Iowa Department of Public Health – Bureau of Oral & Health Delivery Systems

ACCESS UPdate

April 2011

The ACCESS Update is a bi-monthly information source from the Iowa Department of Public Health: Bureau of Oral & Health Delivery Systems.

Contents

What is Rural?

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

There are many definitions of 'rural' used within the context of health care programs and policies. Thus, any assessment of rural health should begin by defining what is meant by 'rural.' The two most common definitions are from: 1) the U.S. Census Bureau's census tract based definition, and 2) the U.S. Office of Management and Budget's (OMB) county-based definition.

According to official U.S. Census Bureau definitions, rural areas comprise open country and settlements with fewer than 2,500 residents. Urban areas comprise larger places and densely settled areas around them. Approximately 50 million Americans live in nonmetropolitan (nonmetro) areas. The nonmetro classification covers 2,000 counties outside the primary daily commuting range of urbanized areas with 50,000 or more people.

The OMB demographics and designations are used by federal statistical agencies in collecting, tabulating, and publishing federal statistics.

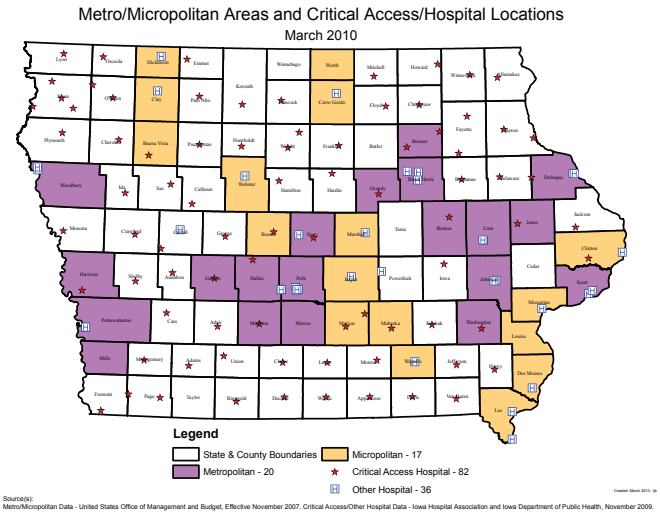
Metropolitan, micropolitan and noncore statistical areas are geographic areas defined as:

- Metropolitan areas contain a core urban area of 50,000 or more population
- Micropolitan areas contain an urban core of at least 10,000 (but less than 50,000) population
- Noncore are all other areas

According to the OMB, in Iowa there are 20 counties that are part of metropolitan areas, 17 counties that are part of micropolitan areas, and the remaining 62 counties are considered "noncore".

Based on U.S. Census Bureau and OMB definitions, Iowa is experiencing a reduction of geographically designated "rural" areas.

What is Rural? Cont.



Changing Rural Demographics

Suburbanization continues to extend the economic influence of larger cities and to blur urban and rural landscapes along their periphery. An interesting "rural health" caveat in county demographics is the sudden growth of suburban areas. An example of suburbanization in Iowa is Dallas County. Between 2000 and 2010 Dallas County had a population change of 62.3 percent from rural to urban. The eastern section of Dallas County is well developed with businesses and high value homes. However, for residents in the western portion of the county, life is much the same as it was in 1990, including access to local health care. Thus, it is important to acknowledge that some Iowa counties, whether metropolitan or nonmetropolitan, contain a combination of urban and rural populations.

Lost rural population

Population wise, 43.3 percent of the United States is rural with 20 percent of the rural population involved in production agriculture. In Iowa, there are 92,856 farms (3rd in the USA). Seventy seven Iowa counties lost population between 2000 and 2009. While the number of counties geographically designated as rural shrank, the population in "rural" areas decreased. There are several reasons for the decreasing population including lack of jobs and suitable housing.

States can further define population by density. Population density is the number of persons per square mile. As Iowa counties lose population it is possible a few sparsely populated counties could be become classified as a "frontier" with a population density of six or fewer residents per square mile. The 2010 Iowa population density map is available at: http://www.idph.state.ia.us/hpcdp/common/pdf/health_care_access/ia_population_2010.pdf.

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What is Rural? Cont.

