

THE ACCESS Update

FEBRUARY 2012

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## Community Paramedic Extending Access to Health Care

Gloria Vermie, RN, MPH, Iowa Office of Rural Health



For over 50 million people living in rural areas of the U.S., health care needs far outnumber health care options. Community Paramedic (CP) is a unique program with the potential to improve the health of millions living in rural and remote regions.

The overarching mission is to connect underutilized resources to underserved populations - by expanding the roles of EMS workers to provide health services where access to health care services is difficult or may not exist. The CP program adapts to the specific needs and resources of the community and functions under the direction of the EMS medical director.

For the CP program to serve the needs of the community, success relies heavily on collaboration among local stakeholders including:

- People who live or travel in medically underserved rural and remote areas
- Elected officials who maintain the physical and fiscal health of a community
- Health department officials, clinic and hospital administrators, and EMS medical directors who assess needs and manage resources in order to provide the range of services
- Other community-based organizations that deliver existing health/medical services in the community

The CP program includes standardized curriculum at [accredited colleges](#) or universities, which expands the role of EMS personnel. The courses assist first responders to serve communities broadly in the areas of: primary care, public health, disease management, prevention and wellness, mental health, and dental care.

A Community Paramedic is defined as an EMS provider licensed in a state at the Emergency Medical Technician (EMT), Advanced EMT, or Paramedic level who is certified as graduating from a recognized college program in community paramedicine and operates within the scope of practice for their licensure level (unless otherwise permitted by the state EMS agency) under appropriate medical direction for the nature of their practice. *(Continued on page 4)*

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*"The overarching mission is to connect underutilized resources to underserved populations."*

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# Legislative Update 2012

Doreen Chamberlin, RD, MPH, OHDS Bureau Coordination

The 84th Iowa General Assembly started January 9, 2012. Unlike last year, this session is targeted to adjourn April 17th, and the legislature seems determined to stick to it. By the time you read this, we will be into the eighth week of the session. The Senate will only consider Senate bills and unfinished business, and the House will do the same for their side. Currently, we are tracking the following bills:

## IDPH Technical/Omnibus Bill HSB622

This bill has 34 sections within eight divisions of code that provide for changes to various programs within the Iowa Department of Public Health (IDPH). Issues include:

- **Division I.** Adding the state registrar to the list of people who can issue a burial transit permit.
- **Division II.** Two minor changes are made to align with current practices regarding training in the Radiological Health section for the operation of radiation machines. Another change clarifies the fact that IDPH oversees and administers regulation of the registration and licensing of radiation machines and radioactive materials as well as the operators or users of the machines and materials. Other changes bring existing practices more in line with current technology and trends.
- **Division III.** Chapter 155 Nursing Home Administrators has been reviewed for duplicative or inconsistent language compared to other related chapters. The bill creates a provisional license for the temporary replacement that limits the individual to twelve months in a lifetime. The changes also permit the Board of Nursing Home Administrators to provide disciplinary action to the individual if necessary.
- **Division IV.** Under the Board of Hearing Aid Dispensers, this section updates and consolidates current chapters to provide for general provisions, continuing education, and regulation components that are relevant for all licensing boards under the Department of Public Health.
- **Division V.** Under Local Boards of Public Health there is a technical change to remove the outdated term "sanitation officer" from the listed definitions. Another change relates to the Department's public health modernization activities and exempts the Siouxland District Health Department from provisions relating to establishment and administration of a district public health fund. Siouxland is the only district health department in Iowa.

- **Division VI.** The bill reinstates the Governor's Council on Physical Fitness. This council was established in 2008 and was sunset as of December 31, 2011, per legislation from the 2011 session.
- **Division VII.** HIV confidentiality changes are added to allow medical information to be shared with other state or federal agencies, employees or agents of the IDPH, or with local units of government. The bill specifies that the information will only be released to the aforementioned entities if it is used for performance of duties related to HIV/AIDS prevention, disease surveillance, or care of persons with HIV/AIDS. It is required that the information that is transferred remains confidential and shall not be rereleased by the recipient.



- **Division VIII.** Repeals the reporting requirement for hospitals and nursing facilities that are recognized by the federal Internal Revenue Code as a nonprofit organization or entity to annually submit a copy of their IRS form 990 to the IDPH and the Legislative Services Agency.

