

ACCESS UP *date*

October 2010

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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National Experts and Federal Officials Visit Iowa

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

September was a busy and exciting month for rural health stakeholders. Iowa was the site of visits by the National Advisory Committee (NAC) for Rural Health and Human Services, and the Chief Administrator of Health Resources and Services Administration, Dr. Mary Wakefield.

[The National Advisory Committee \(NAC\) for Rural Health and Human Services](#)

convened for three days of meetings at the Ox Yoke Inn in Amana. The committee is a 21-member citizens' panel of nationally recognized experts that provides recommendations to the Secretary of Health and completes an annual report. Their [2010 report](#) was recently released. The group was chartered in 1987 and the first Chair was the Honorable Robert Ray, former governor of Iowa.

Governor Ray delighted attendees with his opening remarks. He revisited his experiences with the committee. Several experts and rural stakeholders were also invited speakers. During their visit NAC members traveled to Iowa communities to study three topic areas of interest: 1) Childhood obesity in rural communities – [Pick A Better Snack Program](#), Wapello Elementary School and Iowa State Extension Office in Wapello, 2) Quality implications for the Affordable Care Act – [Grinnell Regional Medical Center](#) in Grinnell, and 3) Rural early childhood development place-based initiatives – Kids Corner and [Iowa State University Extension Office](#) in Tama.



Iowa is fortunate to have three Iowans appointed to the NAC: [Maggie Tinsman](#), former Iowa State Senator, policy analyst and consultant, Davenport, Todd Linden, president and CEO, [Grinnell Regional Medical Center](#), Grinnell and Donna Harvey, executive director [Hawkeye Valley Area Agency on Aging, Inc.](#) Waterloo.

In addition to their meeting and work obligations, NAC members were able to enjoy the simple elegance of the Amana Colonies and the scenic beauty of Iowa's agricultural landscape.

National Experts and Federal Officials Visit Iowa Cont.



Iowa Rural Health Association – “Seeds of Change” 2010 Annual Meeting

The [Iowa Rural Health Association \(IRHA\)](#) mission is “To provide leadership in bringing individuals and organizations together to identify and address rural health issues”. The IRHA has vested energy and direction for a new strategic and membership plan to increase their voice and influence in Iowa rural health issues. This year’s successful annual meeting focused on issues and topics of great interest to the audience. [Dr. Keith Mueller](#) and [Todd Linden](#) addressed health care reform from a national and rural hospital perspective. A distinguished panel offered information and conversations about and how the Patient Protection and Affordable Care Act might affect Iowa. Additionally, Murray Madsen with the [Iowa Fatality Assessment & Control Evaluation Program](#) discussed data and case-studies about the injuries and fatalities on Iowa farms.

The highlighting of the meeting was a two hour visit from Dr. Mary Wakefield, chief administrator of Health Resources and Resources Administration (HRSA) and the Health and Human Services Region 7 director, Judy Baker. Dr. Wakefield shared her comments on health care reform and rural issues. She is known in the rural arena as a nurse, educator, researcher and advocate, and lived and worked in North Dakota before her expertise and strong national ties resulted in her appointment to HRSA.



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Partner Spotlight

Des Moines University – Paving the way for doctors to practice in rural Iowa

A great many people and organizations work together to assure access to health services for Iowans. In this and future newsletters, we will bring you stories about some of those whom we consider our partners in assuring access.

[Des Moines University](#) (DMU) began in 1898 as the Dr. S.S. Still College of Osteopathy. Today, it offers educational opportunities in the fields of osteopathic medicine, anatomy, biomedical sciences, podiatric medicine, physician assistant studies, physical therapy, post-professional physical therapy, public health and health care administration.

In response to recognized needs for primary care providers and other specialties in rural Iowa, DMU initiated the [Rural Medicine Educational Pathway](#) (RMEP) with the 2008-2009 academic year. It's part of DMU's larger effort to recruit and retain health professionals in underserved areas through its [Area Health Education Center](#) (AHEC).

The program provides the equivalent of six full-tuition scholarships per year. A total of 18 students are currently enrolled. A medical student who chooses a primary care specialty racks up [debt](#) in the neighborhood of \$150,000. At the same time, primary care specialists don't typically earn as much as doctors specializing in other areas. So, this tuition coverage is a boost for a student's choice to practice primary care.

RMEP student, Meghan Wooster, says she wants to work in a rural area because she wants to preserve the ability for families to have the lifestyle she grew up with in Denison, Iowa. "I want kids to be able to grow up the way I did." She says when services like health care are no longer available in a rural community, that's when the community begins to lose people to larger towns and cities.

