



The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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National Women's Health Week *May 9-15, 2010*

National Women's Health Week is a weeklong health observance coordinated by the U.S. Department of Health and Human Services' Office on Women's Health (OWH). National Women's Health Week empowers women to make their health a top priority. With the theme "It's Your Time," the nationwide initiative encourages women to take simple steps for a longer, healthier, and happier life. Important steps include:



- Getting at least 2 hours and 30 minutes of moderate physical activity, 1 hour and 15 minutes of vigorous physical activity, or a combination of both each week
- Eating a nutritious diet
- Visiting a health care professional to receive regular checkups and preventive screenings
- Avoiding risky behaviors, such as smoking and not wearing a seatbelt
- Paying attention to mental health, including getting enough sleep and managing stress

Why celebrate National Women's Health Week? It is important to celebrate National Women's Health Week to remind women that taking care of themselves is essential to living longer, healthier, and happier lives. Women are often the caregivers for their spouses, children, and parents and forget to focus on their own health. But research shows that when women take care of themselves, the health of their family improves. During National Women's Health Week it is important to educate our wives, mothers, grandmothers, daughters, sisters, aunts, and girlfriends about the steps they can take to improve their health and prevent disease. After all, when women take even the simplest steps to improve their health, the results can be significant and everyone can benefit.

To learn more about National Women's Health Week, go to www.womenshealth.gov.

Great Plains Public Health Leadership Institute -- Apply Today

What is the Great Plains Public Health Leadership Institute?

- Is a year-long competency-based leadership training program designed for both established and emerging leaders in Nebraska, Iowa and South Dakota
- Targets professionals whose primary mission is to improving the health and well-being of populations and communities
- Has a robust experiential curriculum that includes residential and distance learning, mentoring and coaching, and collaborative practice projects
- Is nationally recognized and supported by the Centers for Disease Control and Prevention
- Is now part of the University of Nebraska Medical Center College of Public Health
- Will kickoff on September 21, 2010 in Nebraska City, NE

For more information about the institute or to download an application, go to pages 7-17 of The Update.

Patient-Centered: What Does It Look Like? Issue Brief

“Patient-Centered: What Does It Look Like?” summarizes what patient-centered care encompasses, including family-centered care, and how it can be achieved.

The concept of patient-centered care is gaining political attention and has become a central aim for our nation’s health system. Yet despite growing recognition of the importance of patient-centered care, as well as evidence of its effectiveness, the nation’s health care system falls short of achieving it. To dig deeper into this topic, this issue brief gives improvement strategies at a practice and system level to help leverage widespread implementation of patient-centered care.

This issue brief can be viewed at www.idph.state.ia.us/hcr_committees/common/pdf/medical_home/mhsac_issue_brief.pdf.

Physical Activity in Children and Adolescents: Knowledge Path

Physical Activity in Children and Adolescents: Knowledge Path is an electronic guide to recent resources that analyze data, describe public health campaigns and other promotion programs, and report on research aimed at identifying promising strategies for improving physical activity levels within families, schools and after-school programs, child care and early childhood education settings, and communities.

The new edition of the knowledge path, produced by the Maternal and Child Health Library (MCH Library), contains websites, publications, databases, and newsletters and discussion groups. Separate sections list resources for professionals (health professionals, policymakers, educators, child care providers, community organizers, and researchers) and for families. A special topics section points to resources that address child care and early childhood education, community design, school-based physical activity, and special health care needs. The knowledge path is available at www.mchlibrary.info/KnowledgePaths/kp_phys_activity.html.

Oral Health Recent Events



News from the Oral Health Bureau

Announcements

Chapter 51: Dental Screening rules have been amended. A Notice of Intended Action will be presented at the May 12 State Board of Health meeting and the noticed rules published in the Iowa Administrative Bulletin May 19, 2010. A public hearing will be held June 8, and the rules will be open for public comment until that date.

The rules were amended to reflect legislative change and to clarify and simplify the screening and audit process. Key revisions include:

- Changes to the timelines for elementary and high school screenings to be valid
- Allowing out-of-state dentists
- Allowing school nurses (and other authorized health care providers) to record information on the IDPH
- Certificate of Dental Screening Form
- Changing the audit due date

We encourage agency staff to review the rule revisions and provide written comment to Sara Schlievert at sschliev@idph.state.ia.us.

For more information on oral health, contact the Oral Health Bureau at 1-866-528-4020.

