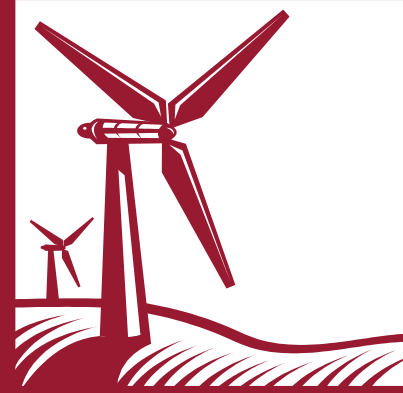


ACCESS UP *date*

February 2011



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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Center for Rural Health and Primary Care 2011 Legislative Breakfast

By Katie Jerkins, MPH, rural resource coordinator with the Bureau of Oral and Health Delivery Systems

The Center for Rural Health and Primary Care Advisory Committee was established to assist the Center for Rural Health and Primary Care to facilitate and advocate for access to quality rural health services through coordinated, collaborative efforts. The advisory committee members provide broad-based input throughout the state regarding rural health issues in Iowa and insure that the issues are addressed in a timely manner.

On February 10, 2011, the Center for Rural Health and Primary Care Advisory Committee co-hosted a legislative breakfast at the State Capitol in partnership with the Iowa Center for Agricultural Safety and Health (I-CASH). Governor Branstad, along with approximately 76 legislators or legislative staffers, attended the event to listen and learn about rural health concerns.

One of the goals of the advisory committee is to inform members of the Iowa General Assembly of the rural health and primary health care needs of rural communities. In keeping with this goal, the Advisory Committee has adopted the following 2011 recommendations:

- **I-Smile** - Maintain funding
- **Local Public Health** - Maintain funding
- **PRIMECARRE health care provider loan repayment program** - Support continued funding for loan repayment for providers in underserved areas.
- **Support for e-health** - Support funding for e-health initiatives in Iowa.
- **Expand loan repayment to health care professionals in high demand** - Develop a pilot project to increase recruitment and retention of health care professionals not currently eligible for state and federal loan repayment programs.

For more information on the Rural Health and Primary Care Advisory Committee:
http://www.idph.state.ia.us/hpcdp/rural_health_primary_care.asp

For more information on Iowa Center for Agricultural Safety and Health (I-CASH):
<http://www.public-health.uiowa.edu/ICASH/>

Featured Article

Iowa's Direct Care Workforce Initiative: Improving Education to Ensure a Qualified and Stable Workforce

Direct care professionals (DCPs) constitute the largest profession in Iowa. According to new estimates released by the Direct Care Worker Advisory Council this month, the direct care workforce totals about 50,000 workers—more than teachers, law enforcement, or nurses. Direct care professionals are the front-line of Iowa's health, support, and long term care workforce, providing hands-on care and support to individuals of all ages and abilities in settings that range from services in home- and community-based settings to acute care in hospitals.

Direct care professionals are in high demand in the state, representing two of the three fastest growing jobs in the state, and Iowa Workforce Development estimates that Iowa needs 10,000 additional DCPs by 2016. The need for high quality, comprehensive direct care services will only increase as Iowans demand that care, services and supports are delivered in settings of their choice, especially in their homes. Many challenges exist in supporting and maintaining the direct care workforce—pay is traditionally low; turnover is high; and the jobs are often physically and emotionally demanding.

The Iowa General Assembly directed the Iowa Department of Public Health (IDPH) to develop the Direct Care Worker Advisory Council, a diverse stakeholder group representing direct care professionals, employers, associations, and other interested individuals and groups, to provide recommendations about education and credentialing of direct care professionals. In 2010, the Iowa General Assembly also directed the IDPH to establish a Board of Direct Care Professionals by July 1, 2014, with the purpose of issuing credentials and providing oversight to the profession.

What is a Direct Care Professional?

A direct care professional (DCP) is an individual who provides supportive services and care to people experiencing illnesses or disabilities and receives compensation for such services. Direct care professionals provide 70-80 percent of all direct hands-on services, assisting individuals with daily living tasks, personal care, independent living skills, and basic health care services. Direct care professional is the umbrella name for the workforce. DCPs are commonly called direct support professionals, direct care workers, supported community living workers, home health aides, certified nurse aides, and others.

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Featured Article Cont.

