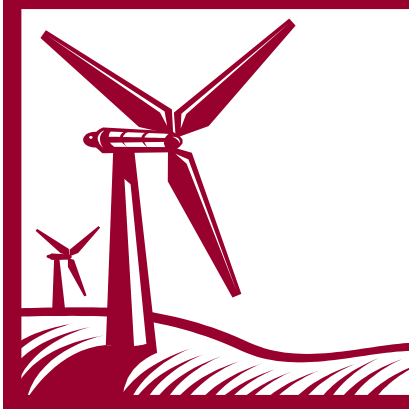


ACCESS UP *date*

October 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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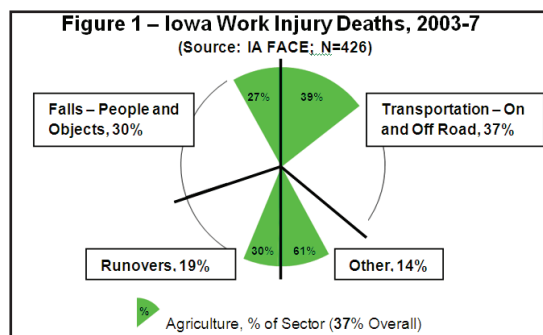
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Deaths from Injury at Work in Iowa and Prevention Priorities for Production Agriculture

By Murray D. Madsen, associate director, Great Plains Center for Agricultural Health and chief trauma investigator, Iowa Fatality Assessment and Control Evaluation program

The [Iowa Fatality Assessment and Control Evaluation](#) (IA FACE) program gathers information on all deaths resulting from an injury at work. Iowa is one of only nine states whose health or labor departments have secured federal funding for this program as part of their surveillance efforts. The [Iowa Department of Public Health](#), in collaboration with the [Iowa Office of the State Medical Examiner](#) and the [Injury Prevention Research Center](#) at the University of Iowa, has made it possible to do this important work in Iowa since 1995.

Collectively, three sectors accounted for 86% of all IA FACE work injury deaths, and 76%



of the work injury deaths attributed to production agriculture, in the five year period 2003-2007 (Figure 1). For 2008, 79% of all work injury deaths were included in these top three sectors and they again contained 76% of the work injury deaths attributed to production agriculture.

The largest sector (37%; 156/426) was transportation incidents on and off

the roadway. Transportation deaths with tractors (34%; 53/156) involved production agriculture workers in 49 of 53 (92%) tractor transportation incidents. These incidents were typically a tractor without overturn protection, or a tractor with an implement or attachment, that overturned on the farm or on the road. In 2008, there were 35 deaths in this sector, 13 were production agriculture workers and 9 of them were tractors that overturned without a roll-over protective structure (ROPS) installed.

The second largest sector in figure 1 (30%; 128/426) includes workers who (1) fell on the same level, fell to a lower level, were pitched/ejected/thrown from their work station, or (2) were struck by equipment or loads that moved or fell, or (3) fell with the equipment/work station or load. Twenty-seven percent of deaths in this sector occurred to victims from production agriculture, including 13% (6/46) of the falls to a different level or on the same level, 38% (21/55) equipment or loads that moved or fell, and 28% (7/25) of the falls with

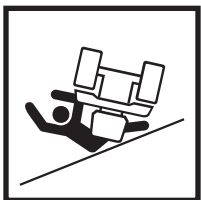
Deaths from Injury at Work Cont.

the equipment or work station. In 2008, there were 23 deaths recorded in this sector, five were production agriculture workers and all five were struck by the equipment or a load when it moved or fell.

The third sector in figure 1 (19%; 81/426) includes operators, passengers, or bystanders who were runover. Deaths to production agriculture workers comprised 30% (24/80) of these runover fatalities. In the base period, 85% (17/20) of the operator runovers and 44% (7/16) of the total passenger and bystander runovers were associated with agriculture. In 2008, 3 of the 4 runovers of operators and 1 of the 9 runovers of passengers or bystanders were during agricultural work.

