau of Health Care Access

The Health and Human Services Appropriations Subcommittee has been discussing a number of issues that impact the Bureau of Health Care Access and our mission to promote and protect the health of Iowans. Here are a few updates on topics of interest and additional links for more details.

Modernization Act Overview

Like many other states, Iowa is working to build a stronger public health system that will enhance organizational capacity and assure a basic level of public health service delivery in each of Iowa's counties. Under the Iowa Code Chapter 135A the Iowa Department of Public Health (IDPH) is addressing this through the "Iowa Public Health Modernization Act".

In June of 2008, the IDPH began a self-assessment of the department's ability to meet the state criteria of the Iowa Public Health Standards. In January 2009, a panel of site reviewers provided feedback to the IDPH about the evidence collected. The site review team was very complimentary of the work completed so far. An executive summary of the visit is now available on the "Assessments" page of the Iowa Public Health Modernization website at <http://www.idph.state.ia.us/mphi>.

For more information, please refer to the article [Rural Health and Public Health Modernization: Connecting the Dots](#).

IDPH FY 10 Budget

The Director of the Iowa Department of Public Health (IDPH), Tom Newton, presented recommendations on the IDPH Fiscal Year 2010 budget to the subcommittee on February 10, 2009. The Governor's recommendations include cutting budgets to address the projected \$700 million shortfall in the state budget. On that same day at the national level the Senate passed the Economic Stimulus Bill. What ultimately gets signed by the Governor on these respective bills will impact all of state government and public health in particular. To keep abreast of issues pertaining to IDPH and the Bureau of Health Care Access watch for weekly legislative updates by the IDPH legislative Liaison Lynh Patterson at http://www.idph.state.ia.us/adper/legislative_updates.asp.

Health Care Reform

Health Care Reform legislation passed in the 2008 legislative session under HF2539. This was the most comprehensive health reform legislation passed by any state containing 15 divisions with focus on access, cost and quality of health care. IDPH was tasked with overseeing activities in six divisions of the Act including health information technology, medical homes, prevention and chronic care management, disease prevention and wellness initiatives, health care access and the direct care workforce. IDPH Director Tom Newton presented an update to the Health and Human Services Appropriations Subcommittee on January 29, 2009. His presentation can be viewed at <http://www3.legis.state.ia.us/ga/committee.do?id=37> under the Committee Information section. IDPH has also created a webpage to

Iowa Legislative Update Cont.

provide additional information and progress on the reform at http://www.idph.state.ia.us/hcr_committees/default.asp.

The Bureau of Health Care Access is directly responsible for addressing the Health and Long-term Care Access Advisory Council and the Direct Care Worker Advisory Council.

The 2009 legislative session promises to be very challenging and active. The bureau will continue to monitor bills and legislation pertaining to health care access and workforce as the session moves along. Additional updates and information will be provided in the April newsletter.

LINKS, RESOURCES & MAPS

Deadline March 2 - Nursing Education Loan Repayment Program

Please note the announcement of the deadline for applications to the federal Nursing Education Loan Repayment Program. For more information about the applications, http://answers.hrsa.gov/cgi-bin/hrsa.cfg/php/enduser/std_adp.php?p_faqid=222&p_created=1100550076.

For additional information about the Nursing Education Loan Repayment Program, <http://bhpr.hrsa.gov/nursing/loanreguidance.htm>.

Contact information: Michelle Holst, Iowa Health Workforce Center at (515) 281-6211

WEB Data Resources 4 U

Sites to use for research, writing grants and reports

Global health facts	http://www.globalhealthfacts.org/country.jsp?c=223
State Data Center of Iowa	http://www.iowadatacenter.org
State Health Access Data Assistance Center	http://www.shadac.org
U.S. Census Bureau American FactFinder	http://factfinder.census.gov/home/saff/main.html?_lang=en
HRSA Geospatial Data Warehouse	http://datawarehouse.hrsa.gov/HPSA_MUA_Logic.htm
Kaiser Family State Health Facts	http://www.statehealthfacts.org
State Library of Iowa Dept. of Public Health	http://www.statelibraryofiowa.org
Healthy Iowans 2010	http://www.idph.state.ia.us/adper/healthy_iowans_2010.asp

Worth Noting

Rural Health and Public Health Modernization: Connecting the Dots

Rural health partners in Iowa may have heard about our state's recent efforts to modernize its public health system. But what does this have to do with rural health? A lot, according to Iowa Department of Public Health (IDPH) Director Tom Newton.