Administration/Program Management

Bureau of Family Health Grantee Committee Meeting

The next Bureau of Family Health Grantee Committee Meeting is scheduled for June 17, 2010 from 9-11 a.m. via the ICN. *This is a required meeting for Bureau of Family Health contract agencies.* A listing of ICN sites will be posted in the May 24 edition of **The UPdate**.

If you have an agenda item you will like to have discussed at the June meeting, please contact Val Campbell at campbev@ihs.org or Heather Hobert Hoch at hhobert@idph.state.ia.us.

Administration/Program Management continued on next page

Administration/Program Management

IME Informational Letter No. 904: Exclusion from Participation in Federal Health Care Programs

The Iowa Medicaid Enterprise released Informational Letter #904 that serves as an annual reminder to all Iowa Medicaid providers of federal rules and enforcement provisions related to providers who are **excluded** from participation in the Medicaid program. Providers and contracting entities are required to check the program exclusion status of individuals and entities prior to entering into employment or contractual relationships. All Iowa Medicaid providers must be in full compliance.

The rules and penalties associated with either employing or contracting with excluded individuals are described in the Department of Health and Human Services Office of Inspector General (HHS-OIG) document *Special Advisory Bulletin: The Effect of Exclusion From Participation in Federal Health Care Programs*. This is available at <http://oig.hhs.gov/fraud/docs/alertsandbulletins/effectuated.htm>. The penalty of non-compliance is described in the HHS-OIG bulletin. Additional guidance from CMS was communicated on January 16, 2009 in a State Medicaid Director Letter (SMDL #09-001) which can be found at www.cms.hhs.gov/SMDL/downloads/SMD011609.pdf.

In order to avoid potential CMP liability, the OIG urges health care providers and entities to check the OIG List of Excluded Individuals/Entities on the OIG website at <http://oig.hhs.gov/fraud/exclusions.asp> prior to hiring or contracting with individuals or entities. To determine whether an individual or entity is excluded, you may search the HHS-OIG website at <http://exclusions.oig.hhs.gov>. The OIG web site sorts the exclusion of individuals and entities by (1) the legal basis for the exclusion, (2) the types of individuals and entities that have been excluded, and (3) the State where the excluded individual resided at the time they were excluded or the State where the entity was doing business. Monthly updates are posted to the downloadable information on the web site. Providers should search the HHS-OIG website monthly to capture exclusions and reinstatements that have occurred since the last search. Claims paid by the Medicaid program for services rendered by an excluded individual or entity could be subject to repayment.

An additional listing of parties excluded from any federal payment is found in the Excluded Parties List System (EPLS) at <https://www.epls.gov>. It is recommended that this listing be checked as well.

In order to enroll, and as a condition of re-enrollment in the Iowa Medicaid program, providers must accept the Iowa Medicaid Provider Agreement (470-2965), which includes a requirement to report any exclusion information to Iowa Medicaid within five days of knowledge of any findings.

For additional information, see Informational Letter #904 on pages 18-19 of **The UPdate**. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 (in the Des Moines area at 515-256-4609) or by e-mail at imeproviderservices@dhs.state.ia.us.

Calendar

May 20, 2010

2010 Breastfeeding Conference

For more information, contact Holly Szcodronski at
1-800-532-1579

June 17, 2010

Bureau of Family Health Grantee Committee Meeting

9 - 11 a.m., ICN

JUNE Contract Required Due Dates

10 - Due: CCNC Encounter
Data

15 - Due: GAX & Expenditure
Report

17 - Grantee Committee
Meeting

28 - Export WHIS Records to
IDPH



THE UPdate



Bureau of Family Health: 1-800-383-3826
Teen Line: 1-800-443-8336
Healthy Families Line: 1-800-369-2229
FAX: 515-242-6013

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Wolfe, Meghan	281-0219	mwolfe@idph.state.ia.us

Area code is 515



Great Plains Public Health Leadership Institute

**2010-2011 Scholar Application
(Application Deadline is June 1, 2010)**

...Cultivating Leaders for Tomorrow

Essential Institute Information

When is the application deadline?

The 2010-2011 Scholar Application Deadline is June 1, 2010. All application materials must be *received* by this date.

When will I be notified of my acceptance status?

All applicants will be notified of acceptance status starting June 25, 2010.

What is the fee for the Institute?