Certain exposures in agriculture, though less frequent, are so eminently lethal they deserve special attention. Among them are toxic environs and confined spaces, such as in a silo or bin, near manure storage, or while moving grain. Add explosions, electric shock, and cantankerous livestock to list, too. From 2003 through August of this year (2009), Iowa has experienced five deaths in which cattle were either a primary or secondary cause. Over the same span, Iowa lost nine members of its agricultural workforce to flowing grain, six to toxic atmospheres (manure gas, ammonia, and LP gas), two to electric current, and two in explosions while inflating tires.

Priority recommendations for production agriculture are 1) prevent overturns or install a ROPS, 2) stop runovers, 3) turn off and secure equipment before working on it, 4) clear the air before entering toxic environments, and 5) follow precautions when entering confined spaces. For additional information visit the [National Safe Tractor and Machinery Operation Program](#) website.



Pictorials courtesy of AEM and accessible at <http://www.aem.org/Safety/>.

Contact Murray Madsen at (319) 335-4481 or murray-madsen@uiowa.edu.

Preparation of this article was supported in part by grant number U60 - OH 008398 from CDC-NIOSH. Its contents are solely the responsibility of the author and do not necessarily represent the views of CDC, NIOSH, IDPH, IOSME, or IA FACE program.

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Featured Articles

Office of Statewide Clinical Education Programs University of Iowa Carver College of Medicine

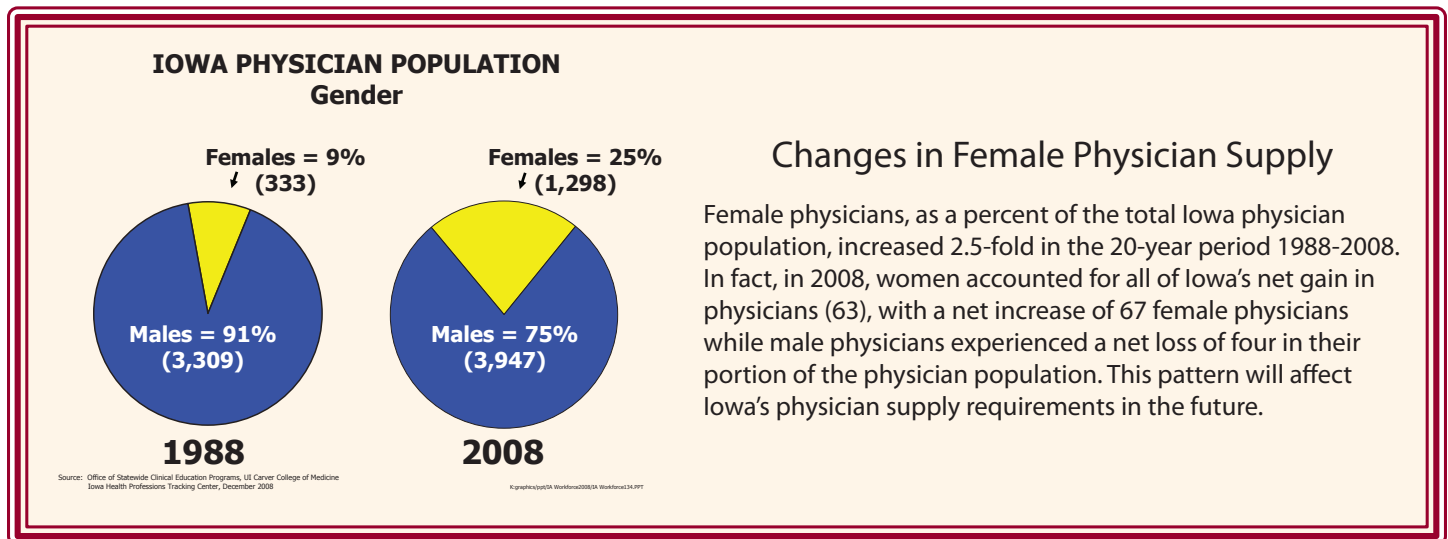
The [Office of Statewide Clinical Education Programs](#) (OSCEP) was established in 1974 as a division of the University of Iowa, Carver College of Medicine's administration. The Office develops and coordinates collegiate outreach programs for medical education and community service. OSCEP coordinates most of the College's community-based medical education through six UI-affiliated regional medical education centers. The centers are located in Cedar Rapids, Davenport, Des Moines, Mason City, Sioux City and Waterloo.