## Iowa Health Information Network Bill

The second bill relates to the IDPH e-Health / Iowa Health Information Network initiative. This bill provides for the creation of a statewide health information network referred to as the Iowa Health Information Network (IHIN). The bill also provides for components that are critical to its development and operation. This bill passed out of the Human Resources Standing Committees and now has the bill numbers [HF2283](#) for the House and [SF2166](#) for the Senate.

*(Continued page 3)*

## Legislative Update 2012 *(Continued from page 2)*

Other bills of interest to the department and specifically this bureau are the bills surrounding mental health redesign, loan repayment or loan forgiveness programs and bills related to certification of direct care workers.

### Federal Legislation

Nationally, all eyes are on the President's budget for federal fiscal year 2013. For the Department of Health and Human Services, the budget is \$76.4 or \$0.3 billion above the 2012 funding level. It includes administration priorities such as implementation of the Affordable Care Act, public health programs, and safety net services. There is a continuing emphasis on innovation strategies to ensure states have access to affordable health insurance through State Innovation Waivers. The budget provides investments in strengthening the health workforce through increased resources for primary care training programs and support for health care providers who train and practice in medically underserved areas. Community health center funding includes \$3.1 billion for the creation of more than 25 new health center sites in 2013. Other programs that will see an increase include the Indian Health Service, HIV/AIDS treatment, Care and Prevention Programs, the Food and Drug Administration for food safety, National Institutes of Health for national preparedness measures that include all hazards including naturally occurring threats and intentional attacks, and mental health and substance abuse prevention efforts. It also prioritizes effective prevention and public health programs through the Prevention and Public Health Fund to improve health outcomes and reduce costs.

Some of the "tough choices" include cuts in the community services block grants. Head Start maintains a high level of support. Policy changes will be made to encourage fathers to take responsibility by increasing financial support to states through programs such the Temporary Assistance for Needy Families program. There are numerous changes to Medicaid and the Children's Health Insurance Program that are intended to reduce waste, fraud and abuse. Most notable

are the reform changes to how Medicare pays physicians and how both Medicare and Medicaid are encouraging high quality care initiatives through modifications in how payments are made to certain providers.

It appears as though the Centers for Disease Control and Prevention will see an estimated cut in spending by \$664 million, and the Health Resources and Services Administration (HRSA) will see a reduction of \$140 million. Within our bureau, we will be closely watching HRSA programs such as the Title V block grant, Medicare Rural Hospital Flexibility Program (FLEX) and the Small Rural Hospital Improvement Program (SHIP). These two programs are at risk for reduced funding.

For continuing updates on the state budget and legislation, visit the department's legislative update at:

<http://www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=LegislativeUpdates>.

Updates on the President's budget are located at: <http://www.whitehouse.gov/omb/overview>.

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*"The 84th Iowa General Assembly started January 9, 2012...and is targeted to adjourn April 17th."*

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## Inside I-Smile™ 2011



*Inside I-Smile™ 2011* – a report on the state's dental home initiative is now available online!

Iowa children continue to benefit from the impact of I-Smile™. More than 1 ½ times as many Medicaid-enrolled children

received care from a dentist than in 2005, prior to I-Smile™. And more than 3 times as many received care from a local Title V child health contract agency than in 2005. The I-Smile™ multi-disciplinary, multi-location dental home is ensuring more children have good oral health beginning at birth.

Please be sure to read the brief [report](#). If you have questions about I-Smile™, contact the Oral Health Center at 1-866-528-4020.

## Changes....

We, at *The Access Update*, have taken your recommendations and have updated our publication. We hope you enjoy our new look and layout while still enjoying your news on health care access.

Thank you for taking interest in our newsletter.



## Community Paramedic Extending Access to Health Care *(Continued from page 1)*

There are several pilot CP programs in rural areas across the nation. They are examples of rapidly changing community health care needs and collaborative care models. On a daily basis, EMS providers work with hospital staff, community-based organizations, public health, skilled and long-term care organizations, and fire and law enforcement personnel. Their experience with caring for individuals in the emergency realm, pre-hospital, hospital, post-hospital and in the community gives them a unique perspective of what care services are missing or scarce and who the underserved are in their community. CP programs already operate successfully in other countries like [Canada](#).