The fee for 2010-2011 attendance is \$2,500 (subject to change). Payment must be made in full prior to the Institute's start. Financial assistance may be available for eligible accepted scholars. Please see "Great Plains Public Health Leadership Institute Participant Fees and Payment Information" sheet for more information.

Are there stipends available?

There may be a limited number of stipends available. Please complete a stipend application and submit with your application for consideration.

What is the refund policy?

No refunds will be made after September 1, 2010.

What is the schedule of the Institute?

Preliminary Dates of Key Events

Orientation Call	August 2010
Submit Pre-Assessments Materials	August 2010
Kick-Off Workshop	September 21-23, 2010
Monthly Distance Education	September 2010 – February 2011
Mid-Year Workshop	March 2011
Monthly Distance Education	April – September 2011
Graduation Workshop	September 2011

Where do I send my application materials? To whom do I direct my questions?

Please send all application materials and address questions to:

Brandon Grimm, Coordinator
University of Nebraska Medical Center
College of Public Health
984385 Nebraska Medical Center
Omaha, NE 68198-4385
www.greatplainsleadership.org

We strongly encourage you to keep an original copy for your records

Please Print or Type

Section I. Applicant/Personal Information

Name of Applicant: _____

Telephone Numbers (with area code): daytime (____) _____

evening (____) _____

cell (____) _____

Preferred Mailing Address: _____

Preferred E-mail Address: _____

*Sex: ___ Female ___ Male

*Ethnicity:

___ Hispanic or Latino

___ Other (Specify) _____

*Race (Check all that apply):

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White

___ Some Other Race (Specify) _____

*Degree(s) Completed/Dates Completed: _____

*Job Title(s): _____

*Number of Years in Your Current Position: _____

*Number of Years at Your Current Organization: _____

*How Did You Hear About Our Program? (Check all that apply):

___ Assessment Survey

___ Brochure

___ Supervisor

___ Colleague

___ Conference/Exhibit

___ Current

___ Presentation/Workshop

___ Website

Scholar

___ Recommendation (by whom, if known) _____

___ Other _____

**Information is used for aggregate reporting purposes.*

Section II. Organization Information

Organization or Place of Employment: _____

Address (Line 1): _____

Address (Line 2): _____

City/State/ZIP: _____

Telephone Number: (____) _____

Organization Type:

Academia

Corporate/Private (for profit)

Local Government

Not for Profit/Non-Profit

Political/Legal

State Government

Tribal

Federal Government

Other _____

Organization's Primary Role:

Behavioral Health

Community-Based

Education

Faith-Based

Government

Health Care

Human Services

Public/Environmental Health

Military

Minority Health

Other _____

Sponsoring Organization Information (if different from above):

Organization or Place of Employment: _____

Address (Line 1): _____

Address (Line 2): _____

City/State/ZIP: _____

Telephone Number: (____) _____

Section III: Scholar Responsibilities

Great Plains PHLI Application Deadline is June 1, 2010

To be completed and signed by the applicant:

Great Plains PHLI scholars must commit their time and effort required to complete distance learning (about five hours per week) and to participate in three on-site workshops of up to two and a half days each. Please initial each item below (at the right of the statement) if you agree to the following:

- I will commit the time necessary to attend all Institute events and fulfill the program assignments. _____
- I understand that I will be required to remain on-site throughout (day/night) the entire duration of the three scheduled on-site sessions _____
- I will ask for and obtain real and demonstrable support from my employer(s) for time away from work needed to participate in three on-site sessions. _____
- I will read all assigned books and materials, complete self-assessments, and participate in distance learning activities. _____
- I will be an active participant in the Institute and agree to participate in group learning activities. _____
- I will assist in the development and execution of a group – based project that is related to public health and leadership. _____
- I have (or will have) timely access to adequate computer hardware and software to participate in the distance-learning activities of the Institute. _____
- I understand that payment of the \$2,500 (subject to change) Great Plains Public Health Leadership Institute attendance fee is my responsibility with or without the assistance of my employer and there will be no refund after September 1. _____
- I understand that transportation to and from all Institute sessions and activities is the responsibility of the scholar. _____

As an applicant for Great Plains Public Health Leadership Institute, I have read the description of “Scholar Responsibilities” and hereby commit and agree to all of the conditions and requirements of the Institute.

For marketing purposes, I authorize use of my name as a scholar/alumnus of the Institute and of photographs taken during my participation in Institute activities. I understand that as a part of this program I may participate in the creation of web pages that may contain demographic information about me, and I authorize the release of this information.