The council has developed a comprehensive set of recommendations and most notably a Direct Care Professional Career Pathway that:

- Creates standardized training competencies for all direct care professionals;
- Aims to reduce the negative impact of turnover and retraining costs;
- Collaborates with national competencies and credentials so that Iowa's training and credentials are portable and can be recognized nationally;
- Creates statewide recognized credentials that denote minimum training and standards; and
- Encourages individuals to choose direct care as a career.



As a result of the successful collaboration and hard work of the Direct Care Worker Advisory Council members, IDPH was able to apply for and receive a federal grant to pilot the recommendations of the Council. Iowa was one of only six states awarded the Personal and Home Care Aide State Training Demonstration grant from the Health Resources and Services Administration within the Department of Health and Human Services. Activities of the three-year grant project include:

- Development of competencies and curriculum that align with state and national regulations and credentials.
- A pilot project that partners with provider agencies and community colleges to provide training of direct care professionals in two regions in the state.
- Leadership, retention and mentoring support for DCPs.
- Development of an information management system to credential and track the workforce.
- State and national level evaluation of curriculum, retention success, training and retraining costs.
- Long-term sustainability planning for establishment of Board of Direct Care Professionals.

The Department will be seeking input and participation by statewide stakeholders, including direct care professionals and employers. If you have any questions about the pilot project or would like more information, please contact Erin Drinnin at edrinnin@idph.state.ia.us, or visit the website at <http://www.idph.state.ia.us/directcare/>.

The two regions selected for participation in the pilot are Iowa Workforce Development Region 11 (Boone, Dallas, Jasper, Madison, Marion, Polk, Story, and Warren Counties) and Region 15 (Appanoose, Davis, Jefferson, Keokuk, Lucas, Mahaska, Monroe, Van Buren, Wapello, and Wayne Counties). Entities that employ, educate or train direct care professionals in these counties will be eligible to respond to the Request for Proposals, which is due to be released by March 1, 2011.

Legislative Update

Legislative Update

By: Doreen Chamberlin, executive officer, Bureau of Oral and Health Delivery Systems

The first session of the 84th Iowa General Assembly started January 10, 2011, bringing many new faces and changes. Like the federal tax date, it has been extended out a little longer this year. The session is targeted to take 110 days as opposed to the 80 days last year with a tentative adjournment date of April 29, 2011. The Iowa House has 29 new members, 22 of which are Republican and seven Democrat. This gives the Republicans a 60-40 majority in the House. The Democrats, however, hold the Senate with 26 of the 50 seats. Along with our new Governor, Terry Branstad, a number of state agencies have new directors. The Department of Public Health Director, Dr. Mariannette Miller-Meeks started in January and is busy getting acclimated to the Department. See Dr. Miller-Meeks introduction in the January 18, 2011, Quick Reads at <http://www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=QuickReads>.



The targeted first funnel date is March 4, 2011; April 1, 2011 is set for the second funnel date. For updates and to follow legislation review the Iowa General Assembly webpage at <http://www.legis.iowa.gov>.

State Legislation

The Iowa Department of Public Health (IDPH) is monitoring and responding to several bills this session, listed below:

IDPH Omnibus Bill [SSB 1071](#) and [HSB 90](#)

The proposed legislation establishes an Iowa Health Workforce Center, streamlines tobacco enforcement, provides updates to Chapter 139A Communicable and Infectious Diseases, updates Chapter 141A Acquired Immune Deficiency Syndrome, and makes several other changes to IDPH programs.

Iowa e-Health [SSB 1060](#)

This proposed legislation provides a framework for infrastructure and system development for the delivery of e-health services in Iowa. The Iowa e-Health Strategic and Operational Plan has been recently approved by the federal Office of the National Coordinator for Health Information Technology. This releases \$8,375,000 in funding over the next four years to implement a health information exchange in Iowa. More information regarding this IDPH directed initiative is available at <http://www.lowaeHealth.org>.

Area Health Education Center [SF 58](#)

The bill creates a fund, separate from the general fund, specifically for the use of state match for federal area health education center (AHEC) grants. The bill puts the fund in the control of IDPH to be distributed to the academic institution that is the AHEC grantee. It appropriates \$1 million to the fund and allows for additional funds to be received.

Alzheimer's Disease and Dementia [HF 60](#)

Legislative Update Cont.

The bill amends the Iowa Code provisions that established the Alzheimer's Disease Task Force to require the Department on Aging (IDA) to implement the recommendations of the task force. The recommendations from the Task Force focus on requiring Alzheimer's/Dementia training for any direct care workers who work with aging Iowans.