OSCEP offers several community service programs in support of medical practitioners and community hospitals. Services include physician recruitment and placement, practice management consultations, physician contract reviews, market research, and practice coverage (locum tenens). The Office operates computer-based tracking systems that monitor the state's physician workforce. The Iowa Health Professions Tracking Center also tracks Iowa's dentists, pharmacists, physician assistants, and advanced practice nurses.

The tracking system has been integral to providing accurate depictions of Iowa's health care workforce in several Bureau of Health Care Access projects and workforce-related reports over the last several years. For example, the Primary Care Office utilizes physician data from the tracking system on a daily basis to analyze areas of Iowa for designation as Health Professional Shortage Areas. A key data item from the workforce tracking system will be presented in each issue of this newsletter, starting with this issue.

The Office has 18 staff members counting part-time research and program assistants. OSCEP's operations are supported by state appropriations, grants, contracts and service revenues.

Contact OSCEP at oscep@uiowa.edu, phone: (319) 335-8618.



Featured Articles Cont.

Veteran Administration Midwest Rural Health Resource Center

In 2008, the [Veteran Administration, Office of Rural Health](#) (ORH), established three Rural Health Resource Centers (RHRCs) in Iowa City, Iowa, White River Junction, Vermont, and Salt Lake City, Utah. The mission of the centers is to perform a critical role in enhancing the delivery of evidence based care to veterans who reside in rural and highly rural areas. The [Midwest RHRC](#) is directed by Peter Kaboli, MD, MS and Mary Charlton, RN, PhD, and includes staff and faculty from the Iowa City, Fargo, Minneapolis, and Omaha Veterans Affairs Medical Centers and their academic affiliates (University of Iowa, University of North Dakota, University of Minnesota, and University of Nebraska Medical Center). The Midwest RHRC is part of the Veterans Integrated Service Network (VISN) 23 which includes Iowa, Minnesota, North Dakota, South Dakota, and Nebraska with 383,759 enrolled veterans, of which 65 percent are classified as rural or highly rural. The need to improve access and quality of care to this particular population is the focus of our Center and ORH. The RHRC strives to better understand and eliminate gaps in access and quality to rural veterans by performing four key functions: 1) Conduct policy oriented studies and analyses; 2) Develop and execute policy relevant clinical and non-clinical pilot projects; 3) Organize and facilitate the execution and dissemination of ORH efforts; and 4) Serve as an educational repository to disseminate best clinical and policy practices.

Policy oriented analyses currently being conducted by the Midwest RHRC include studies on the co-management of veterans, which refers to the 25-50 percent of veterans who receive care through both the VA and local primary care providers. Coordination of communication between VA and outside providers is extremely important so that the best care possible can be given to veterans. Approximately three million veterans enrolled in the VA Health Care System live in rural areas. Not surprisingly, veterans that live in rural communities are more likely to be co-managed by a non-VA primary care provider. Other RHRC projects include an 1) assessment of the Patient Centered Medical Home primary care delivery model within VA, 2) an analysis of factors related to preventable readmissions among rural veterans, and 3) treatment pattern variations between urban and rural veterans for a number of conditions and services.

The primary pilot project of our Center involves the evaluation of the feasibility and effectiveness of a telehealth modality to reduce travel time in rural veterans with multiple chronic conditions. Telehealth has great potential to improve quality of care for veterans living in rural communities by providing access to specialty services that otherwise they would have to travel great distances to receive.

In 2009, the Center studied the challenges and issues faced by rural veterans by surveying and interviewing patients, providers, and staff from 11 VA primary care clinics located in rural and urban areas throughout VISN 23. Preliminary findings suggest that a major reasons veterans seek care at VA is for the VA's pharmacy program and reduced price of medications. Additionally, most patients felt that quality of care by the VA was excellent and cited this as another reason they came to the VA. Preliminary results have been presented to ORH and various regional and national audiences. The ultimate goal of this project is to identify the key barriers to care for rural veterans and propose and implement strategies to improve access and quality.