"As partners in public health, rural health advocates hold themselves to a high standard of excellence," Newton said. "Unfortunately, those standards and many others in public health have yet to be formalized. For example, community organizations and coalitions may be actively promoting injury prevention in a particular Iowa community. We have no way to ensure, however, that a basic level of those same services is available to Iowans in the neighboring county or at the state level. This has to change."

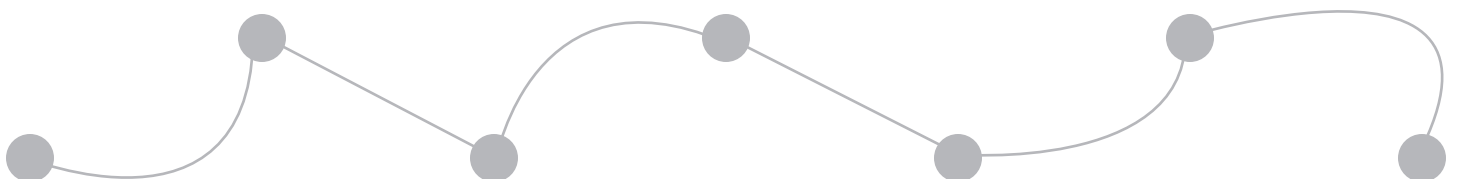
The example Newton cites comes directly from the [Iowa Public Health Standards](#), developed as a part of the Redesigning Public Health in Iowa initiative. The purpose of the standards is to describe the basic services and infrastructure that all Iowans can reasonably expect from local and state public health. Work on the standards began in 2004 and now forms the backbone of the current Modernizing Public Health in Iowa initiative.

The Iowa legislature is currently considering adopting standards for public health through legislation called the [Public Health Modernization Act](#). For rural health partners, this legislation means that the people they serve will have access to the same public health services no matter where they live in Iowa. In a broader sense, passage of the Modernization Act will benefit Iowans in ways that are already being recognized by more than 20 other states. Like Iowa's Modernization initiative, their goal is voluntary accreditation of public health agencies.

As public health agencies in our state become accredited, Iowans will begin to see a number of benefits. These include increased and improved public health service delivery accompanied by a system of quality improvement and accountability. Modernization also means increased capacity for public health to respond to disease outbreaks, natural disasters, and other events that threaten the health of Iowans. This effort will create a nimble system that can respond to public health threats as well as provide the basic population-based services Iowans have come to expect.

IDPH is requesting state funding as well as seeking funding from other entities in order to support pilot projects related to Modernization efforts, create efficiencies in public health, and help address gaps in infrastructure. For more information about Modernizing Public Health in Iowa, including FAQs, fact sheets, information about projects in other states, and more, visit www.idph.state.ia.us/mphi. You may also contact Joy Harris at 515-281-3377 or JHarris@idph.state.ia.us.

"Connecting the Dots for Rural Communities and Public Health"



Worth Noting Cont.

Save the Date!

By Kate Payne, Program Planner and Contract Manager, Iowa FLEX Program, Bureau of Health Care Access

The 5th Annual Iowa Medicare Rural Hospital Flexibility Program (FLEX) conference, "Constructing Partnerships for the Future," will be held on April 28 and 29, 2009, at the West Des Moines Marriott, 1250 Jordan Creek Parkway, West Des Moines, IA.

The conference is viewed as a premiere event. This year's conference will provide an excellent professional development experience. Presentations will include policy and ethics, balancing work and life issues while making a difference, cost reporting, developing CAH and community partnerships, implementing mental health services in a CAH, telling your story to the media, CAH use of remote presence robotic technology and other emerging issues.

You will not want to miss these key note presenters:



Emily Friedman is an independent writer, lecturer, and health policy and ethics analyst based in Chicago. She is contributing editor of *Hospitals & Health Networks* and contributing writer for the *Journal of the American Medical Association*, *Health Progress*, and other periodicals. Ms. Friedman also writes a regular column for *Hospitals & Health Networks Online*. She was contributing editor and ethics columnist for the *Health Forum Journal* from 1986 until July 2003, when the journal terminated publication. She is most noted for her work in health policy, health care trends, health insurance and managed care, the social ethics of health care, ethics issues for health care providers and leaders, health care for the underserved, health care history, population demographics and their implications for health care, and the relationship of the public with the health care system.