Health Care and Health Policy [SF 117](#)

This bill relates to several of the 2010 recommendations of the Legislative Health Care Coverage Commission. The bill creates a Health Policy Division within the IDPH and states that the division administrator shall be a health economist. This new health care reform legislation would change how the previous health care reform pieces are addressed and will intersect and overlap with the work of the Health and Long-term Care Advisory Council.

Federal Legislation

At the federal level, the changes within the Affordable Care Act continue to impact Iowa programs. Some provisions within the Act that address access to care include:

- Expanding Area Health Education Centers (AHEC);
- National Health Service Corps;
- The National Health Care Workforce Commission;
- Medicare and Medicaid improvements such as Medicare Physician Fee Schedule improvements, pharmacy reimbursement, corrections for Critical Access Hospital billing reimbursements, and extensions to rural Medicare provisions including the Medicare Modernization Act of 2003 that protects the health care safety net;
- Expansion of the 340B drug program; and
- Development of Health Benefit Exchanges.

Access to Frontline Health Care Act of 2011 Introduced by Rep. Bruce Braley

Congressman Bruce Braley recently introduced a bill to create a new loan repayment program called the Access to Frontline Health Care Act. This bill gives health care providers incentives to practice in areas, such as Iowa, where there is a shortage of specialty health care providers. Under this newly proposed loan repayment program, health care providers would commit to practice in a geographic area with a shortage of specialty health care professionals for at least two years in exchange for assistance in repaying student loans. It requires the provider to practice in a "Frontline Scarcity Area," which may either be a Health Professional Shortage Area (HPSA) or an area designated by the State as having a shortage of "frontline care services".

Just as we monitor changes at the state level, we will watch closely the federal legislation and the President's budget. The activity is fast paced and changing rapidly. More updates will be outlined in the April newsletter.

Partner Spotlight

The Iowa Healthcare Collaborative...a Partnership for Quality, Patient Safety and Value

By Kate Payne, Iowa FLEX Program and contributing writer Greg Clancy, IHC improvement advisor

About mid January to late February, I start dreaming about the day I can move to a warmer state and live near the beach. Then, while carrying out some of my daily duties within the Iowa Medicare Rural Hospital Flexibility (FLEX) Program, I am quickly reminded about how lucky I am to live in a state that ranks high in providing quality health care.

The statistics and rankings are impressive:

According to the [Iowa Hospital Association's web site](#), Iowa's Hospitals 2010 Report Card (August 4, 2010) is an A+.

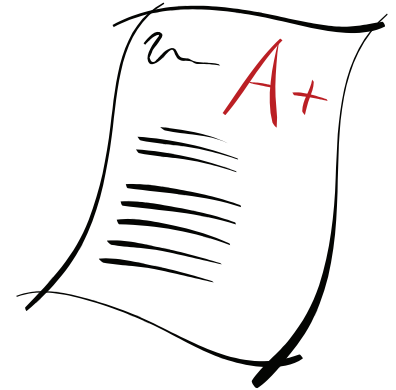
[The Commonwealth Fund's](#) 2009 Aiming Higher report shows Iowa ranking second nationally across the five quality dimensions.

As a family member and a patient, I want the best possible health care every time it is needed. I want to be treated with dignity and respect and I want my physician, clinic or hospital using advanced medical technologies. I feel that Iowa's health care providers are progressive and continue to strive to be the best. This is evident by the work being done by the [Iowa Healthcare Collaborative \(IHC\)](#).

The Iowa Healthcare Collaborative (IHC) was created in 2004, through a partnership between the Iowa Hospital Association (IHA) and the Iowa Medical Society. IHC is a health care provider-led and patient-focused nonprofit organization dedicated to promoting a culture of continuous improvement in health care. IHC's mission is exceptional health care in Iowa. IHC plays a unique role in putting health care providers (doctors, nurses and hospital executives) in a leadership position to drive clinical improvements and accelerate change.

By using a "multi-stakeholder" approach, IHC brings together and engages physicians, hospitals, insurers, employers, consumers and other community partners to share data and rapidly deploy best practices. Through IHC's efforts, health care providers gain access to nationally agreed upon, evidence-based measures that improve the delivery of care. Insurers get information to facilitate performance improvements and employers are better equipped to educate employees about wellness and prevention resulting in healthier communities.

The Mission of The Iowa Healthcare Collaborative is to facilitate exceptional health care quality and safety for Iowans. The vision is to make Iowa's health care a culture of continuous improvement in quality, safety, and value that provides the most effective and efficient care in the nation.