Questions about the Midwest RHRC can be addressed to Peter Kaboli (peter.kaboli@va.gov) Mary Charlton (mary.charlton@va.gov) or Amey Holmes (Amey.Holmes@va.gov).

Provider News

Excellence and Compassion in Mental Health Services

By: Gloria Vermie RN, MPH, State Office of Rural Health, director

According to the [Robert Wood Johnson, Vulnerable Populations Portfolio](#), serious mental illness is a leading cause of disability worldwide, yet only a small fraction of people who need treatment have access to care in their communities. Residents of Lucas County and the surrounding area are fortunate to have quality counseling services and dedicated staff at the [Lucas County Health Center Counseling Services](#).

What does it take – Staff traits include excellent credentials, years of experience, and the knowledge to deliver high level counseling and health care services. As well, staff must possess the ability to perform under stress when confronted with emergency, critical, unusual, or dangerous situations; or situations in which working speed and sustained attention are make-or-break. There are eight health professionals on staff including an adult psychiatrist who is at the clinic three times a month. The hospital is in the process of securing the services of a child psychiatrist.

Counseling Services staff profiles include:

Susan Rosa, MSW, LISW, mental health professional, manager, consultant. Rosa is a psychotherapist and the director of Counseling Services at Lucas County Health Center. She developed mental health, chemical dependency, maternal and child health, hospice and hospital social service programs beneficial to many in southern Iowa.

Sharon Hopkins-Brinegar, MSN, ARNP, is certified in mental health. She provides services at Counseling Services and in the homes of the chronically mentally ill. Sharon developed and implemented the initial psychiatric home visit program 20 years ago in south central Iowa. The visits result in improved medication compliance and communication. The home visits are especially important for clients who for various reasons are unable to keep office appointments.

Ev Brightman, MSW, LISW, is well known in Iowa as a mental health professional, consultant, staff trainer, and speaker. Brightman is a champion of the co-occurring treatment approach having worked with individuals experiencing mental health and substance abuse issues for the past 30 years. She is setting up the co-occurring program at Lucas County Health Center. In 2003, the Iowa Commission on Substance Abuse presented her with the Kirk Strong Award for her personal and professional contributions in the field of substance abuse.

Cary Williams, MSW, LISW, RPT, is a mental health professional and Registered Play Therapist. Williams' priority is children. For the past 22 years she has worked in mental health and services for children. Managing a shelter and residential program for children and adolescents she developed programs that included community providers. Most recently she has developed a play therapy program at Lucas County Health Center to include the child, family, therapist, nurse practitioner and child psychiatrist. Williams also provides play therapy training to health care providers.



LCHC Counseling Services Staff (left to right); Sharon Hopkins-Brinegar, Cary Williams, Ev Brightman, and Susan Rosa

Worth Noting

Iowa's Effort to Improve Oral Health Workforce

Congratulations! Raymond Kuthy, DDS, MPH, professor at the Preventive and Community Dentistry, [University of Iowa College of Dentistry](#) received notice of Grant Award from Health Resources and Services Administration that Iowa would receive a three year funding award.

The project proposes two innovative approaches in addressing Iowa's oral health workforce needs: developing a dental workforce model that substantially augments the traditional population to dentist ratio with numerous county-specific data to highlight locations with the most acute access problems; and, in conjunction with local community health centers, developing community-based, senior dental student clinical rotation sites in southern Iowa, a geographic tier with a paucity of dentists. These approaches build on two Iowa strengths: an existing statewide dentist database that is constantly being monitored; and a long-standing and successful student extramural program, in which senior dental students provide care to traditionally underserved groups.

The primary intent of the dental workforce model is to assist with developing a cohesive statewide plan for oral health workforce, with a special emphasis in the southern 33 counties, an area that has great difficulty in recruiting and retaining dentists and dental hygienists. Oral health findings via a needs assessment for these counties will be incorporated into the database to better understand the counties with the greatest need for oral health services. This project will also allow for expansion of the University of Iowa dental extramural program to community health centers in southern Iowa, an area where no sites currently exist.

This project will rely on a collaborative effort among various state agencies, the only dental school in the state, oral health professional organizations, other health organizations, regional Area Health Education Centers (AHEC), and two community health centers. This project also provides an opportunity for several cooperating groups to raise the visibility of oral health as a major health issue for the newly formed regional AHECS in southern Iowa.