[Experts](#) recognize that doctors familiar with rural life and rural practice are more likely to provide service there. So, when selecting scholarship students, DMU considers whether the student is from Iowa and whether they're from a rural community. The RMEP program provides exposure to rural medicine case studies, end-of-life and geriatric issues in rural medicine, the use of telemedicine, and other topics. It also includes a four-week primary care preceptorship in rural Iowa. At least half of a student's third- and fourth-year clinical rotations are completed in rural Iowa communities.

At the completion of their education, students are required to enter a residency program in one of four specialties: family medicine, general pediatrics, general internal medicine, or general surgery. For every year of full-tuition scholarship, a student must practice for one year in an Iowa community with a population of less than 10,000.

With questions about the RMEP program, please contact Wendy Gray, AHEC program office director at (515) 271-1392.

Provider Spotlight Cont.

The Impact of Unaddressed Dental Disease

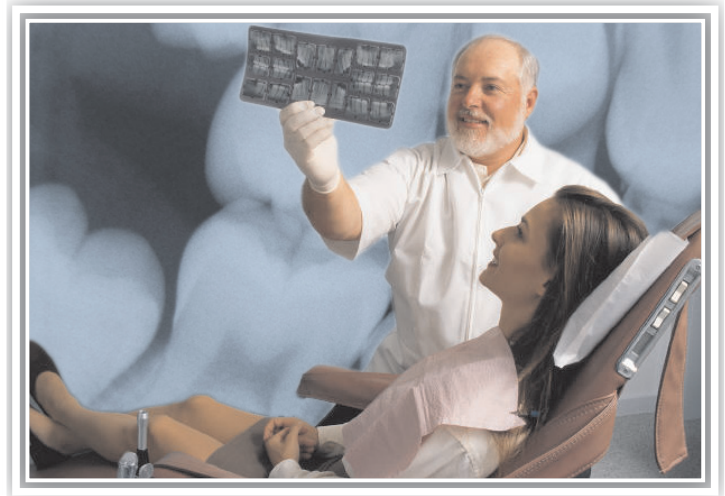
By: Bob Russell, DDS, MPH, Iowa Department of Public Health – Oral Health Bureau

A growing body of evidence over the past decade demonstrates to the health community that oral health and overall health are related. Dental disease and other oral infections are implicated in a host of systemic disease processes including heart disease, low birth weights, Diabetes, and Stroke. This list continues to grow.^{1 2 3 4 5 6} Still, efforts among advocates who promote oral health as an essential component in overall health care continue to be met with resistance and frustration.

The profession of dentistry, and the mouth in general, were separated long ago from the body as part of the national health care movement. Dentistry became a subset or “other” health related profession outside primary care and the various sub-specialties of medicine. This has resulted in a disconnect between health care and dental delivery systems.⁷ The current national health care debate over affordable health care, Medical Home, Electronic Health Record (EHR and meaningful use), and Health Reform in general have essentially sidelined dental care as a critical component in the restructuring of the American health care system. This absence of attention on oral health is also true at the state and local level.

Why is it still so difficult to impress upon the public and policymakers the need for adequate dental care; especially for those most vulnerable to dental disease and unable to take advantage of the current private dental delivery system? Dental disease was identified as the “Silent Epidemic in the U.S. Surgeon General’s 2000 report, and again re-emphasized by subsequent U.S. Surgeon General Reports.”⁸ This epidemic is more prevalent than childhood asthma and among the most prevalent diseases in America. Still, many within the general public remain unaware and most policymakers ignore this significance. What will it take to both enlighten and increase public action to assure oral health become truly integrated in state and national health reform policy?

To find out more, continue reading Dr. Russell’s report at: http://www.idph.state.ia.us/hpcdp/common/pdf/oral_health/er_utilization.pdf



Provider News

The Road to Meaningful Use

By Kate Payne, program planner/contract & projects manager, Iowa FLEX Program...in collaboration with IFMC Health Information Technology Regional Extension Staff

Health Information Technology (Health IT), Health Information Technology for Economic and Clinical Health Act (HITECH Act), Office of the National Coordinator for Health Information Technology (ONC), and Electronic Health Records (EHRs) are just a few of the buzz words and acronyms discussed at meetings and conferences around the state as Iowa's Critical Access Hospitals and other rural health care providers travel along the road to meaningful use.

Under the HITECH Act of 2009, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives.

Electronic health records can provide benefits for providers and their patients, such as:

- Better access to health information to provide the best possible care.
- Information shared more easily among doctors' offices, hospitals, and across health systems, leading to better coordination of care.
- Patients can take a more active role in their health and in the health of their families.
- Patients can receive secured electronic copies of their medical records and share their health information securely over the Internet with their doctors and families.

What is Meaningful Use?

To be eligible for the incentives provider must:

- Use a certified EHR in a meaningful manner
- Exchange health information to improve the quality of care
- Report on quality measures
- Conduct e-prescribing

To assist Iowa's rural and Critical Access Hospitals (CAHs) on their road to meaningful use, the Iowa Medicare Rural Hospital Flexibility (FLEX) Program partnered with IFMC Health Information Technology Regional Extension Center on August 26, to offer a free one-day educational session.