Partner Spotlight Cont.

IHC's efforts focus on three cornerstones:

- Align and equip Iowa health care providers for continuous improvement.
- Promote responsible public reporting of health care information.
- Raise the standard of health care in Iowa

Two IHC initiatives are Iowa's Comprehensive Cardiovascular and Stroke Plan and the Healthcare-associated Infection project and are in partnership with the Iowa Department of Public Health. Other IHC programs include; the medical home, the reporting of health care quality data, and using Lean techniques to improve efficiency and effectiveness. The IHC also has active patient safety, provider and consumer advisory committees. These activities and more, make up this dynamic organization committed to improving the quality of care Iowans receive.

As a member of the Patient Safety Committee, I see collaboration, communication, and openness to transparency among health care providers. The committee members are health care professionals from varying health care domains who share information and promote innovation. As a group we have open discussions and make recommendations on how to spread quality and patient safety initiatives through IHC's learning communities. The committee also identifies best practices and makes recommendations on how to deploy and evaluate best health care practices across the state.

The Iowa Healthcare Collaborative is committed to being an improvement catalyst by accelerating improvement and raising Iowa's standard of care.

Iowa Dentist Population

IOWA DENTIST POPULATION

– Changes in Supply –
2005-2010

	Entered Practice	Left Practice	Net Change	Total Supply
2005	68	48	+ 20	1460
2006	51	58	- 7	1453
2007	62	50	+ 12	1465
2008	61	72	- 11	1454
2009	84	59	+ 25	1479
2010	<u>68</u>	<u>60</u>	+ 8	1487
Total	394*	347*	+ 47*	

*Annual average of 66 dentists entering, 59 leaving, with an annual net gain of 8.

Source: Iowa Health Professions Tracking Center, Office of Statewide Clinical Education Programs
UI Carver College of Medicine, January 2011

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During four of the past six years, Iowa experienced a net gain in dentists. Iowa now has the largest supply of active Iowa dentists since the systematic inventory of Iowa dentists began in 1997. Thus, as of December 31, 2010, Iowa had 1,487 active dentists.

In 2009, 84 dentists entered practice in Iowa, a record annual number. That same year, 59 dentists terminated their practice due to relocation to another state, retirement, or declining health. The resulting annual net gain of 25 dentists is the state's high mark for net gain. By contrast, in 2008, the state experienced a net loss of 11 dentists after 61 entered practice and 72 left practice. Half of those leaving were entering retirement.

While the shortage of dentists continues across Iowa, the fact that there are gains in recent years is a sign of progress.

Provider News

Advancing Primary Care – Iowa’s Mental Health Training Programs

Meeting the mental health needs of Iowans is an ongoing problem statewide. One issue related to access is the availability of trained mental health providers in all corners of the state. Not surprising to many, currently 90 of Iowa’s 99 counties are designated as Mental Health Professional Shortage Areas (HPSAs). In an effort to alleviate some of these mental health workforce shortages, the Iowa Legislature created four state-funded projects which enhance and support key members of the mental health workforce in Iowa. These projects are administered through the Bureau of Oral and Health Delivery Systems, although all of the funding is allocated directly to contracted community partners.



The Mental Health Professional Shortage Area Program, initially established through legislation in 2007, directs the Iowa Department of Public Health to administer funds for two mental health capacity-building projects. The first program is a one-year postdoctoral internship program for clinical psychologists developed by the Iowa Psychological Association at a rural Community Mental Health Center. The intent of the program is to increase the number of clinical psychologists training and ultimately working in rural Iowa. This program provides an internship opportunity for 1-2 psychologists per year and is currently supported at one site in Iowa. It is anticipated that the program will soon expand to a second site, allowing more opportunities for internships for clinical psychologists in underserved areas of Iowa. The second program, entitled the Mental Health Professional Shortage Area Program, provides funding to recruit and retain psychiatrists to Community Mental Health Centers and hospitals with psychiatric in-patient units. Each year depending on funding availability, IDPH issues four to five contracts in response to an annual Request for Proposals issued in late spring. The funds support the recruitment and retention of psychiatrists in facilities that are located in federally qualified mental health professional shortage areas. In the past, funds have been used to support recruitment costs, signing-bonuses, retention stipends, and continuing medical education of psychiatrists, among other costs. Psychiatrists who are recruited or retained by the funds must practice at the facility for a period of at least two years.