Changes for Health Resource and Services Administration Regional Offices

On September 14, Dr. Mary Wakefield, Health Resource and Services Administration (HRSA) administrator, announced the organizational renaming and changes for the ten HRSA Regional Offices. Previously known as the Offices of Performance Review, they are now the [Offices of Regional Operations](#) (ORO). The new mission is to improve health care systems and America's health care safety net, increase access to quality care, reduce disparities, and advance public health by providing leadership. The ORO will provide enhancement to HRSA senior management. One of the activities important to rural and underserved populations is; providing support for recruitment and retention of primary providers in health professional shortage areas.

The Kansas City Regional Division serves Iowa, Kansas, Missouri, and Nebraska. Staff members from ORO are well-known in the four-state region. They have a long history of partnership and collaboration, conducting site visits, providing technical assistance consultations, and as presenters at conferences.

Worth Noting Cont.

Iowa Story Shows Importance of Health Literacy

About three years ago, Norma Kenoyer had a routine outpatient surgery. Afterwards, she was given four pages of information about the operation and told to take it easy the rest of the day. The following day, Norma went to work where she had to lift some fairly heavy objects.

“The next morning I felt like my insides were going to fall out,” Norma recalls. “Then my husband read the papers and told me I shouldn’t have done any lifting so soon after the surgery.”

As someone who has struggled with dyslexia all her life, Norma is one of Iowa’s strongest advocates for adult literacy. The 66-year-old Madrid resident is an active partner in the Iowa Department of Public Health’s “Plain & Simple” health literacy project, but says she still finds health information particularly difficult. “I probably would have read all those papers if there weren’t so many and if they didn’t look so difficult,” Norma added.

Norma’s story is one of six submitted by Iowans to a national project promoting October as National Health Literacy Month. Throughout October, one or more new stories will be added each day to the project’s Web site; <http://www.healthliteracymonth.org>.

In the U.S., health literacy is estimated to cost as much as \$238 billion, or 17 percent of all personal health care spending. To find out what the Iowa Department of Public Health is doing to promote health literacy, visit http://www.idph.state.ia.us/health_literacy.

LINKS RESOURCES AND MAPS

The Iowa Department of Public Health (IDPH) released the annual Iowa Surveillance of Notifiable and Other Diseases Report. Visit <http://www.idph.state.ia.us/IdphNews/Reader.aspx?id=F42B84D4-27E9-4055-85BA-F1436DFB3A04> to read entire press release.

The Kaiser Family Foundation, Statehealthfacts.org website features a broad base of state health and fiscal distress data. The new Providers & Service Use Section includes data about hospitals, nursing homes, federally qualified health and rural health centers, physician demographics, non-physician providers, and health care employment. The state data are compared to national data. Check out the Iowa data at <http://www.statehealthfacts.org/comparecat.jsp?cat=8>.

The Health IT Adoption Toolbox developed by the [Health Resources Services Administration](http://HealthResourcesServicesAdministration) is meant to serve rural health providers seeking to implement health IT to improve the overall effectiveness of their institutions. This resource is organized in a question-and-answer format with a range of resources relevant to all stages of health IT implementation. The toolbox is available at <http://healthit.ahrq.gov/portal/server.pt?open=512&objID=1077&cached=true&mode=2&userID=7330>.

The Iowa Department of Public Health released the first Iowa Smokefree Air Act Annual Report. Visit <http://www.idph.state.ia.us/IdphNews/Reader.aspx?id=0E838A09-22AB-4E2A-80B0-C48D129106B7> to read entire press release.

The Check-Up is a monthly health care reform newsletter designed to keep interested Iowans up-to-date on the progress of health reform initiatives assigned to Iowa Department of Public Health. The newsletter is available at http://www.idph.state.ia.us/hcr_committees/.

Bureau News and Announcements

Bureau of Health Care Access

Erin Drinnin is the newest member of the Bureau of Health Care Access. She joined the bureau on September 4, 2009, as a community health consultant. Her primary duties will be management and oversight of the Primary Care Recruitment and Retention Endeavor (PRIMECARRE) loan repayment program and the Rural Recruitment and Retention Network website (3RNet).