Population Density Estimates 9/2010				
Population Density Peer Group	Number of Counties	Peer Group Definitions (Per Square mile)	Population Estimate (Claritas 9/2010)	Percent of Population (9/2010)
Urban	7	150 or more persons	1,236,534	41.14%
Semi-urban	19	40-149 persons	811,614	27%
Dense rural	48	20-39 persons	748,053	24.89%
Rural	25	6-19 persons	209,270	6.96%
All Iowa Counties	99	State Average: 53.8 persons	3,005,471	100%

Use of geographic and population data

The U.S. Census Bureau demographics and population data are utilized by the federal government to determine funding to states and counties. OMB data are primarily used for policy purposes. What does all this mean to rural health? To be eligible for several "rural" federal health programs and funding opportunities, a health entity or an individual must reside or be located in an underserved, low income, rural area. Thus, as counties are re-designated from "rural" to metro, there may be a loss of funds and resources.

Summary

Several demographic trends are reshaping economic and social conditions across nonmetro/rural counties. The trends serve as key indicators of rural health and as generators of growth and economic expansion. The definition for "rural" depends on the topic and the issue it is related to, and the definition source. Geographic and census data are a tool to determine policy and funding. In a largely agricultural/rural state like Iowa, it is vitally important that residents not experience health access disparity because of where they live or work.

For more information see links below:
http://www.ers.usda.gov/AmberWaves/April05/Features/PolicyOptions.htm
http://www.carseyinstitute.unh.edu/publications/Report_Demographics.pdf
http://www.ruralhealthresearch.org/topics/100000088/

Iowa Department of Public Health Staff Email Addresses Changed

Due to State of Iowa government reorganization that occurred during the previous legislative session, all email addresses of Iowa Department of Public Health employees changed in March. The new email addresses are structured in the format of firstname.lastname@idph.iowa.gov. Please update your email addresses for Oral & Health Delivery Systems (OHDS) staff as listed on the last page of the newsletter. Emails sent to the "old" addresses will still reach OHDS staff for approximately one year. All other contact information remains the same.

Featured Article

Iowa Non-Emergency Medical Transportation Program

In 2009, the Iowa State Legislature authorized the Iowa Department of Human Services (DHS) and Iowa Medicaid Enterprise (IME) to develop a brokerage system for the non-emergency medical transportation (NEMT) program. On February 25, 2010, a request for proposal (RFP) was posted and IME received five proposals. On May 10, 2010, the contract was awarded to TMS Management Group, Inc. (TMS). The new brokerage system began October 1, 2010.

TMS is an experienced transportation management/brokerage firm specializing in administering NEMT services. TMS and affiliated companies have provided coordinated transportation services since 1991, and during this time, the TMS principals perceived the need for a ***Client Sensitive, Agency Efficient, & Provider Friendly*** broker model for transportation services. As a result, TMS has fielded a formidable team of "hands–on" transportation professionals who have spent their careers steeped in all aspects of the non-emergency transportation industry.

Program Structure

The Iowa NEMT Program is designed to reimburse medical transportation expenses for eligible Medicaid members. Travel expenses include: mileage reimbursement, meals, and lodging. TMS will provide mileage reimbursement to the member or the driver who provides transportation to and from the member's medical appointment. Mileage reimbursement is calculated using Microsoft MapPoint software and members are reimbursed at the shortest distance from home to the appointment.

If the member is unable to drive themselves or find someone to transport them, TMS will make arrangements for a transportation provider to pick-up the member and transport them to and from their medical appointment.

The department requires three (3) business days "advance notice." The purpose for the three (3) business days "advance notice" is to allow the broker (TMS) time to verify member and trip eligibility. It also allows time for TMS to send and receive the Long Distance and Out of County (OOC) form used to verify whether the member is going to the closest medical provider. The form is designed for the medical provider to certify why the member is seeing them and not a provider closer to the member's residence. This is needed for TMS to assure the program is in compliance with federal requirements. This form is only required prior to the member's first trip to the (same) provider and it is renewed every year. The three (3) business days, "advance notice" is also needed to arrange public or specialized transportation for members who do not have access to a vehicle for mileage reimbursement.

"Urgent care" trips are trips that are less than three (3) business days advance notice. "Urgent care" trips are for members who become ill and need to see their doctor immediately or if they experience an unexpected medical situation. "Urgent care" trips are for members to receive urgent medical attention and it is not reasonable to expect the person to wait three (3) business days to seek medical attention. These trips are not "emergency trips," which would require an ambulance and life saving attention.