“Psychiatry visits in the emergency room at UIHC have doubled over the past few years, and we desperately need more staff. I put in a call to the College of Nursing to put out the word to current psych ARNP trainees being funded through this grant – within less than 24 hours we identified someone who will finish her training in July, and appears to be just the kind of person we are looking for to fill this job. The last time we tried to fill this position – it took over a year and a national search.”
Michael Flaum, MD, Director, Iowa Consortium for Mental Health

Two additional programs provide advanced training in psychiatry and mental health for physician assistants and advanced practice nurses. One of these programs is at Cherokee Mental Health Institute and the second is at the University of Iowa, Department of Psychiatry and the College of Nursing. The Cherokee program provides Nurse Practitioners and Physician Assistants a one-year residency/fellowship in mental health at the Cherokee Mental Health Institute. The University of Iowa program in Iowa City includes a one-year post-

Provider News Cont.

graduate fellowship for a physician assistant in the Department of Psychiatry and it supports training, recruitment, and education of Master's prepared nurses and Nurse Practitioners who are seeking certification in the psychiatric/mental health nursing program. During the current academic year, this program is assisting 19 nurse practitioners in completing advanced training in mental health. The funding allows the nurses to complete the training in a timely manner, shortening the time it takes for them to complete the program and begin working in underserved areas around Iowa. The funds also support continuing medical education in mental health for advanced practice nurses who are working in primary care settings in communities throughout Iowa. Recently, it was noted that during the current academic year, the program supports a fellowship for one physician assistant in the Department of Psychiatry at the University of Iowa Hospitals and Clinics. This physician assistant is from Keokuk and intends to return to the area to work with children and adolescents upon completing his year of advanced training. Overall, the intent of these educational opportunities is to train more primary care providers in psychiatric and mental health issues and to increase the number of mental health providers in Iowa, ultimately improving access to mental health care for Iowans.

Des Moines University and the University of Iowa Take Steps to Create One Iowa AHEC

Des Moines University's College of Osteopathic Medicine and the University of Iowa Health Sciences Colleges announced in January the coordination of one application for continued Federal grant support of the Iowa AHEC Program.

According to the January 2011 "AHEC Happenings" newsletter, if approved, beginning the Fall of 2011, grant management will be coordinated through one program office with supervising co-project directors, eliminating unnecessary duplication of data tracking/reporting systems, subcontract verbiage, accounting processes, marketing efforts, evaluation methods, legislative advocacy and advisory board membership. Bringing together the strengths of each institution will firmly establish a cohesive statewide system of programs and activities implemented through seven regional centers to recruit and retain Iowa's health care workforce and offers expanded opportunity for inter-professional education, research and service learning projects.

As Federal and State resources have been limited, this comprehensive and streamlined approach to bring quality health career exploration, health profession student training and health care professional education programs and activities to all of Iowa's 99 counties is the fiscally responsible, efficient and effective means to truly impact Iowa's health care workforce and access challenges, through both the short and long term future. In the best interest of Iowa, we look forward to successful coordination and collaboration."

In related developments, Senate File 58, alive in the Iowa Legislature, addresses AHEC.

Worth Noting

USDA Rural Development

The Rural Development, through its community facilities program, provides funding for the Rural Emergency Responders Initiative to specifically strengthen the ability of rural communities to respond to local emergencies. The community facilities program funds are used to support rural emergency responder efforts by financing needed equipment and services. For more information about this ongoing funding opportunity go to http://www.raconline.org/funding/funding_details.php?funding_id=727.

Healthy Iowans Launches New Website

A new website has just been launched to engage public health partners in the development and use of Healthy Iowans, our state's five-year health assessment and health improvement plan. Online at http://www.idph.state.ia.us/adper/healthy_iowans.asp, the new website includes sections on the background of Healthy Iowans, updates and important announcements, frequently asked questions, and resources for organizations and individuals wishing to help develop the five-year health assessment and health improvement plan.



Rural Hospital Support for Emergency Medical Services

This study uses Medicare Hospital Cost Reports to identify rural hospitals, with and without Emergency Medical Services (EMS) units, to answer the following questions: what proportion of rural hospitals support or operate EMS units; has this changed in last five years; what are the characteristics of rural hospitals that support or operate EMS; what are the financial investments made by these hospitals in EMS; and what describes the communities in which these hospitals are located. [See the full report](#) from the North Carolina Rural Health Research and Policy Analysis Center.