The goal was to disseminate information and provide education on meaningful use in the hospital setting; focusing on improving health care for Iowans. The day included information about planning for implementation and/or optimization of electronic health records. Presentations centered around using clinical data in a meaningful way, meaningful use guidelines and rule updates, Computerized Physician Order Entry (CPOE) lessons learned, project management, and how to successfully implement change. The presenters challenged participants to consider what actions they could implement immediately to change the mindsets of staff and lead people through the transition and implementation of the electronic health record and achievement of meaningful use.

In addition to a great day of presentations, discussion, and sharing, each CAH and rural hospital that attended was given a Meaningful Use Toolkit which included:

Provider News Cont.

- HIMSS published book, “Change Management Strategies for an Effective EMR Implementation,” authored by Claire McCarthy, MA and Douglas Eastman, PhD
- Cy Wakeman’s Audio CD/Powerpoint Presentation: “Creating New Mindsets and Amazing Results in Healthcare”
- Flashdrive loaded with:
 - o The presentations from the educational session on The Road to Meaningful Use: A free educational session for rural and critical access hospitals.
 - o Project Management Software – Rational Plan
 - o Project Management Meaningful Use Template for Rational Plan
- CMS Meaningful Use Fact Sheet
- IFMC Regional Extension Center Fact Sheet

By assisting Iowa’s rural and Critical Access Hospitals with education, training, and tools about implementing, adopting, and meeting meaningful use, the quality of health care in Iowa will be improved.

Additional Assistance Available

Iowa CAHs have a great opportunity to further utilize outreach services provided by the IFMC Health Information Technology Regional Extension Center. The Regional Extension Center will assist hospitals to be better prepared to exceed the meaningful use criteria established by CMS. Iowa CAHs can receive highly subsidized consulting services from IFMC including guidance and best practices to accelerate the hospital’s efforts to become meaningful users of certified electronic health record technology. The services will assist the hospitals toward qualifying for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives. If your hospital is interested in receiving services or learning more visit <http://www.iowaHITREC.org> or call (800) 373-2964.

The Iowa FLEX program will soon be releasing grant funding on a first come, first serve basis to Iowa CAHs to help offset the costs for services provided by the Regional Extension Center. To be sure you receive the announcement and application, e-mail Kate Payne, Iowa FLEX Program, at kpayne@idph.state.ia.us.

The Iowa FLEX Program and Regional Extension Center will continue to collaborate to develop further educational sessions. Current plans include:

- Regional Extensions Center staff providing regular updates and a question and answer period at all future CAH Peer User Group meetings.
- Regional meetings around Iowa to provide education and outreach for hospitals.
- Promoting and providing information via Regional Extension Center webinars.

Meeting meaningful use of electronic health record systems is challenging, yet vital to advance the quality and safety of patient care. Iowa’s FLEX Program looks forward to assisting the CAHs and working with our stakeholders on this important topic.

For additional information about health information technology, Regional Extension Centers, and meeting meaningful use, click on the following link: <http://healthit.hhs.gov>.

Provider News Cont.

The Road to Meaningful Use...Leads to Jones County

By: Andria Seip, FLEX program coordinator

Since it was passed, the Patient Protection and Affordable Care Act ("ACA") has been a central topic of discussion among nearly all in the health care field. The changes being made by the legislation are wide-spread, impacting every U.S. citizen. One of the requirements of the ACA is the mandate that all health care providers implement a certified electronic health records system that uses the records in a meaningful manner. While many agree that electronic health records will be beneficial, many health care professionals are also concerned about the resources, especially the time and money, needed to meet this mandate.



Jones Regional Medical Center, a critical access hospital located in Anamosa, is well positioned to meet this mandate. Nearly two and a half years ago, Jones Regional began the process of implementing electronic health records. Starting the process was a major undertaking and Jones Regional began by inputting patient medication records. The data entry process of this task was only the first challenge; the staff also had to be trained to properly access and use the electronic records. Although the process was time consuming, the high level of staff commitment helped the process move forward smoothly and Jones Regional subsequently electronically input patient care plans.

In spite of the challenges, the medical staff of Jones Regional are now experiencing the advantages of having electronic access to the patients' health records. Rachel VonBehren, the director of fiscal services, and Kelly Driscoll, the chief nursing officer, feel the system has been beneficial to the continuity of care that can be provided to the patients. Because Jones Regional has computers in every outpatient clinic room and by every emergency room bed, medical staff can quickly and easily access a patient's medical record without ever leaving the patient's side. This accessibility allows the medical professionals to spend more time with patients, a benefit to the medical staff and, more importantly, to the patients. Jones Regional's electronic records system also provides better security of the patient's medical information because audit trails show which staff have accessed the records.