Erin joined us from State Public Policy Group, where she worked for five years in the areas of health, mental health and disabilities, workforce development, education, and poverty. She served as the government relations representative for the agency, and has significant experience in project management, process facilitation, grant writing, research, and policy development. Erin received her Bachelor of Social Work from the University of Iowa and her Master of Social Work from the University of North Carolina at Chapel Hill.



Erin is a welcome addition to the bureau. Her experience, expertise, and commitment to public health and health care services will be well utilized and appreciated. Erin's contact information is: (515) 281-3166 or edrinnin@idph.state.ia.us.

Farewell to Marvin Firch



On September 14, after 11 years with the federal Medicare Rural Hospital Flexibility (FLEX) Program, Marvin assumed a different position within the Iowa Department of Public Health. His new job responsibilities are as the outreach/compliance educator with the Bureau of Professional Licensure where he will work to improve compliance and provide educational presentations to the 19 licensure boards. During his time in the Bureau of Health Care Access (BHCA), he worked with Critical Access Hospital (CAH) stakeholders and rural community partners to establish the FLEX program in Iowa. The establishment and certification of 82 CAHs throughout Iowa helped to improved access to healthcare and enhanced health infrastructure in rural communities. Marvin remarked he is comfortable departing the FLEX Program at a time when it is strong and recently received the highest federal grant award in the history of the program. Marvin will be missed by colleagues and many who have worked with him through the FLEX Program the last eleven years.

The Iowa Medicare Rural Hospital Flexibility Program will continue to serve rural constituents and communities. Kate Payne, a familiar name and face to the FLEX Program for the last eight years, can be reached at (515) 331-2402 or kpayne@idphstate.ia.us. Doreen Chamberlin, BHCA, bureau chief will be involved in the transition period and can be reached at (515) 281-8517 or dchamber@idph.state.ia.us.

Bureau News and Announcements Cont.

Iowa's Participation in the National Rural Recruitment and Retention Network

3RNet is the acronym for the National Rural Recruitment and Retention Network. This national organization includes one member from each of 49 states, one tribal nation, and one U.S. territory. Iowa's membership is with the Iowa Department of Public Health, Bureau of Health Care Access. Contact Erin Drinnin at (515) 281-3166 or edrinnin@idph.state.ia.us.

3RNet Stats: Currently, there are 176 Iowa health professions vacancies posted at <http://www.3RNet.org>.

	August	September
New vacancies posted by Iowa Facilities	2	11
Vacancies deactivated	9	6
New candidates interested in working in Iowa	35	26

IDPH Releases RFP for State Loan Repayment

Iowa's loan repayment program, [Primary Care Recruitment and Retention Endeavor](#) (PRIMECARRE), released a Request for Proposals (RFP) October 5, 2009. The program, which was authorized by the Iowa Legislature in 1994 to strengthen the primary health care infrastructure in Iowa, offers loan repayment support for eligible health care professionals. Applicants apply through a competitive process and can receive up to \$30,000 in loan repayment funds, depending on the type of health care professional. The program requires a two-year practice commitment in a public or non-profit hospital or clinic located in a health professional shortage area (HPSA). The RFP can be found at <http://www.idph.state.ia.us/IdphGBP/IdphGBP.aspx>. For more information about PRIMECARRE, visit the website or contact Erin Drinnin at (515) 281-3166 or edrinnin@idph.state.ia.us.

Direct Care Worker Advisory Council

The interim report due September 30 has been received and is available on the council's Web page: http://www.idph.state.ia.us/hcr_committees/direct_care_workers.asp. A final report for this year is due January 15. The council met most recently on September 22. Refinements to the career pathway model were discussed along with finalizations to the September 30 report. As a reminder, this council reports to the director of Iowa Department of Public Health. Next Meeting: November 12 from 10:00 a.m. – 3:00 p.m. at Location To Be Announced.