United States Department of Veterans Affairs Grant Opportunity

The U.S. Department of Veterans Affairs (VA) has announced the availability of funds for supportive services grants under the Supportive Services for Veteran Families Program (SSVF Program). A Notice of Fund Availability (NOFA) is published in the Federal Register, Vol. 75, No. 242, December 17, 2010, concerning the SSVF Program, the application process, and the amount of funding available. The NOFA is available at: <http://edocket.access.gpo.gov/2010/pdf/2010-31742.pdf>.

Applications for assistance under the SSVF Program must be received by the SSVF Program Office by 4 p.m. Eastern Time on March 11, 2011, in accordance with the requirements set forth in the NOFA and the application.

For technical assistance questions regarding the application, please contact VA's technical assistance contractor, the Corporation for Supportive Housing, at (312) 332-6690, ext. 17 (this is not a toll-free number), or by email at SSVFinfo@

Worth Noting Cont.

csh.org. For questions regarding the SSVF Program, please contact VA's SSVF Program Office at (877) 737-0111 (this is a toll-free number) or by email at SSVF@va.gov.

Iowa Rural Health Association Listen & Learn Webinar

Bobbi Buckner Bentz, Iowa Primary Care Office director, presented a "Listen and Learn" webinar via the Iowa Rural Health Association on February 2, 2011, entitled, "Recruitment and Financial Benefits of Health Professional Shortage Areas." The audio and PowerPoint to this presentation are available for listening and viewing at: http://www.iaruralhealth.org/index.php?option=com_content&view=article&id=18&Itemid=34.

Health Care Access and Oral Health Bureaus Merge To Form the Bureau of Oral and Health Delivery Systems

In January a strategic change within the Division of Health Promotion and Chronic Disease Prevention at the Iowa Department of Public Health (IDPH) took place in order to strengthen our common missions of access to oral health and health care. The Bureaus of Oral Health and Health Care Access combined to form the Bureau of Oral and Health Delivery Systems.

This merger is just one of many strategies the IDPH is implementing in compliance with Senate File 2088 passed in the 2010 legislative session. It will strengthen the bureaus' ability to improve access to oral health and health care for Iowa's rural and underserved populations and provide assistance in delivering essential public health and health care services to Iowans. The new bureau is led by Bob Russell, MPH, DDS, bureau chief and dental director. Doreen Chamberlin, RD, MPH, is the bureau coordinator.

In addition to the Health Care Access programs with which you are familiar, the newly merged bureau includes the following Oral Health Programs:

- The I-Smile™ Dental Home Project is a dental care coordination network imbedded in Iowa's Title V Child Health System that serves to improve the dental support system for families. Future objectives include improving the dental Medicaid referral program, implementing recruitment and retention strategies for underserved areas, and integrating dental services into rural and critical access hospitals.
- The MCH Oral Health School-based Sealant Program improves the oral health of Iowa's underserved and at risk children through the placement of dental sealants in Iowa schools.
- The School Dental Screening Program improves the oral health of Iowa's children through dental screenings in efforts to help with early detection and treatment of dental disease; reduce the incidence, impact, and cost of dental disease; inform parents and guardians of their children's dental problems; promote the importance of oral health for school readiness and learning; and contribute to statewide surveillance of oral health.

Program Announcements

3RNet – 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 IDPH - Bureau of Health Care Access. The contact person is [Erin Drinnin](#), phone: (515) 281-3166. Please visit our website at <http://www.3rnet.org>!

In the months of December and January, Iowa’s 3RNet site had:

- 246 visitors
- 590 views of job opportunities listed
- 158 new health professionals seeking jobs with Iowa on 3RNet
- 4 new vacancies posted by Iowa facilities

Medicare Rural Hospital Flexibility Program

The Iowa Medicare Rural Hospital Flexibility(FLEX) Program will be releasing grant opportunities for Critical Access Hospitals and Network Hospitals in March & April, 2011. Be sure to periodically check the [IDPH web site](#) and click on the Funding Opportunities Quick Link or email Kate Payne, FLEX contracts and projects manager, at kpayne@idph.state.ia.us and ask to be put on the FLEX email distribution lists.