Barbara Bartlein is a Certified Speaking Professional (CSP) and entrepreneur based in Milwaukee. She makes frequent appearances on radio and TV. A stand up comedy enthusiast, she has appeared at "The Comedy Club," a five-star comedy café. Barbara has owned and operated two corporations, one that now trades on the New York Stock Exchange. A registered nurse, with a master's degree in mental health, she was previously Vice President of St. Mary's Hospital in Milwaukee and is a certified psychotherapist and has had a private practice for over 25 years. Barbara is the author of the column, "The People Pro®" which appears widely in professional periodicals including *The Business Journal* and *Corporate Logo Magazine*. Several of Barb's articles are featured in the *Chicken Soup for the*

Soul series. Her book, *Why Did I Marry You Anyway? 12.5 Strategies for a Happy Marriage*, received a five-star rating on Amazon and is a best seller. She provides entertaining programs with take-home content to build your business and balance your life. She has worked with organizations such as Northwestern Mutual, SBC Global Network and Miller Brewing to develop leadership skills, increase teamwork, and build customer loyalty.

More information is available at http://www.idph.state.ia.us/hpcdp/flex_program.asp. To make a hotel reservation call: 515-267-1500 or 1-800-228-9290. Request the room block listed under the FLEX Conference. Room quantities are limited. The room block discount ends on April 13, 2009.

Worth Noting Cont.

Area Health Education Centers (AHEC) in Iowa

As a nation, we have or will soon have a shortage of health professionals. An Area Health Education Center, or AHEC, works to increase the number, supply and distribution of health care professionals.

When regions across the states experience a shortage of health professionals; rural, minority, and reduced income communities and populations experience difficulty receiving services. The AHEC strives to address the need for access to health care services by increasing the number of health professionals who devote their careers to these underserved communities and populations.

To accomplish this task, the career development process must begin at an early age and continue through the college and working adult stages in life. Kindergarteners through college-age students must be encouraged to develop interests in and pursue health careers. Second, students pursuing health care professions need to be provided with increased opportunities for clinical experiences in underserved areas and third, practicing health professionals should receive continuing education opportunities addressing the unique challenges of serving the underserved.

AHECs focus on partnerships between communities and academic institutions. Funding for this effort comes through federal grants which require a percentage match from a non-federal source. In Iowa, two educational institutions recently began coordinating AHEC efforts:

- Des Moines University is working with 62 counties, predominantly north of Interstate 80. Regional offices have been established in Waterloo and Des Moines with two more anticipated, Carroll and Mason City.
- The University of Iowa is working with 33 counties in southern Iowa with offices located in Ottumwa, Leon, and Davenport.

For more information about the AHECs in Iowa, please visit www.iowaahcec.org.

***Important Update* - National Health Service Corps**

Applications from individual providers interested in receiving National Health Service Corps loan repayment were due January 31. However, applications from sites interested in recruiting or retaining providers using National Health Service Corps loan repayment are not due until March 27, 2009 (the last Friday in March). Information on the three-year "Multi-Year Recruitment and Retention Assistance Application" is available at: <http://nhsc.bhpr.hrsa.gov/applications/rraa.asp>.

Program Announcements

IOWA PRIMARY CARE OFFICE (PCO) NEW STAFF INTRODUCTION

Bobbi Buckner Bentz began working in the Bureau of Health Care Access as the Director of the Primary Care Office on January 23, 2009. Bobbi came to us from her most recent position as the Program Coordinator of the health science program at Cornell College. Prior to her return to Iowa, Bobbi was a Health Policy Analyst at the United States Government Accountability Office in Washington, D.C., where she researched and reported on the impact of Medicare payments on physician supply and on the availability and effectiveness of mental health services provided to service members returning from Iraq and Afghanistan. Additionally, Bobbi received her Master's of Health Administration and Master's of Public Health degrees from the University of Iowa, College of Public Health, and is currently completing her PhD in Community and Behavioral Health.