Featured Article Cont.

For mileage reimbursement trips, TMS will also need to have a legible copy of the driver's license and vehicle insurance showing the driver as a named covered driver on the policy.

TMS can also schedule routine reoccurring trips for a full month at a time if needed. The member simply needs to call to schedule these trips before the end of the month for the upcoming month's trips.

To book a medical trip or for information call TMS toll-free at (866) 572-7662.

Contact Information

TMS Management Group, Inc.
5800 Fleur Drive, Suite 231
Des Moines, Iowa 50321-2854

Call Center: (866) 572-7662
Fax: (866) 584-7601

IA/NEPCA becomes Iowa Primary Care Association

In 1988, four community health centers (CHCs) came together to create the Iowa/Nebraska Primary Care Association (IA/NEPCA). Since then, IA/NEPCA experienced tremendous growth and served 13 Iowa CHCs, six Nebraska CHCs, and one Iowa Federally Qualified Health Center Look-Alike. In response to this growth, the Iowa and Nebraska CHCs mutually agreed to establish separate state primary care associations to focus on their unique challenges and opportunities. As of April 1, 2011, the official name of the Iowa entity changed to the Iowa Primary Care Association (Iowa PCA).

The Iowa PCA goal is to ensure quality, affordable primary and preventive health care services are available to all, regardless of ability to pay. Member health centers serve as a health home for more than 172,000 individuals in Iowa, focusing on reducing health disparities and achieving positive health outcomes.

Please visit the new website at http://www.iowapca.org.

Partner Spotlight

I-Smile™ in the Rural Community

Angie Halfwassen, I-Smile™ coordinator

Since its implementation into the public health system in 2006, the I-Smile™ dental home initiative has diligently worked to improve the oral health system for Iowa's children. Angie Halfwassen, one of the program's twenty-four regional dental hygienists known as I-Smile™ coordinators, has been a key participant for this oral health initiative as well as for rural health objectives. She is located at Webster County Public Health, and her service area is not only rural but is also one of the largest in the program with nine counties (Emmet, Palo Alto, Pocahontas, Humboldt, Wright, Calhoun, Webster, Hamilton, and Greene).

Her vast service area has focused much of Angie's work on infrastructure-building for the program. She knows that without key community relationships and overall I-Smile™ program awareness, the children in her location will have less opportunity for treatment and for healthier mouths. Angie conducts trainings and presentations to various community groups including dentists, schools, and local agencies. She has also expanded her networking to medical providers and clinics, and they are slowly working with her to provide referrals for young patients who need oral health care coordination and treatment. However, she would like to see more interaction with this group and believes that they could be an important partner for her in the future. "Outreach is ongoing to implement this as it would help reach the 0 to 3 age of children that dentists typically don't see. They could help present a consistent message to families about the importance of proper oral health for their children."

Oral health education and a preventive care emphasis for families are vital anywhere but are especially important in a large rural setting where resources may be several miles away. Angie has worked with several families and their children on their understanding of oral health and preventive care, and in turn, she has provided many kids with fluoride varnish applications. Both have resulted in a reduction in the number of very young children with cavities in her area. "This is a huge piece of the puzzle that was missing prior to I-Smile™. Parents are very receptive to our services and are willing to make small change in their existing routine to help their children have better oral health."

Angie's work within her rural service area has extended into her membership on the Center for Rural Health and Primary Care Advisory Committee, which is administered through the Iowa Department of Public Health. She serves as the representative of a "rural health practitioner who is not a physician, physician assistant, or advanced registered nurse" for this statewide committee. "Since I practice in a very rural area, it gives me insight into what issues are faced by this population." The committee meets four times a year and discusses various rural health issues, including oral health. "The committee is very supportive of the I-Smile™ program. It is helpful to be on the committee to offer personal experiences with the program and encourage their continued support."

Angie has shown that the I-Smile™ program is an asset to the health of Iowa's children, especially those in rural settings. To find your local I-Smile™ coordinator, please visit http://www.ismiledentalhome.org.

Partner Spotlight Cont.