Although Jones Regional has not yet achieved meaningful use of its electronic health records as defined by the ACA, the hospital CEO, Eric Briesmeister, is optimistic that the challenge will be met. Briesmeister expresses appreciation for the hospital's affiliation with the Iowa Health System and St. Luke's Hospital in Cedar Rapids. Briesmeister feels that Jones Regional has had access to many resources the hospital would not otherwise have been able to access. He feels these affiliations will be invaluable as the hospital expands its electronic health records system to meet meaningful use requirements.

Worth Noting

Federal Office of Rural Health Policy Releases Network Development Grant Guidance

The purpose of the Rural Health Network Development Grant Program is to expand access to, coordinate, and improve the quality of essential health care services, and to enhance the delivery of health care in rural areas. These grants support rural providers who work in formal networks, alliances, coalitions or partnerships to integrate administrative, clinical, technological, and financial functions. Funds provided through this program are not used for direct delivery of services. The ultimate goal is to strengthen the rural health care delivery system by 1) improving the viability of the individual providers in the network, and/or 2) improving the delivery of care to people served by the network. Twenty five awards are anticipated with an estimated funding of \$180,000. A recorded technical assistance call is available at (800) 944-3317. Application submission deadline is November 12. A link to the application is <http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=56932>. For more information contact: Leticia Manning at لمانing@hrse.gov, (301) 443-8335.

U.S. Department of Agriculture Grant Funding – Rural Community Development Initiative

The purpose of this program is to develop the capacity and ability of qualifying organizations to pursue projects related to housing, community facilities, or community and economic development. Funding can be used for technical assistance, training and purchasing computers, software and printers. Intermediaries must work directly with recipient organizations, not with individual beneficiaries. Intermediaries that intend to work with low-income communities as recipients must provide assistance to the entity that represents the low-income community. A total of \$6.25 million in funding is available to support awards ranging from \$50,000 to \$300,000 through this program, and dollar match is required. Applications are due 12/22/2010. Contact is Susan Woolard email: susan.woolard@wdc.usda.gov, phone: (202) 720-1506

Information on Upcoming Office of Rural Health Policy (ORPH) – Rural HIT Network Program

Heads up: ORHP plans to develop a new one-time funding opportunity around rural HIT. The recent Network Development grant guidance states that you can only apply to one of these programs in the same fiscal year. Purpose: The purpose is to assist network organizations in rural communities who would not qualify for Stage 1 or 2 of Meaningful Use if it were not for this grant.

Rural HIT Program:

- Guidance Availability: ORHP expects the guidance to be released in January/February, 2011
- Number of anticipated awards: ORHP plans to make 40 new rural HIT Network awards (based on availability of funds)
- Funding Amount: Applicants will have an opportunity to request up to \$300K per year (three-year grant program)
- Eligibility Requirements: The eligibility requirement is the same as it is for the Rural Network Development

Worth Noting Cont.

program and Rural Outreach program. The network must be composed of at least three health care providers that are separate, existing organizations. In addition, the applicant must meet one of the three criteria mentioned below.

- o The applicant organization must be a public or private non-profit entity located in a rural area. To ascertain rural eligibility, please refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/> and enter the applicant organization's state and county. A network serving rural communities but whose applicant organization is not a designated rural area will not be considered for funding under this announcement.
- o If the applicant is not located in a rural area but are a Federally- Recognized Tribal Organization, they are eligible
- o If the applicant is not located in a rural area but exists exclusively to provide services to migrant and seasonal farm workers in rural areas and is supported under Section 330G of the Public Health Service Act, they are eligible.
- o It is strongly encouraged that a network of more than three partners is formed and includes a broad range of providers to form a full continuum of care (physicians practices, critical access hospitals, tertiary referral, acute facilities, pharmacies are just some examples)
- o The emphasis of this grant is to use the funds to begin offsetting the costs of HIT acquisition.
- o Applicant organizations must have completed a readiness assessment and include the tool in the application. (A specific tool may be identified by ORHP as a requirement.)
- o One of the specific indicators of need will be actual EHR availability. There are a couple of ways in which a network may be eligible for this program. 1) If the lead applicant and their network partners do not have an EHR at all and are looking to purchase one, they would be eligible to apply for this program; or 2) if majority (two-thirds) of the network providers have not yet purchased or implemented an EHR, the network would be eligible for this program.
- o As ORHP has more information on this program, we will continue to provide it in our weekly updates.

Tips for Writing a Strong Application – A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: <http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.