Her research interests include analysis of physician supply and demand and health policy evaluation. Bobbi is in the process of relocating to the Des Moines area and looks forward to working with Iowa communities, health providers, and other partners to find solutions to providing healthcare access to Iowans!



PCO NEWS

The [J-1 Visa Waiver/Conrad 30 Program](#) has been instrumental in maintaining access to healthcare in many Iowa communities when other recruitment efforts have failed. Many communities are familiar with the J-1 Visa Waiver Program, however many are not. Below is some basic information on the program.

Who: A J-1 Visa is granted to international medical graduates (IMG's) who wish to pursue graduate medical training in the United States. The J-1 Visa Waiver/Conrad 30 Program allows these physicians and interested underserved communities to work together to place a physician in the community for a minimum of 3 years.

What: Without a waiver, IMG's are expected to return to their home countries for two years before applying for a permanent visa in the United States. However, with support from an interested governmental agency, a J-1 Visa Waiver waives the two year home residency requirement and allows a physician to stay in the country to practice in a federally designated Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA). Each state, including Iowa, is allowed to sponsor 30 waiver requests each year.

Where: In Iowa, the Primary Care Office (PCO) at the Iowa Department of Public Health (IDPH) serves the roll of "Interested Governmental Agency" in addition to assessing and submitting shortage area designations to HRSA. Upon a thorough review of a waiver request, submitted by a community on behalf of a physician, the PCO can decide to act as an interested governmental agency by submitting the waiver request to the US Department of State for final approval.

How: It is the policy of the IDPH that primary care physicians receive priority for waiver recommendations. As authorized in 2004, waiver slots for psychiatrists are considered in areas designated as mental health HPSAs, 15 slots

Program Announcements Cont.

are considered for specialists or sub-specialists slots, and up to five slots are considered in non-designated areas. Additionally, IDPH attempts to balance the 30 slots between rural and urban areas with priority given to the health care safety net.

In accordance with the federal fiscal year, requests for waivers are accepted beginning October 1 and continue until September 30 or until all slots are filled. At the date of this publication, 17 requests have been submitted to the U.S. Department of State and 13 more are in progress.

To read the complete IDPH waiver policy, please visit: http://www.idph.state.ia.us/hpcdp/common/pdf/health_care_access/j1_visa_waiver.pdf. For questions, please contact Bobbi Buckner Bentz, Primary Care Office Director.

FLEX NEWS

In addition to finalizing the agenda for the [5th Annual FLEX Conference](#), the FLEX program is in the process of writing contracts for awards made under the Request for Application (RFA) for the FLEX Network Grant Program and the RFA for the FLEX Individual Hospitals Grant Program.

We had an overwhelming response to the Request for Proposal (RFP) for the Critical Access Hospital (CAH) Grant Program for Improved Information Technology. The award process took longer than we anticipated and there are more needs than funding available. We encourage all health care providers to inform policy makers about the continued need for funding, especially as it relates to the implementation of Electronic Health Records (EHR) and Electronic Medical Records (EMR).

The 2008 Rural Hospital Facility Replacement Study was presented nationally last October. It is the 4th version of the rural hospital replacement studies. Click here to view the report http://www.idph.state.ia.us/hpcdp/common/pdf/flex_rural_hospital_study_2008.pdf.

If you have not already done so, please mark your calendars and save the following dates for future CAH Peer User Group meetings: April 14, July 14, and October 13, 2009.

Don't hesitate to contact Marvin Firch (515) 281-4808 or Kate Payne (515) 8154 with questions or comments.

HEALTH WORKFORCE NEWS

The Bureau of Health Care Access maintains Iowa's membership with the National Rural Recruitment and Retention Network, also known as 3RNet. Through our membership, Iowa's rural hospitals and clinics have the opportunity to list job openings for physicians and other health care professionals on a national web site available at no cost to health facilities or job seekers. Many health care graduates and relocating practitioners log onto the site or contact our office throughout the year. A comprehensive list of Iowa opportunities encourages health professionals to compare their options and remain in Iowa.

To view the website, please log onto www.3rnet.org. At 3RNet's home page, a hospital or clinic can register their facility on the first visit, maintain a password for Web site access on subsequent visits, and post job openings directly

Program Announcements Cont.

on the site. Interested candidates communicate with hospital or clinic hiring staff identified as the contact person on a job posting. No external recruitment firms are involved.