Health and Long-Term Care Access Advisory Council

The council has completed its report to Iowa Department of Public Health (IDPH) containing recommendations. It is available on the council's Web page: http://www.idph.state.ia.us/hcr_committees/care_access.asp. IDPH plans to submit the initial phase of the strategic plan to the governor and general assembly by November 1, ahead of the mandated January due date, so that the document can be useful in preparation for the legislative session. Following completion of this initial phase of the strategic plan, the council will continue its work as an update of the strategic plan is due every two years on an ongoing basis. At this time, the council plans to continue addressing workforce during its second year but also plans to incorporate planning for health care infrastructure. The council will not meet in October. Next Meeting: November 20 from 10:00 a.m. to 3:00 p.m. at Urbandale Public Library.

Bureau News and Announcements Cont.

Iowa Conrad 30/J-1 Visa Waiver Program 2009 Review

The State of Iowa through the Primary Care Office (PCO) utilizes the Conrad 30 program, commonly referred to as the J-1 Visa waiver program. J-1 physicians are international medical graduates who entered the United States on a J-1 visa to complete residency and fellowship training. Upon completion of training, the J-1 visa requires physicians return to their home countries for two years. However, through the waiver program, the physician can waive this requirement and remain in the U.S. if he or she works in a designated underserved area for three years.

Iowa has taken advantage of this program since its inception in the mid-1990's. For the past several years, the state has sponsored 30 physicians each year.

In 2009, Iowa sponsored 29 J-1 physicians in communities where recruitment of a U.S. trained physician was unsuccessful for a period of at least six months. In most cases, the employer had unsuccessfully recruited for more than a year. Of the sponsored physicians, 15 were primary care including family practice, general pediatrics, general surgery, internal medicine, and psychiatry. The remaining 14 physicians were specialists ranging from pediatric sub-specialists to neurologists to nephrologists. Of the 29 physicians, 8 are practicing in rural areas of the state and 21 are practicing in more urban areas of the state, including community health centers in urban areas. This past year, the PCO was also pleased to support 4 psychiatrists (including one child psychiatrist) through the program, assisting to fulfill an incredible need in Iowa.

The PCO began accepting waiver requests for the 2010 federal fiscal year on October 1. This year, a newly updated J-1 Visa waiver policy is available for download at: http://www.idph.state.ia.us/hpcdp/common/pdf/health_care_access/j1_visa_waiver.pdf. The new guidelines include greater detail on the organization of waiver request documentation and on the prioritization of waiver requests. Waivers are prioritized for physicians who will practice in community health centers, provide primary care, and be located in rural communities. Additionally, the new guidelines discuss the annual reporting process which will include information on the J-1 waiver physician's underserved patient population.

In the upcoming months, the PCO is undertaking a comprehensive evaluation of the J-1 visa waiver program's success in recruiting and retaining physicians to Iowa. Specifically, we are interested in factors related to retention of J-1 physicians in Iowa beyond the required three year commitment of the waiver. Look for a review of that analysis in an upcoming HCA newsletter!

For additional information on the Conrad 30/J-1 waiver policy, please contact Bobbi Buckner Bentz, Primary Care Office director, at (515) 281-7223 or bbuckner@idph.state.ia.us.

Common J-1 Waiver Application Pitfalls

The PCO enjoys learning about the new physicians coming to Iowa and looks forward to supporting these physicians each year. However, the process of reviewing 50+ pages of an application is very time consuming and requires an extensive attention to detail. To assist our review process and streamline the application for the physician, please note the following common application pitfalls...

1. Missing contact information for the attorney and employer.
2. Lack of information on the health facility itself and its patient population, including underserved patient population.
3. Lack of documentation indicating at least 6 months of recruitment.
4. Missing salary information.
5. Letters of support greater than a year old.
6. Lack of information on impact if waiver was denied.
7. Letters of support for the wrong physician.
8. Letters of support for the wrong position/employer.
9. Information missing on physician's family members.
10. Missing information on Iowa licensure.

Bureau News and Announcements Cont.

SHIP News

The State Office of Rural Health received a notice of grant award for the 2009 – 2010 Small Rural Hospital Improvement Program (SHIP). Each of the 77 Iowa hospitals which applied for the SHIP grant will receive \$7,750.00 to be used between 10-01-2009 and 08-31-2009.