University Grants Training and Certification Program

Fort Hays State University in Kansas offers a two-month grant proposal writing course that involves no travel. Students 1) study a 100 page training manual, 2) watch a video of the teacher discussing the most important points in the manual, 3) answer study questions, 4) prepare parts of fictitious proposals, 5) interact with other students through the computer, 6) receive messages from the teacher through the computer, 7) ask the teacher questions by phone before taking a certification test, and 8) take the certification test through the computer. This course will be completed in students' homes and/or offices. The cost is \$175 per person. The grant proposal writing training program is housed within the Department of Sociology and Social Work, where grant writing courses have been taught since 1986. To learn more about this grant writing course [click here](#).

Worth Noting Cont.

I-Smile™ Making a Difference with Young Children

The Iowa Department of Public Health completed and analyzed an oral health survey conducted this spring/summer on children enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children. The results indicate that although I-Smile™ is making a positive impact, there is more work needed to reduce tooth decay for children younger than five and to increase the referral base of dentists willing to see very young children. [Click here](#) to access the report.



EMS Volunteer Report

Rural Volunteer EMS: Reports from the Field – This report explores the current state of rural EMS by interviewing 49 local directors from all-volunteer rural services in 23 states. Respondent agencies were considered to be rural if they were located in a nonmetropolitan county or within a metropolitan county in an area with a Rural Urban Commuting Area code of four or higher. A semi-structured interview format encouraged respondents to speculate on the future viability of their local service, describe the challenges they face and what they need to ensure continuance. The descriptions presented represent the perceptions of those interviewed, but are also likely to resonate with other rural EMS administrators. Go to <http://www.ruralhealthresearch.org/alerts/update/092910.html>.

Dr. Mary Mincer Hansen, has been appointed by the U.S. Government Accountability Office (GAO)* to the new, 15-member [National Health Care Workforce Commission](#)



The Patient Protection and Affordable Care Act created the Commission to serve as a national resource for Congress, the President, and states and localities; to communicate and coordinate with federal departments; to develop and commission evaluations of education and training activities; to identify barriers to improved coordination at the federal, state, and local levels and recommend ways to address them; and to encourage innovations that address population needs, changing technology, and other environmental factors.

Dr. Mincer Hansen is a faculty member at Des Moines University. She is the former director of the Iowa Department of Public Health in the cabinet of then Governor Vilsack. Prior to being appointed as director of Public Health she was associate professor, Drake University, Department of Nursing; director, Drake University Center for Health Issues; president, Iowa Public Health Foundation; and a research fellow on a Centers for Disease Prevention and Control patient safety grant at the Iowa Department of Public Health and a nurse at Mercy Medical Center.

Program Announcements

Iowa Conrad 30/J-1 Visa Waiver Program 2010 Review

The State of Iowa through the Primary Care Office (PCO) utilizes the Conrad 30 program, commonly referred to as the J-1 Visa waiver program. J-1 physicians are international medical graduates who came to the United States on a J-1 visa to complete residency and fellowship training. At the end of their training, the J-1 visa requires that physicians return to their home countries for a period of two years. However, through the waiver program, the physician can waive this two year requirement and remain in the US if they work in a designated underserved area for three years.

In 2010, Iowa sponsored 25 J-1 physicians in communities where recruitment of a US trained physician was unsuccessful for a period of at least six months. Of the sponsored physicians, 11 were primary care pediatricians, family physicians, or internists. The remaining 14 physicians were specialists including physicians with advanced training in neurosurgery, cardiology, gastroenterology, oncology, nephrology, endocrinology, transplant surgery, and infectious disease. Of the 25 physicians, 7 are practicing in rural areas of the state and 18 are practicing in more urban areas of the state. Of note, many of the physicians sponsored are married to another physician who also began working in Iowa or completing residency programs in the specialties of psychiatry, pediatrics, and family medicine. This past year, the PCO noted an increased number of requests to support hospitalists, especially in mid-sized communities, to alleviate the time constraints on rural primary

Top 5 J-1 Waiver Application Pitfalls

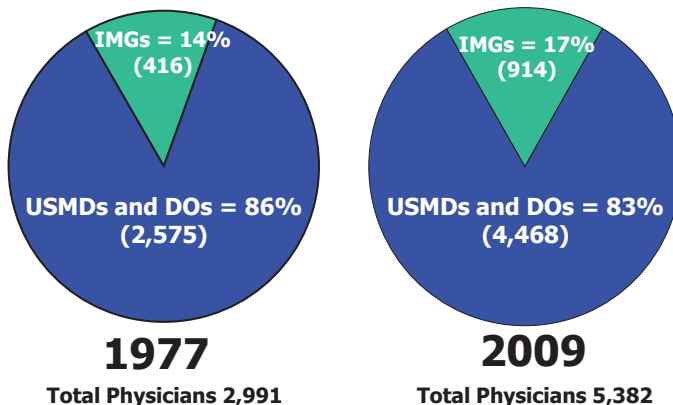
The new waiver guidelines utilized in the 2010 fiscal year greatly reduced the need for further documentation prior to waiver support, thus streamlining our review process. To further simplify the review process and reduce the review time, please note the following pitfalls we hope to avoid this fiscal year:

1. Lack of information on the health facility itself and its patient population, including the underserved patient population.
2. Lack of documentation noting at least 6 months of recruitment.
3. Letters of support from individuals who have worked with the physician.
4. Lack of information on impact to the facility if the waiver was denied.
5. Information missing on physician's J-2 dependents.

care providers. Additionally, we continue to see an increased demand for specialists in general, particularly in mid-sized Iowa communities and hospitals.