Last November, the [Centers for Medicare and Medicaid Services \(CMS\) Innovation Center](#), released a five billion dollar Health Care Innovative Challenge grant, and Community Paramedic programs were listed as potential applicants. The [North Central EMS Institute](#) submitted an application that included sixteen EMS sites in nine states.

Each month two national groups host a webinar to discuss current EMS issues and expand CP programs. The monthly calls are open to anyone. To learn more, visit: <http://cpif.communityparamedic.org/>.

Last December, Brian Donaldson from Sumner EMS and Brad Buck from Readlyn EMS provided an update to the [Iowa Rural Health and Primary Care Advisory Committee](#) about Community Paramedic. EMS staff from Sumner EMS are planning to enroll in the CP course. Currently there are CP programs in the neighboring states of Minnesota and Nebraska.

To learn more about Community Paramedic programs, visit:

<http://communityparamedic.org/Home.aspx>

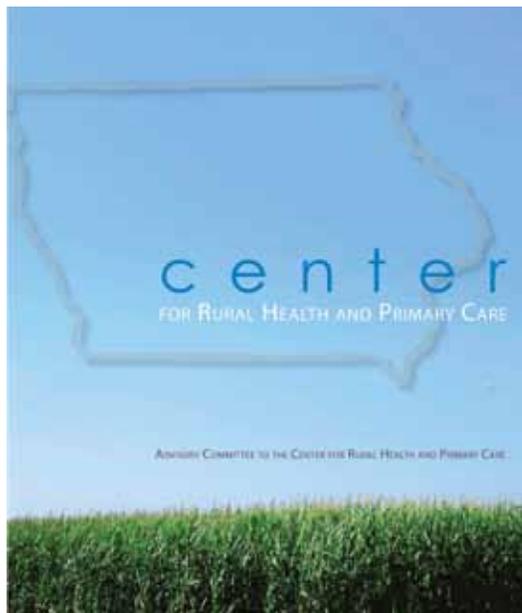
<http://www.nytimes.com/2011/09/19/us/community-paramedics-seek-to-prevent-emergencies-too.htm>

<http://www.ircp.info/>

# Center for Rural Health and Primary Care 2012 Legislative Breakfast

Katie Jerkins, MPH, Center for Rural Health and Primary Care

On February 9, 2012, 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). Legislators and legislative staffers attended the event to listen and learn about rural health concerns.



The 2012 Legislative priorities addressed during the legislative breakfast include the programs below:

- I-CASH  
<http://www.public-health.uiowa.edu/icash/>
- I-Smile™  
<http://www.ismiledentalhome.iowa.gov>
- Iowa Prescription Drug Corporation  
<http://www.iowapdc.org/>
- Local Public Health  
[http://www.idph.state.ia.us/hpcdp/local\\_public\\_health\\_services.asp](http://www.idph.state.ia.us/hpcdp/local_public_health_services.asp)
- PRIMECARRE Healthcare Provider Loan Repayment Program  
<http://www.idph.state.ia.us/hpcdp/primecarre.asp>
- Support fluoridation of public water systems  
[http://www.idph.state.ia.us/hpcdp/oral\\_health\\_fluoride.asp](http://www.idph.state.ia.us/hpcdp/oral_health_fluoride.asp)
- E-Health  
<http://www.lowaeHealth.org>

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 from throughout the state regarding rural health issues in Iowa and ensure that the issues are addressed in a timely manner.

The goals of the advisory committee are:

- To provide broad-based representation for rural health services.
- To inform the Legislature and the Center for Rural Health and Primary Care regarding health care needs of rural communities.
- To advise on health care education issues affecting rural communities.
- To advocate for and facilitate access to:
  - Emergency medical service
  - Health care facilities
  - Physicals and examinations that include medical and oral health care.
  - Mental health care
  - Prevention education
  - Oral health prevention and access

For more information on the Center for Rural Health and Primary Care Advisory Committee, visit:

[http://www.idph.state.ia.us/hpcdp/rural\\_health\\_primary\\_care.asp](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), visit:

<http://www.public-health.uiowa.edu/ICASH/>.

## Grants Help Attract Health Professionals to Iowa Communities

Sara Schlievert, BS, RDH, PRIMECARRE

Health care professionals employed in Iowa's underserved areas can apply for education loan repayment grants awarded annually by the Iowa Department of Public Health. The [Primary Care Recruitment and Retention Endeavor](#) (PRIMECARRE) was authorized in 1994 by the Iowa Legislature and helps support local efforts to recruit and retain physicians, dentists, mental health providers, and other health professionals.