SHIP contract administrators will be receiving an email including the 09-10 SHIP contracts in the beginning of November. This contract will need to be printed, signed in blue ink, and returned to Katie Jerkins. If you have any questions regarding the SHIP program please contact Katie Jerkins at (515) 233-2831 or kjerkins@idph.state.ia.us.

State Office of Rural Health

In August, the federal Office of Shortage Designation approved Iowa's request to certify and maintain Rural Health Clinics (RHC). In February, the State Office of Rural Health (SORH) submitted documents to the governor's office to support the Iowa 2009 Governor's Designation for Rural Health Clinics Certification. A request letter was then sent from the governor to the federal Office of Shortage Designation. The governor's designation process is an enhancement to the federal RHC certification criteria. It allows counties which may not meet federal criteria to qualify as eligible and it helps maintain established RHCs. For more information, visit http://www.idph.state.ia.us/hpcdp/rural_health.asp.

The SORH partnered with the Susan G. Komen Des Moines (DSM) Affiliate to research, develop, and submit the Community Profile Report (CPR). The report was approved in August by the national Susan G. Komen Office in Dallas, Texas. The CPR detailed Komen programs and accomplishments, highlighted data, addressed barriers in rural areas, and identified four priority areas for future planning. The DSM Affiliate funds programs which offer breast cancer screening and detection services in 81 counties; 74 of which are rural counties. The DSM Komen Board is currently defining ways to do outreach and marketing in underserved rural areas. To learn more about the DSM Komen Affiliate, visit <http://www.komendesmoines.org>.

Pandemic Preparedness, Influenza, and H1N1 Resources

Iowa Department of Public Health Novel Influenza A (H1N1) Virus information <http://www.idph.state.ia.us/h1n1/>.

To download an extensive spreadsheet listing (387) influenza resources visit <http://www.gha.org/pha/Community/SwineFlu1/SwineFluIndex.xls>.

For comprehensive government influenza information visit <http://www.flu.gov/index.html>.

Calendar and Events

H1N1 Historical Perspective & Experiences in an Iowa Clinic

Iowa Rural Health Association: Listen & Learn Webinar Series

November 12, 2009

Register Online: <http://www.iaruralhealth.org>

Contact: Melissa at (515) 282-8192

Free Registration

Off to a Good Start

Iowa Public Health Association

November 12, 2009

Science Center of Iowa <http://www.sciowa.org>

Register: <http://www.iowapha.org>

Click on "Register for IPHA Sponsored Events". Registration Fee \$50, Deadline is November 5, 2009. Lodging available

2009 Midwest Rural Agricultural Safety & Health Forum

November 18-19, 2009

Stoney Creek Inn, Johnston, IA

Registration: <http://www.continuetolearn.uiowa.edu/conferences/index.html>

Contact: Eileen Fisher at (319) 335-4224, or email at eileen-fisher@uiowa.edu

Health and Long-Term Care Access Advisory Council

November 20, 2009

10:00-3:00

Urbandale Public Library, Urbandale, IA

Contact: Michelle Holst email: mholst@idph.state.ia.us or Kevin Wooddell email: kwooddel@idph.state.ia.us

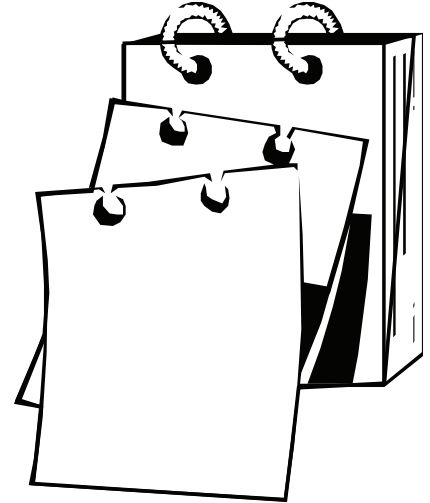
Rural Health and Primary Care Advisory Committee Meeting

December 3, 2009

Ola Babcock Miller Building

Forrest Spaulding Room, Room 310

Contact: Katie Jerkins, email: kjerkins@idph.state.ia.us or call (515) 233-2831 for more information.



ACCESS UP *date*

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