Iowa Conrad 30 /J-1 Visa Waiver Program Update

The Iowa Conrad 30 Program supports up to 30 physicians requiring a J-1 visa waiver to work in Iowa per federal fiscal year. The Primary Care Office at the Iowa Department of Public Health manages the Iowa Conrad 30 Program and began accepting applications October 1. This year, the demand for waivers has increased immensely. At this time, we anticipate receiving more waiver requests than we are able to support during the current fiscal year. Therefore, we are reviewing waivers based on our prioritization of primary care, rural areas, underserved areas, number of waivers per location, number of waivers per employer, date received, and non-profit status. If you have not discussed a potential J-1 waiver for the current fiscal year with Bobbi Buckner Bentz at the Primary Care Office, then we are not anticipating reviewing that request. The Iowa Conrad 30/J-1 Visa Waiver Program guidelines are available at: http://www.idph.state.ia.us/hpcdp/common/pdf/health_care_access/j1_visa_waiver.pdf. For more information, contact Bobbi at bbuckner@idph.state.ia.us or (515) 281-7223.

State Office of Rural Health Update

On January 26, the State Office of Rural Health(SORH) director did a brief [update presentation](#) to the Iowa Health & Long-term Care Access Advisory Council regarding development of the Rural & Agricultural Health & Safety Resource Plan (RAHSRP).

The plan will serve will serve as a resource tool in the design of the IDPH Strategic Plan, and as a stand-alone document available to the public. Several partners and rural health stakeholders have been involved in the research, writing, and review of the RAHSRP.

continued on page 14

Links, Resources and Maps

Physician Compare Web Site

The new site, at <http://www.medicare.gov/find-a-doctor>, which was required by the Affordable Care Act of 2010, contains information about physicians enrolled in the Medicare program, which include Doctors of Medicine, Osteopathy, Optometry, Podiatric Medicine, and Chiropractic. It is designed to be consumer friendly and help all patients—whether on Medicare or not—locate health professionals in their communities. The information on the site includes contact and address information for offices, the professional's medical specialty, where the professional completed his or her degree as well as residency or other clinical training, whether the professional speaks a foreign language, and the professional's gender. The tool can also help Medicare beneficiaries identify which physicians participate in the Medicare program.



State Perspectives - Development of Community Paramedic Programs

In 2010, the Joint Committee on Rural Emergency Care developed "Improving Access to EMS and Health Care in Rural Communities: A Strategic Plan," which was approved by both the National Association of State Emergency Medical Services Officials and the National Organization of State Offices of Rural Health. This discussion paper is intended to further the community paramedicine elements of that strategic plan. To read the discussion paper, [click here](#).

Online pediatric obesity prevention toolkit

Iowa Department of Public Health and Iowa Health Systems have collaborated to develop an online obesity prevention toolkit for the pediatric population.

Components of the toolkit include:

- free continuing education online module on motivational interviewing and supporting patients in health behavior change
- community resource referral link to "Find a Registered Dietitian in your Area"
- brochures for patients and families centered around creative nutrition and physical activity ideas
- quick links to American Academy of Pediatrics recommendations on childhood obesity prevention
- "Kids, Teens, and Families" link for you to give patients and families that includes tips on nutrition & physical activity, feeding picky eaters and eating healthy on a budget
- quick guide to Iowa provider reimbursement codes for overweight and obesity - coming soon.

The goal of Eat and Play the 5-2-1 Way is to assist providers in addressing childhood overweight and obesity in the real-time clinical setting. To learn more [click here](#).

Links, Resources and Maps Cont.

Health Center Planning Grants

The Health Resources and Services Administration (HRSA) is pleased to announce the release of Funding Opportunity Announcement HRSA-11-021: Health Center Planning Grants. Planning grants are a useful aid in the development of viable proposals to establish new health centers (i.e. Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care Programs) that meet Federal requirements for need, services, management, and governance. A summary of the key program requirements is available at <http://bphc.hrsa.gov/about/requirements.htm>. HRSA is offering planning grants to expand the current safety net on a national basis by targeting planning and developmental efforts in areas not currently served by a funded health center and/or in areas of unmet need. Organizations eligible to compete include public or nonprofit entities, including tribal, faith-based and community-based organizations.

Please visit <http://www.grants.gov> to access HRSA-11-021: Health Center Planning Grants application guidance detailing the eligibility requirements, review criteria, and awarding factors for organizations seeking a planning grant in FY 2011. Additional technical assistance information is provided at <http://www.hrsa.gov/grants/apply/assistance/planning>. The first phase of the application ends March 18, 2011.

What is Healthy Iowans?

Healthy Iowans is our state's five-year health assessment and health improvement plan. It focuses attention on Iowa's critical issues/needs and provides a blueprint for addressing them.