Successful grant applicants must work in a public or non-profit facility located in a federally designated health professional shortage area (HPSA) for a minimum of two years. Grants are available for part-time or full-time providers and range from \$25,000-\$50,000 per year.

The following providers were granted PRIMECARRE awards beginning January 2012:

- Stephanie Beckley, LISW - Northwest Iowa Mental Health Center (Estherville and Spirit Lake)
- Tana Fourdyce, LISW - Great River Mental Health (West Burlington)
- Roxanne Lenz, ARNP - Covenant Clinic (Oelwein, Arlington)
- Katie Reimler, PA-C - Alegent Health (Lenox, Bedford, Corning)
- Brian Simmons, LISW - River Hills Community Health Center (Ottumwa)
- Alison Uhl, DDS - Siouxland Community Health Center (Sioux City)

Program applications are accepted each fall through a request for proposal process. The program is administered by the Bureau of Oral and Health Delivery Systems at IDPH. For information, contact Sara Schlievert, the program coordinator at 515-281-7630 or [saralyn.schlievert@idph.iowa.gov](mailto:saralyn.schlievert@idph.iowa.gov).

*Iowa*  
**PRIMECARRE**  
LOAN REPAYMENT PROGRAM



## Oral Health a Leading Health Indicator in Healthy People 2020

Every decade the U.S. Department of Health and Human Services releases their document, Healthy People that contains the goals and objectives geared to guide the nation's health.

Healthy People 2020 includes nearly 600 health objectives selected with input from scientists, researchers and health professionals. In this most recent version released in 2011, Healthy People 2020 has released a list of critical public health priorities that they say if addressed, will reduce some of the leading causes of preventable deaths and major illnesses. In the 2020 version, leading health indicators are organized under 12 topic areas that encompass access to health services; clinical preventive services; environmental quality; injury and violence; maternal, infant and child health; mental health; nutrition, physical activity and obesity; oral health; reproductive and sexual health; social determinants; substance abuse; and tobacco. New to the document this time is the inclusion of oral health and the social determinants of health.

During the American Public Health Association event releasing the priorities on Oct. 3, U.S. Assistant Secretary for Health Howard Koh, MD, MPH, said "For far too long, this area has been overlooked. We view oral health as essential to overall health."

Iowa health leaders use these indicators to create their own plans at the state and local level. Healthy Iowans focuses attention on Iowa's critical health issues and needs and provides a blueprint for addressing them. For more information regarding Healthy Iowans, visit:

[http://www.idph.state.ia.us/adper/healthy\\_iowans.asp](http://www.idph.state.ia.us/adper/healthy_iowans.asp).

For more information regarding Healthy People 2020 go to: <http://www.healthypeople.gov/2020/default.aspx>.

# Mobility Managers: A Growing Resource

Doreen Chamberlin, RD, MPH, OHDS Bureau Coordination

Mobility managers are a growing resource in Iowa that can help establish new linkages and strengthen old ones. Mobility managers are transportation coordinators who are employed by transit agencies through a partnership with a community agency or entity to meet the transportation coordination needs of their service area. They are funded through a grant from the Department of Transportation for the first year of employment.

Mobility coordination can help transport people where they need to go in a system that can be difficult to navigate. Mobility coordinators conduct transportation-related outreach, coordinate policy, and support operations. They focus their efforts on issues of education and coordination or research and funding, depending on the needs of the community. In addition, mobility coordinators seek to utilize all forms of transportation including public transit, volunteer transportation programs, and for-profit transportation. Therefore, getting to know a mobility manager can be quite an asset.

Currently, Iowa has six mobility managers including one statewide manager, Angie O'Brien. Ms. O'Brien states the goal is to have mobility managers all over the state and to work with communities and agencies to use all aspects of transportation to its potential. The six current managers are listed below.