If your hospital's physician recruitment activities are handled regionally, it is likely that the regional representatives are already familiar with 3RNet. However, any nursing or other health care recruitment conducted by your human resource department could benefit from 3RNet. Please let your recruiting staff know about this opportunity.

With questions, please contact Michelle Holst at mholst@idph.state.ia.us or (515) 281-6211.

SHIP NEWS

Thank you to everyone for submitting your 2009-10 SHIP applications in a timely fashion. January, February, and March expenditures will be due on or before May 8, 2009. As always feel free to contact Katie Jerkins at (515) 281-6765 or kjerkins@idph.state.ia.us with any questions and or concerns.

For more information regarding the SHIP program please visit http://www.idph.state.ia.us/hpcdp/ship_program.asp.

SORH NEWS

The SORH program submitted the FY 2009-10 federal SORH grant application on February 13, 2009. Health Resources and Services Administration (HRSA) annually funds SORH in each state. There is a 3:1 match required from the state. In Iowa the match is the state funded salary for staff involved in rural health care projects and programs such as the SHIP and FLEX hospital support programs. The federal grant amount (usually from \$147,000 - \$150,000) supports salaries, office infrastructure costs and allows modest amounts for rural health initiatives and support to partner organizations and communities. Notice of grant awards should arrive in June.

Recent SORH funding support efforts include:

1. Two tuition scholarships (\$700) for public health and community providers to attend the Iowa Center for Agricultural Safety and Health (I-CASH) annual provider training in June. The training offers information and skills to enable health care professionals to function in the mitigation, diagnosis, treatment and prevention of occupational illnesses and injuries. This training and certification is designed to enable health professionals to better serve farmers and ranchers.
2. Working in partnership with the [Iowa Rural Health Association](#) to support and fund additional training and certification for mental health care providers working in Lucas County, which is one of Iowa's most impoverished counties (Iowa Census Data Center 2005). A community project was implemented in Lucas County to increase intervention counseling access to residents and predominately to pediatric and young children. The Lucas County mental health providers will deliver a keynote presentation at the 5th Annual Iowa Medicare Rural Hospital Flexibility Program (FLEX) conference in April.

Calendar and Events

32nd Annual Governor's Conference on Substance Abuse

April 7-8, 2009

Polk County Convention Complex (PLEX)

501 Grand Avenue

Des Moines, IA

www.trainingresources.org

2009 Iowa Public Health Conference

April 7-8, 2009

Scheman Conference Center

Ames, IA

www.iowapha.org/Default.aspx?pageId=127969

Critical Access Hospital Peer User Group Meetings

- April 14, 2009
- July 14, 2009
- October 13, 2009

IA NE Primary Care Association Annual Conference

April 15-16, 2009

Omaha, NE

www.ianepca.com/news_publications_and_events/events.php

The 5th Annual Iowa Medicare Rural Hospital Flexibility Conference

April 28-29, 2009

West Des Moines Marriott

West Des Moines, IA

www.trainingresources.org

National Rural Health Association Annual Conference

May 5-8, 2009

Miami Beach, FL

www.ruralhealthweb.org/go/events/annual-conference

Agri Wellness Annual Conference

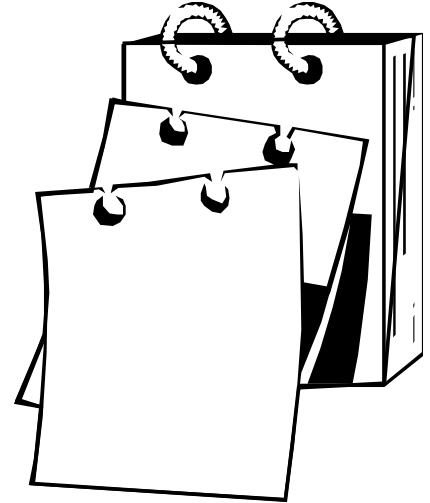
Behavioral Health & Safety Conference

August 3-5, 2009

Sioux Fall Convention Center & Sheraton Hotel

Sioux Falls, SD

www.agriwellness.org



ACCESS UP *date*

Staff Directory

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