The PCO began reviewing J-1 Visa Waiver requests on October 1, 2010. Waiver requests are prioritized for Federally Qualified Health Centers, primary care physicians, rural physicians, and non-profit employers. Please contact [Bobbi Buckner Bentz](#) if you anticipate the need for a J-1 waiver for a physician during the current fiscal year (ending September 30, 2011). The J-1 waiver policy has been updated slightly for the 2011 fiscal year and can be reviewed at: http://www.idph.state.ia.us/hpcdp/common/pdf/health_care_access/j1_visa_waiver.pdf.

IOWA PHYSICIAN POPULATION International Medical Graduates (IMGs)



Total physicians increased 80% while IMGs increased 120%

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine
Iowa Health Professions Tracking Center, December 2009

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Program Announcements Cont.

State Office of Rural Health

The State Office of Rural Health (SORH) is working with stakeholders, agencies, and partners to complete a Rural & Agricultural Health & Safety Resource Plan (RAHSRP). The RAHSRP will inform and guide stakeholders and policy makers in making effective decisions for the health and safety of rural Iowa. Also, it will assist the Iowa Department of Public Health (IDPH) with strategic planning and will fold into the State Health Care Reform Initiative described in [Iowa Code 135.164](#). The arena of “rural health” is such a large topic area, especially in Iowa, that the RAHSRP will not be comprehensive but rather will focus on providing qualitative information and data on priority issues. Planning and development of the plan will include collection of a repository of pertinent documents, seeking information and guidance from a “think tank” of individuals with experience and expertise in rural health, agricultural safety, policy, public health, health care delivery services and workforce, and informational online GoToMeetings®/GoToWebinars®.

The SORH collaborated with other programs within IDPH to successfully submit an application to participate in the [Children’s Safety Network](#) National Rural Injury Prevention Community of Practice. The team will learn more about rural injuries, share resources, discuss prevention strategies and best practices, and develop actions. Areas of concern are ATV accidents/fatalities, teen drivers, farm equipment accidents/fatalities, and drowning. The project extends one year.

Farm Progress Show

Iowa hosted the 2010 Farm Progress Show in Boone August 31 through September 2. The Iowa Department of Public Health coordinated the Health and Safety Tent. The 11,000 square foot tent was dedicated to the health and well-being of Iowa farm families. Visitors found useful information and interactive displays on equipment safety, environmental health, and personal wellness. SORH staff participated with a health display, met with individuals and groups, and handed out over 600 band-aid dispensers and car litter bags. Materials shared with the crowd were information sheets on locations and phone numbers for Iowa Free Clinics and Community Health Clinics plus pamphlets on diabetes and low sodium and cholesterol.

Rural Health Clinics News

Rural Health Clinics (RHCs) are an important part of the rural health care infrastructure, providing a wide range of primary care services to the rural residents of 45 states. Since RHCs are located in underserved rural areas and serve vulnerable populations, many consider them safety net providers. A recent paper explores whether and to what extent independent RHCs are serving a safety net role, or have the capacity to serve that role. To view the study [click here](#).

Program Announcements Cont.

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 Iowa Department of Public Health, Bureau of Health Care Access. The contact person is [Erin Drinnin](#), phone: (515) 281-3166.

In the months of August and September, Iowa's 3RNet site had:

- 368 visitors
- 969 views of job opportunities listed
- 79 new health professionals seeking jobs with Iowa on 3RNet
- 14 new vacancies posted by Iowa facilities

Currently, there are 182 Iowa health professions vacancies posted at <http://www.3RNet.org>.

SHIP News

The State Office of Rural Health received a notice of grant award for the 2010-2011 Small Rural Hospital Improvement Grant Program (SHIP). Six additional Iowa rural hospitals have joined the SHIP program taking the total number of participating hospitals to eighty-three. Each of the 83 Iowa hospitals which applied for the SHIP grant will receive \$7,405 to be used between October 01, 2010 and August 31, 2011.

These SHIP funds are to assist small rural hospitals to offset the costs associated with: 1) Implementation of Prospective Payment Systems (PPS), 2) Value-based purchasing programs (VBP), 3) accountable care organizations (ACOs); and 4) the national pilot program on payment bundling.