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Angie O'Brien<br/>Statewide Mobility Manager<br/>404 4th St. NW, Bondurant, IA<br/><a href="mailto:iarcmobilitymanager@live.com">iarcmobilitymanager@live.com</a></p>                                         | <p>Cindy Johnson- Region 2<br/>Regional Travel Navigator<br/>Region 2 Transit/North Iowa Area<br/>Council of Governments<br/>525 6th St. NW, Mason City, IA<br/><a href="mailto:cjohnson@niacog.org">cjohnson@niacog.org</a></p> | <p>Jeremy Johnson-Miller- Region 11<br/>Rural Central Iowa Mobility<br/>Coordinator<br/>Office: 515-309-9284<br/><a href="mailto:mobility@ridehirta.com">mobility@ridehirta.com</a></p>      |
| <p>Bridget Bartlett- Region 8<br/>Mobility Coordinator<br/>East Central Intergovernmental<br/>Association<br/>7600 Commerce Park, Dubuque, IA<br/><a href="mailto:BBartlett@ecia.org">BBartlett@ecia.org</a></p> | <p>Michelle Huseman- Dubuque<br/>Urban Mobility Coordinator<br/>The Jule/ECIA<br/>2401 Central Ave., Dubuque, IA<br/><a href="mailto:mhuseman@ecia.org">mhuseman@ecia.org</a></p>                                                | <p>Lee Myers- Council Bluffs<br/>Mobility Coordinator<br/>Metropolitan Area Planning Agency<br/>2222 Cuming St. Omaha, NE<br/><a href="mailto:lmyers@mapacog.org">lmyers@mapacog.org</a></p> |

According to a recent analysis of the statewide Community Health Needs Assessment and Health Improvement Plans, Iowa has 41 counties who reported transportation as a high priority need within their communities. To find out what transit area you are located in, visit: [http://www.iowadot.gov/transit/interactive\\_map.html](http://www.iowadot.gov/transit/interactive_map.html).

Access to Health Services: Transportation Issues



## Dental Visits Found to Reduce Diabetes Hospitalization

Patients with diabetes were one third less likely to visit an emergency department or be hospitalized for the disease when they got regular dental care, researchers report in the January 2012 issue of the Journal of the American Dental Association.

“What was encouraging was the magnitude of the association,” lead author David Mosen, PhD, MPH, an affiliate investigator at Kaiser Permanente Northwest in Portland, Oregon, told Medscape Medical News.

He cautioned that the retrospective study could not prove that dental care directly reduced the patients’ risk for a diabetic emergency. “We don’t know if it’s because of the dental care, or if it’s just because people with good dental care also have good general health care,” he said.

However, Dr. Mosen said the researchers did use statistical methods to adjust for such factors as visits to primary care physicians, and still found a strong association with dental visits.

The study is the latest among several that have associated dental care with better systemic health. Similar findings have emerged for cardiovascular disease, preterm birth, and other disorders.

Dr. Mosen noted that the databases available at Kaiser Permanente Northwest offered an unusual advantage because they include both medical and dental records. Most U.S. patients have separate dental and medical insurance, even at other Kaiser Permanente affiliates.

The researchers identified 537 patients with diabetes who received two or more prophylactic treatments, periodontal treatments, or both each year for the calendar years 2005, 2006, and 2007. They compared these patients with 747 patients with diabetes who had no dental care visits during these three years.

Diabetes-specific emergency department visits in 2007 were independently associated with dental care, as were diabetes-specific hospital admissions.

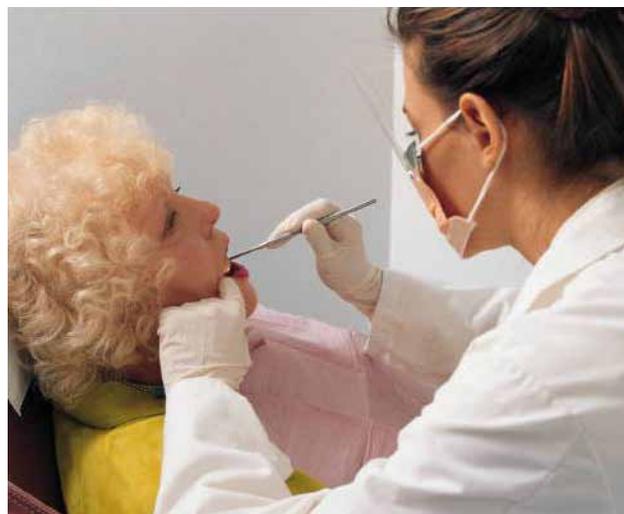
In the dental group, 10.1 percent had emergency department visits versus 16.2 percent of the non-dental group ( $P = .005$ ).