Signature: _____

Print or Type Name: _____

Date: _____

Great Plains PHLI Application Deadline is June 1, 2010

Section IV: Supervisor/Accountability Endorsement

To be completed and signed by Applicant's supervisor or person to whom Applicant is primarily accountable:

As the immediate supervisor of _____, I have read the description of "Scholar Responsibilities," and agree to the following:

- I will allow her/him time off from regularly assigned duties to participate in all required activities of the year-long Institute. (The supervisor and applicant will agree on how to account for the excused time.)
- I understand that the \$2,500 fee (subject to change) for Great Plains Public Health Leadership Institute attendance is the responsibility of the Scholar, and I will support the applicant's efforts to secure the fee for her/his participation in the Institute.
- I understand that, there will be no refund of the applicant fees after September 1.
- I will support the Scholar's use of newly learned/developed knowledge, skills, attitudes, and competencies in her/his work.

Print or Type Name: _____

Position/ Titles: _____

Organization Name: _____

Telephone: (____) _____ E-mail: _____

Signature: _____

Date: _____

Section V. Attachments

RESUME:

Please include a current resume or a curriculum vita which includes:

- Current leadership experience
- Primary work responsibilities
- Work history
- Educational history
- Memberships in organizations (including any offices held)
- Volunteer experience
- Professional honors, awards, or fellowships
- Presentations (including poster presentations)

3-PART ESSAY:

Part I: In 1,000 words or less, please address your:

- Sense of self (e.g. knowledge of your strengths and areas of improvement, managing time and energy, integrity, sense of humor, etc.)
- Sense of vision and purpose (e.g. using core values, articulating a vision that appeals to heart and head, adaptability, responsiveness, etc.)
- Desire to have a greater positive impact on public health
- Willingness to contribute to the Great Plains PHLI learning community

Part II: In 500 words or less, please share a quote or statement about leadership. Explain what it means to you, how it pertains to how you work, and/or why public health leadership is important. Be sure to cite the source of your quote.

Part III: In 500 words or less, please describe which of the 24 core competencies for Public Health Leadership which anchor this Institute (listed on page 7) you would like to strengthen, and why.

RECOMMENDATIONS:

Please send two (2) letters of recommendation in support of your application. At least one letter should be from a professional colleague on business letterhead.

Recommendations should address the applicant's following qualities in the context of public health leadership:

- Sense of vision and purpose
- Potential to positively impact the field of public health
- Potential to contribute to the Great Plains PHLI learning community
- People orientation (e.g. creating relationships, building effective teams, motivating and developing others, etc.)
- Task accomplishments (e.g. strategic planning, managing conflict, managing change, decision making, etc.)

Letters of recommendation may be sent under separate cover or faxed to (402) 559-2330. If mailing recommendations separate from the application, please send them to the address indicated on the inside front cover. **Letters must be received by the June 1, 2010 deadline.**

Great Plains PHLI Application Deadline is June 1, 2010

Core Public Health Leadership Competencies

1. Understand and practice the skills of feedback, coaching, and mentoring
2. Understand and practice effective skills of conflict management
3. Understand and practice negotiation skills
4. Understand own personal styles, behaviors, preferences, and mission for leadership
5. Know how to use data for decision-making
6. Understand and model ethical practice in your organization and community
7. Understand and model cultural competence in your organization and community
8. Understand and manage power and influence
9. Understand and lead organizational change
10. Understand and promote evaluation and accountability
11. Assure organizational knowledge and understanding of public health trends, issues, and forecasting
12. Know how to build and sustain teams
13. Understand and address health disparities and inequities
14. Understand and practice collaborative leadership
15. Understand and practice crisis leadership
16. Know how to develop and sustain effective networks and coalitions
17. Understand and practice a range of communication skills including risk, crisis communication, electronic and storytelling
18. Understand and practice social marketing skills
19. Understand and practice political advocacy for change
20. Understand and practice skills of media communication
21. Understand political landscapes, processes, and systems
22. Know how to make the case for public health resources
23. Guide and mediate the investigation and resolution of acute public health crises
24. Understand and promote systems thinking

University of Nebraska Medical Center
College of Public Health
984385 Nebraska Medical Center
Omaha, NE 68198-4385
www.greatplainsleadership.org

Great Plains PHLI Application Deadline is June 1, 2010

2010-2011 Stipend Application Information

Great Plains Public Health Leadership Institute (Great Plains PHLI) will offer a limited number of stipends for 2010-2011 scholars. **In order to be considered for a stipend, submit your Stipend Application to Great Plains PHLI Coordinator with your institute application.**

Stipend disbursement will be based on the following three categories:

1. Degree of need
2. Timely application
3. State in which/for which you work (Nebraska, Iowa, and South Dakota only)

You must complete the following steps in order to be considered for a Great Plains PHLI stipend for 2010-2011:

1. Submit your Great Plains PHLI Scholar Application by June 1, 2010
2. Complete and submit the Great Plains PHLI Stipend Application by June 1, 2010

Stipend applications will be accepted via mail, e-mail, or fax.