SHIP contract administrators received an email which included their hospitals' 2010-2011 SHIP contract. This contract needs to be printed, signed in blue ink, and returned to Katie Jerkins. If you have any questions regarding the SHIP program please contact Katie Jerkins at (515) 233-2831 or kjerkins@idph.state.ia.us.

Mental Health Professional Shortage Area Program

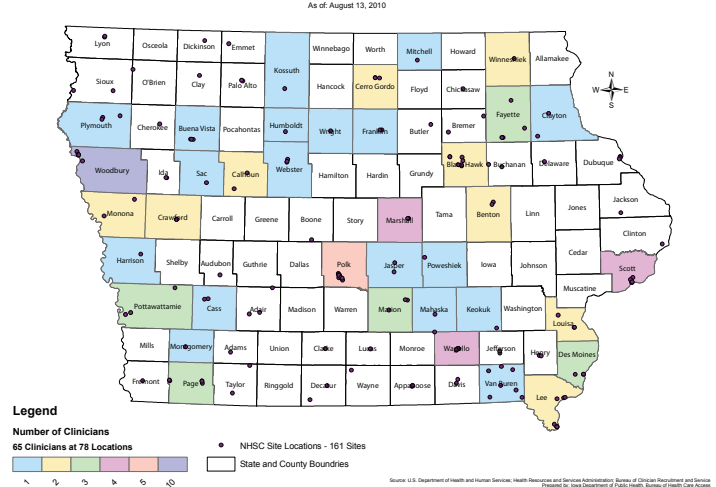
The Primary Care Office (PCO) is pleased to announce the support of four grant awards under the Mental Health Professional Shortage Area Program. This state-funded program encourages recruitment and retention of psychiatrists to Community Mental Health Centers and in-patient hospital psychiatric units located in designated mental health professional shortage areas. Funds are provided to assist in alleviating costs of recruiting psychiatrists to these facilities and to support the retention of psychiatrists working in these facilities. This year's grantees include:

- New Directions Community Mental Health Center in Oskaloosa
- Community Health Centers of Southern Iowa in Leon
- Mental Health Center of North Iowa in Mason City
- Siouxland Mental Health Services Inc in Sioux City

Links, Resources and Maps

National Health Service Corps (NHSC) is a federal program that provides loan repayment and scholarship to primary care health professionals working in designated Health Professional Shortage Areas. For providers to be eligible for loan repayment, the employing site must be located in a HPSA, provide health care services to Medicare, Medicaid, and hawk-i patients, be non-discriminatory, and have a sliding fee schedule available for patients without insurance. As of mid-August, 161 sites in Iowa were designated as NHSC sites where providers are eligible for loan repayment. Currently, 68 providers working at 78 locations across Iowa are receiving loan repayment. Loan repayment awards vary depending upon the amount of the provider's loan debt. However, awards may be up to \$50,000 for a two-year service commitment with one-year amendments for additional funds available beyond the initial two years.

National Health Service Corps
Clinicians by County



The map depicts all of the designated NHSC sites and the shading represents the number of providers working in each county. To become a designated National Health Service Corps site, complete the site application at: <http://nhsc.hrsa.gov/communities/apply.htm>. For more information, please contact Bobbi Buckner Bentz in the Primary Care Office at (515) 281-7223 or bbuckner@idph.state.ia.us.

United States Department of Agriculture STATE FACT SHEETS – The ERS State Fact Sheets provide information on population, income, education, employment, federal funds, organic agriculture, farm characteristics, farm financial indicators, top commodities, and exports, for each State in the United States. Links to county-level data are included when available. This is the type information needed for hospital and community assessments. The State Fact Sheets now include data on fiscal 2008 Federal funding. See <http://www.ers.usda.gov/StateFacts/>.

The Country Doctor Revisited is a fascinating collection of essays, poems, and short stories written by rural health care professionals on the experiences of doctors and nurses practicing medicine in rural environments, such as farms, reservations, and migrant camps. The pieces explore the benefits and burdens of new technology, the dilemmas in making ethically sound decisions, and the trials of caring for patients in a broken system. Mike Rosmann, Ph.D., an Iowa clinical psychologist who manages the family farm near Harlan, is one of the contribution writers of the book.

The Rural America at a Glance 2010 edition by the U.S. Department of Agriculture Economic Research Service highlights the most recent indicators of social and economic conditions in rural areas. This report can be used to create awareness and inform or develop policies or programs to assist rural areas. The report focuses on the rural economy, including employment trends, poverty, and demographics.

Links, Resources and Maps Cont.

Health Reform Hits Main Street – Confused about how the new health reform law really works? This short, animated movie—featuring the “YouToons”—the cartoon from Kaiser Health explains the problems with the current health care system, the changes that are happening now, and the big changes coming in 2014. To view go to <http://healthreform.kff.org/the-animation.aspx>.