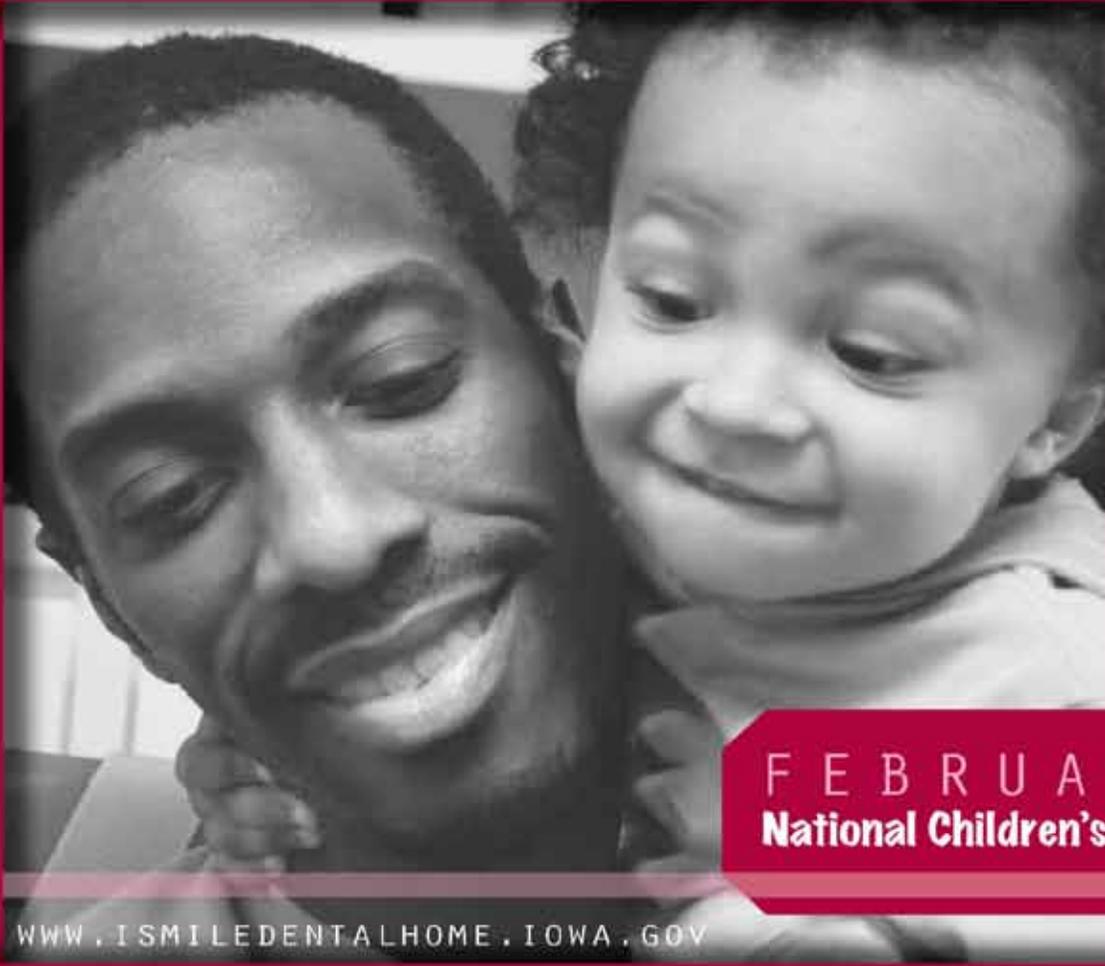
Likewise, 8.3 percent of the dental group was admitted to the hospital for diabetes care versus 14.8 percent of the non-dental group ( $P = .001$ ).

“Although the association does not prove causality, the relationship of diabetes to dental care is worth further investigation. In separate research, some evidence is emerging that inflammation from periodontal disease affects glycemic control,” reported Dr. Mosen.

Marjorie Jeffcoat, DMD, a professor of periodontics at the University of Pennsylvania, told Medscape Medical News that the data reinforced previous findings. “When you treat dental disease, you end up with fewer medical problems. It adds to the message that dental professionals can provide overall health benefit for their patients. Your whole body is connected. If you keep any part of it healthy, that will keep the whole body healthier.”

J Am Dent Assoc. 2012;143:20-30. Abstract





HEALTH.  
FAMILY.  
LOVE.  
SMILES.