Mailing Address: GPPHLI, Coordinator

University of Nebraska Medical Center
College of Public Health
984385 Nebraska Medical Center
Omaha, NE 68198-4385

Fax Number: (402) 559-2330 ATTN: Great Plains Public Health Leadership Institute

As a reminder, all applicants will be notified of their acceptance and financial assistance status beginning June 25, 2010.

Please contact Great Plains PHLI coordinator with questions
Brandon Grimm
GPPHLI Coordinator
Ph: 402.559.5645
E-Mail: blgrimm@unmc.edu

Great Plains PHLI Application Deadline is June 1, 2010

2010-2011 Stipend Application

Please complete the following required sections in order to be considered for a stipend:

I. Please provide the following demographic information:

Applicant's Name: _____

Sponsoring Organization' Name: _____

Applicant's Phone Number: _____

Applicant's E-mail Address: _____

II. If awarded a stipend, toward what do you plan to apply the money (please choose only 1)?

Institute Fee Travel

III. If accepted as a Great Plains PHLI scholar, is your attendance contingent upon financial assistance?

Yes No

IV. In which/for which state(s) do you work (choose as many as apply)?

Iowa Nebraska South Dakota Other _____

V. Please explain your financial need situation. _____

The following section is optional:

VI. Should additional funding become available, are there any extenuating circumstances affecting your need for financial assistance? _____



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 904

DATE: April 30, 2010
TO: Iowa Medicaid Providers (Excluding Individual CDAC)
ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise
RE: Exclusion from Participation in Federal Health Care Programs

*****Reminder for all Medicaid Providers*****

There are federal rules and enforcement provisions related to providers who are excluded from participation in the Medicaid program. These rules and the penalties are associated with either being or employing excluded individuals as described in the Department of Health and Human Services Office of Inspector General (HHS-OIG) document: Special Advisory Bulletin: *The Effect of Exclusion From Participation in Federal Health Care Programs*. This is available at: <http://oig.hhs.gov/fraud/docs/alertsandbulletins/effected.htm>. Additional guidance from CMS was communicated on January 16, 2009 in a State Medicaid Director Letter (SMDL #09-001) <http://www.cms.hhs.gov/SMDL/downloads/SMD011609.pdf>.

The penalty of non-compliance is described in the HHS-OIG bulletin. This memorandum serves as an annual reminder to all Iowa Medicaid providers of these rules and that all Medicaid providers must be in full compliance.

Providers and contracting entities are required to check the program exclusion status of individuals and entities prior to entering into employment or contractual relationships. To determine whether an individual or entity is excluded search the HHS-OIG website at: <http://exclusions.oig.hhs.gov/>. An excluded individual or an entity employing or contracting with an excluded individual that submits a claim for reimbursement to a federal health care program, or causes such a claim to be submitted, may be subject to civil money penalties and other damages for each item or service furnished during the period that the person or entity was excluded (section 1128A(a)(1)(D) of the Social Security Act).

Providers should search the HHS-OIG website monthly to capture exclusions and reinstatements that have occurred since the last search. Claims paid by the Medicaid program for services rendered by an excluded individual or entity could be subject to repayment. Providers can search the HHS-OIG website by the name of any individual or entity. An additional listing of parties excluded from any federal payment is the Excluded Parties List System (EPLS) at <https://www.epls.gov/>. It is recommended that this listing be checked as well.

In order to enroll and as a condition of re-enrollment in the Iowa Medicaid program, providers must accept the Iowa Medicaid Provider Agreement (470-2965), which includes a requirement to report any exclusion information to Iowa Medicaid within 5 days of knowledge of any findings.

The IME appreciates your partnership as we work together to serve the needs of the Iowa Medicaid members and protect the integrity of the Iowa Medicaid program. If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by e-mail at imeproviderservices@dhs.state.ia.us.