IDPH Heart Disease and Stroke Prevention Program Debuts New Online Health Care Provider Tool Kits

The Heart Disease and Stroke Prevention program at the Iowa Department of Public Health is announcing that two health care provider tool kits that it previously produced in hard copy are now available electronically at: http://www.idph.state.ia.us/hpcdp/cardiovascular_health.asp.

The new tool kits are on the topics of Sodium Reduction and Cholesterol Reduction and Management. They are directed towards health care providers who want to learn more about the subjects so as to increase patient education. Several of the tools are offered in English and Spanish and are in low literacy formats. Many are available for downloading free of charge on a single copy basis or to reprint in bulk, or at a very reasonable cost.

The Iowa Independent - Rural health providers improve health of economy, not just patients – The steady decline in rural health care access can take a toll on patients’ health. But it can also impact the economic well-being of rural communities. When health care providers leave a geographic area — either by choice or by retirement — the surrounding community loses a significant portion of its tax base. For the past several months, The Iowa Independent has documented the health costs associated with provider shortages in rural areas. Without sufficient providers, some rural residents are forced to travel significant distances for general health, mental health, dentistry and pharmaceutical services. Visit <http://iowaindependent.com/21196/rural-health-providers-improve-health-of-economy-not-just-patients> to read the series.

Free Technical Assistance for Health Literacy Web Site – To support the National Action Plan to Improve Health Literacy, the U.S. Office of Disease Prevention and Health Promotion developed a free health literacy “how-to” guide to help Web managers and health professionals. This guide builds upon current best practices in Web design and usability by offering strategies and practical tips for incorporating health literacy principles into Web site and content development. To learn more view or download [Health Literacy Online](#).

Calendar and Events

39th Annual Iowa Governor's Safety & Health Conference

November 3 & 4, 2010

Des Moines, Iowa

For more information visit <http://www.regonline.com/gconference2010>

The Clinical Health Coach™ Training Program

Iowa Chronic Care Consortium

On-site classes: November 3-5 and December 7-9, 2010

West Des Moines, Iowa

2010 Iowa Mission of Mercy - Call for Volunteers

Iowa Dental Association

November 5-6, 2010

Cedar Rapids, Iowa

[Click here](#) for more information.

Conference to Focus on Violence in the Emergency Department

Iowa Hospital Association

November 17, 2010

Iowa Methodist Medical Center, Kelley Conference Room

Des Moines, Iowa

The [brochure](#) or go online to [register](#)

Midwest Rural Agricultural Safety and Health Forum

Iowa's Center for Agricultural Safety and Health

November 17-18, 2010

Hotel Vetro/Sheraton, Iowa City, Iowa

The [Brochure](#) or go online to [schedule of events](#)

Recruitment and Retention Workshop

Iowa Department of Public Health, Bureau of Health Care Access

December 1, 2010, 9:00 a.m. - 2:30 p.m.

West Des Moines Learning Resource Center, West Des Moines, Iowa

RSVP to kwooddel@idph.state.ia.us

Audience: Iowa health professional recruiters/administrators/HR staff

Topics: Steve Shotwell with the [Michigan Center for Rural Health](#) will present findings from the Center's Rural Physician Retention Study. Other topics include: 1) an update on state and federal loan repayment programs, 2) best practices in recruitment and retention from Iowa employers and professionals, and 3) update on the J-1 waiver program. Lunch will be provided with free, accessible parking available.

2011 National Farm Worker Health Conference

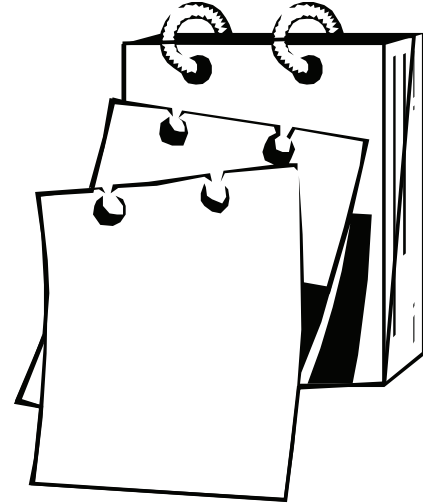
National Association of Community Health Centers

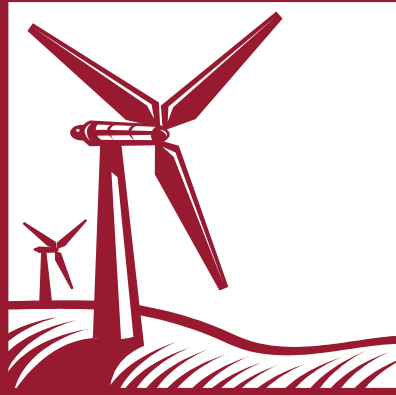
May 11-13, 2011

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.





ACCESS UP *date*

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