FEBRUARY 2012  
National Children's Dental Health Month

WWW.ISMILEDENTALHOME.IOWA.GOV

## February is National Children's Dental Health Month.

Where does Iowa stand with children's oral health?

### Iowa's Success

Since I-Smile™ began in 2005, more children ages 0-12 have received dental care.

- The number of Medicaid-enrolled children ages 0-12 who saw a dentist for care in 2011 is nearly double the number who received care in 2005.
- The number of Medicaid-enrolled children ages 0-12 who received care in a public health setting from a Title V contractor in 2011 is more than double the number who received care in 2005.

### How I-Smile™ Works for Iowa Children

Through the I-Smile™ dental home initiative, families are able to access early and regular dental care for their children. The program works to ensure that children have a dental home which includes a network of health providers and preventive care and treatment. I-Smile™ Coordinators are located throughout the state to assist families.

For more information on the I-Smile™ dental home initiative and children's oral health in Iowa, please contact the Bureau of Oral and Health Delivery Systems - Oral Health Center at 1-866-528-4020 or visit [www.ismiledentalhome.iowa.gov](http://www.ismiledentalhome.iowa.gov).

### Iowa's Challenges

More children need to see a dentist before they reach 3 years old. In 2011, only 17 percent of all Medicaid-enrolled children under 3 saw a dentist. The American Dental Association recommends that the first dental visit occur by the age of 1.

Severe tooth decay can easily occur at an early age and can cause extreme pain and tooth loss. Many young children with tooth decay have difficulty eating, speaking, and learning new things. A "by age 1" dental visit and fluoridated water can help prevent tooth decay and keep a child healthy.



# Worth Noting

## Congratulations to the Iowa Healthcare Collaborative

Hospitals across the country will have new resources and support to make health care safer and less costly by targeting and reducing the millions of preventable injuries and complications from health care-acquired conditions, the U.S. Department of Health and Human Services (HHS) announced recently. As a part of the Partnership for Patients initiative, a nationwide public-private collaboration to improve the quality, safety, and affordability of health care for all Americans, \$218 million will go to 26 state, regional, national, or hospital system organizations. As [Hospital Engagement Networks](#) (HEN), these organizations will help identify solutions already working to reduce health care-acquired conditions, and work to spread them to other hospitals and health care providers. In Iowa, the Iowa Healthcare Collaborative received an award to support this work in Iowa. The IDPH FLEX and State Office of Rural Health programs are collaborating and funding the Iowa Healthcare Collaborative to ensure rural hospitals are able to participate and be fully engaged.

## Iowa's Center for Agricultural Safety and Health Report

Iowa's Center for Agricultural Safety and Health (I-CASH) has released their [2011 annual report](#). I-CASH is a partnership of the University of Iowa, Iowa State University, Iowa Department of Public Health, and Iowa Department of Agriculture and Land Stewardship. Its mission is to enhance the health and safety of Iowa's agricultural community by establishing and coordinating prevention and education programs. The State Office of Rural Health has served on the I-CASH Advisory Board and helps fund training opportunities for rural providers.



## Economic Impact of Iowa Hospitals

"People are often unaware of the contributions that hospitals make to their local economies, including the number of people they employ, the significance of hospital purchases with local businesses and the impact of their employees' spending for the entire region," said Kirk Norris, Iowa Hospital Association (IHA) president/CEO. Iowa community hospitals generate more than 136,000 jobs that add nearly \$6.2 billion to the state's economy according to the IHA's latest hospital economic impact report. In addition, hospital employees spend \$1.7 billion on retail sales in their communities to contribute more than \$104 million. To see the economic impact of hospitals in each Iowa county, visit: <http://blog.iowahospital.org/2012/02/02/iowa-hospital-economic-impact-6-18-billion/>.

## Telehealth Grant Opportunity

The Health Resources and Services Administration (HRSA) is now accepting applications for the following grant featuring telehealth development:

- **Telehealth Network Grant Program (TNGP)** - The primary objective of the TNGP is to demonstrate how telehealth programs and networks can improve access to quality health care services in rural and underserved communities. To view the grant opportunity, visit: <http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=146394>

# Resources

## GPCAH Grant Opportunity

The Great Plains Center for Agricultural Health (GPCAH) at University of Iowa is pleased to announce a small grant program for fiscal year 2013. Proposals are for two types of projects:

- Basic and applied research projects addressing agricultural safety and health priority issues, needs, or gaps
- Community partnering proposals from community-based organizations and entities with special ability to engage in outreach, education, and translation of evidence-based methods for preventing agricultural injury and illness among agricultural workers

Up to four projects will be awarded. The maximum permitted budget is \$15,000. Applications deadline is March 19, 2012. For more information, contact Ellen Heywood at [ellen-heywood@uiowa.edu](mailto:ellen-heywood@uiowa.edu) or visit: <http://cph.uiowa.edu/gpcah/small-grants/index.html>.