Healthy Iowans has a long history. The first version was called Healthy Iowans 2000. From 1990 to 2000, it served as Iowa's 10-year health improvement plan. It was followed by another 10-year plan called Healthy Iowans 2010. To maintain its currency, the plan was evaluated and revised in July 2005.

By July of next year, the Healthy Iowans improvement plan itself will be drafted and released for public comment. Following consideration of any recommended changes, Healthy Iowans will be released in October 2011.

Stay up-to-date on all the news on Healthy Iowans. Join the mailing list by sending a blank e-mail to join-HealthyIowans@lists.ia.gov.

SORH continued from page 12

The Iowa Association of Rural Health will continue bi-monthly educational webinars. The April webinar will cover the HRSA 340 B Drug Pricing Program. The June webinar will feature rural telemedicine. The webinars are sponsored by the SORH and are free. Pre-registration is required. To learn more about the webinars [click here](#).

Calendar and Events

Medical Home Learning Community

Iowa Healthcare Collaborative
March 30, 2011
Ramada Tropics Resort & Conference Center, Des Moines, Iowa
For more information visit: <http://ihconline.org>

Iowa Governor's Conference on Public Health

Iowa Public Health Association
April 5 - 6, 2011
Iowa State University Center Scheman Building, Ames, Iowa
For more information, contact: Sara Patkin at m spatkin@yahoo.com

"Progress through Partnerships"

The Safe States Alliance, the Society for Advancement of Violence and Injury Research (SAVIR), and the Centers for Disease Control and Prevention (CDC)
April 06, 2011 - April 08, 2011
Coralville Marriott Hotel & Conference Center, Coralville, Iowa
<https://m360.safestates.org/event.aspx?eventID=20417&instance=0>

Update on New Services for Veterans & Their Families

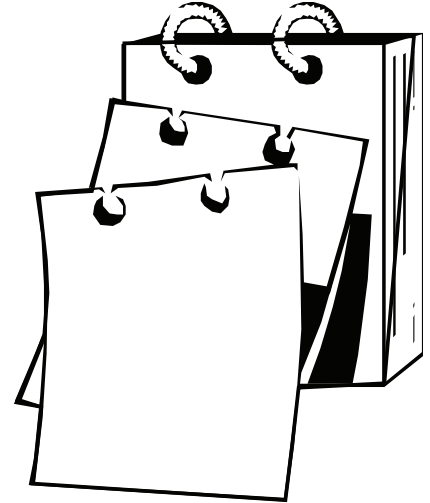
Listen & Learn Webinar
Iowa Rural Health Association
April 7, 2011
Registration: <http://www.iaruralhealth.org>
Contact: Melissa Primus at (515) 282-8192

Critical Access Hospital Peer User Group Meeting

Iowa Department of Public Health, FLEX Program
April 13, 2010
Foxboro Conference Center, Johnston, Iowa
For more information, contact: Kate Payne at kpayne@idph.state.ia.us

Iowa Medicare Rural Hospital Flexibility Program's 7th Annual FLEX Conference "Healthcare: Fast Forward"

April 27-28, 2011
West Des Moines Marriott, 1250 Jordan Creek Parkway, West Des Moines, IA 50266
For more information visit: <http://www.trainingresources.org>



2011 National Farm Worker Health Conference

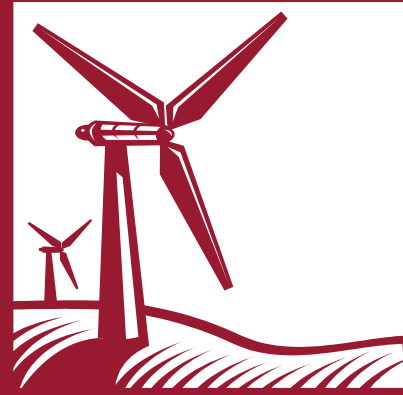
National Association of Community Health Centers
May 11-13, 2011
Delray Beach Marriott, Florida
[Submit Workshop Proposal](#)
For more information, contact: John Ruiz jruiz@nachc.com or Carla Brathwaite cbrathwaite@nachc.com, or call (301) 347-0400.

Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals, The Core Course

June 13-17, 2011 Iowa City, Iowa
Contact Kay Mohling at (319) 335-4219 or kay-mohling@uiowa.edu

2011 Conference "Navigating the Currents of Change" and the "The Clock is Ticking for Rural America: A Behavioral Health and Safety Conference"

June 22-25, 2011
Grand Harbor Hotel and Grand River Conference Center
Dubuque, Iowa
<http://www.narmh.org>



ACCESS UP *date*

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