## New Health Information Technology Resource Targets Rural Health Providers

A new online toolkit will serve as a pilot program for providing Health Information Technology (HIT) resources to rural health care providers. The toolkit, developed by the Rural Assistance Center (RAC) and the National Rural Health Resource Center (The Center) is designed to help rural providers find resources for HIT, electronic health records (EHR), meaningful use and related topics. Funding for the toolkit, available at <http://www.raconline.org/hit/>, is provided by the federal Office of Rural Health Policy (ORHP).

Using the toolkit, rural health providers and organizations will be able to:

- Address challenges in finding capital funding
- Provide support to community colleges to enhance training programs
- Stay informed about legislation affecting EHRs
- Leverage multiple federal resources for project development.

## CARES Resources and Tools

The Center for Applied Research and Environmental Systems (CARES) offers a Map Room to create interactive maps, a Collaborative Management System tailored for peer learning networks to tell more meaningful stories, and a Projects site to access information developed through ongoing research. To access CARES tools, visit:

<http://www.cares.missouri.edu/>.

## UNNATURAL Causes Video

The UNNATURAL Causes video is now available through the Office of Minority Health and Multicultural Health Lending Library. This is a good resource for staff development, cultural competencies in-service training, or education and awareness. This resource is free of cost, and the workbook and facilitator - if needed - are also available at no charge. Please contact Janice Edmunds-Wells at 515-281-4909 or [janice.edmunds-wells@idph.iowa.gov](mailto:janice.edmunds-wells@idph.iowa.gov) for more information.

# Calendar of Events

## Community Organizing -“Coming Together for a Greater Good”

No cost webinar series for anyone working on reducing avoidable readmissions.

February 9 - May 24

2nd & 4th Thursdays at 2-3 p.m. Central Time

Register at :[http://www.cfm.org/integratingcare/learning\\_sessions.htm](http://www.cfm.org/integratingcare/learning_sessions.htm)

## AgriSafe Webinars

March 7

12-1 p.m. Central Time

Planning Your Heat Stress Prevention Program

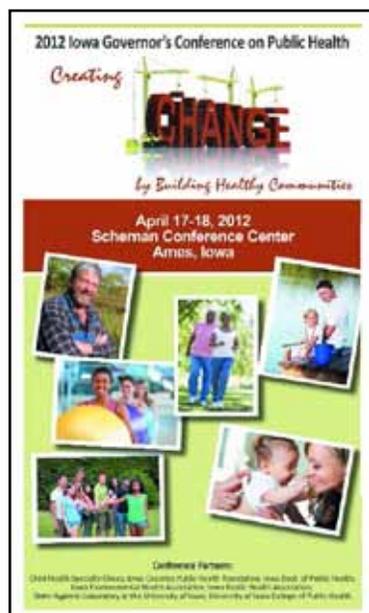
Register at: <http://www.agrisafe.org/training/webinars/>

March 28

12-1 p.m. Central Time

The Nuts and Bolts of Cholinesterase Monitoring for Farmers, Ranchers, and Agricultural Workers

Register at: <http://www.agrisafe.org/training/webinars/>



## 2012 Governor's Conference on Public Health

The annual Governor's Conference on Public Health will be held April 17-18 at the Iowa State Scheman Center in Ames, Iowa.

One of the plenary speakers during the conference is Dr. Dick Jackson. The following article from features Dr. Jackson and his public television series, *Designing Healthy Communities*. To view article, visit: <http://well.blogs.nytimes.com/2012/02/06/giving-city-streets-built-in-safety-features/>.

To access the conference brochure or to register for the conference, visit the IPHA website at <http://www.iowapha.org/Default.aspx?pagelD=127969>.

# Staff Directory

| NAME                                                                  | PHONE         | EMAIL                                                                                  |
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