I-Smile™ Reaches Out to Hospitals

by Amy Goetsch, I-Smile™ coordinator

Amy Goetsch, I-Smile™ coordinator

As an I-Smile™ coordinator in Black Hawk County, my service area contains several hospitals that provide delivery services to a large population - approximately 4000+ births per year. I thought a hospital outreach project would be the perfect fit for early oral health education. Many parents I encountered at WIC, and even my personal friends with young children ages 0-4, didn't know a lot about preventing decay or the recommended dental visit at age one. I knew it was important for parents to get the message as early as possible because prevention of decay starts even before an infant's first tooth erupts. I wanted to make sure that parents had the information and tools in their hands from day one, when habits are being established.

Using I-Smile™ funds, I purchased infant toothbrushes, children's flossers, children's toothpaste, and bags with the "Stop Germs, Stop Cavities" logo. I created a one-page "Instruction Manual for Your Baby's Mouth" to include in the bags. With the help of health department interns, we assembled enough bags to last for one year for each hospital. Additionally, I let the hospitals know that I would be in contact in the future if we had enough funding to continue the project into a second year. The hospitals were very understanding of our limited funding and the possibility that this project might have to be discontinued.

I set up a meeting with the labor and delivery nurse managers at each hospital. After presenting the project to them and educating them on I-Smile™ and oral health messages, I was able to set up in-service training for labor and delivery staff. During the training, I explained the I-Smile™ program goals, and provided information about early prevention and children's oral health. With the nurse manager's support, the nurses were trained on how to educate parents on infant oral hygiene practices. One hospital uses videos to teach parents on such topics, so I was able to work with a nursing student on her internship project in coordination with Hawkeye Community College to create a video to use at that facility. The nurses were also trained on how to discuss feeding techniques to reduce caries risk (no bottles to bed, propping bottles, using bottles/nursing as a pacifier, co-sleeping combined with nursing throughout the night, etc) and to highlight the dental informational sheet that goes home with new parents.

The project was very well received by the nursing staff and I continue to hear comments in the community from new moms about receiving the bags. WIC staff has also heard a lot of comments from new moms when they start to discuss oral health topics during WIC visits. WIC was the one who alerted me that one of the hospitals had run out of bags when the clients stopped talking about them for a week! We are currently assessing our funding situation to continue the project, but in the interim, one hospital has agreed to print and hand out the forms.

Science has taught us that most infants and young children acquire caries-causing bacteria from their mothers. The I-Smile™ program has made it possible for me to reach these new parents, and educate them on the importance of taking care of their teeth in addition to their new baby's. Promoting these healthy behaviors can reduce the transmission of such bacteria, which will reduce the onset of caries and allow children to grow up healthy.

Provider News

A brief Q&A with an Iowa National Health Service Corps loan repayment recipient…

Name: Kelcee Foss, MA, LMHC, CADC, NCC

Provider Type/Specialty: Licensed Mental Health Therapist, Expressive Arts Therapist

Name and Location of Practice Site: House of Mercy – Newton Center, Newton, Iowa.

Where are you From?: I'm originally from Orange City, Iowa. I currently live in Des Moines, Iowa.

Where did you complete your education?: I completed my undergraduate work at Northwestern College, Orange City, Iowa. I went to graduate school at Lesley University, Cambridge, Mass., where I studied Mental Health Counseling and Expressive Therapy.

How long have you been working at your current practice site?: I worked at House of Mercy in Des Moines for four years prior to starting at House of Mercy-Newton Center in July 2010.

Describe your position and the patient population you serve: I am a mental health therapist and expressive arts therapist. I provide outpatient mental health therapy services for children and adults and use traditional talk therapy, expressive arts therapy, and EMDR. I also work with House of Mercy's substance abuse treatment program and provide co-occurring services.

What attracted you to your practice site?: I grew up in a small town in Iowa. When I moved to Boston to train as a therapist, it was my intention to return to Iowa to practice. While my classmates were planning to stay in the city and specialize, I knew that I would someday work in a place where my clients would also be my neighbors, where the nearest psychiatrist might be an hours drive, and where there would be limited mental health resources. I learned about the National Health Service Corps (NHSC) shortly after graduating. The mission of the Corps resonated with me, and the incentive of being student loan debt-free was too good to pass up. When House of Mercy opened a new office in Newton last April, it seemed like a great fit for me, and an opportunity to join the Corps. I think it has been a good fit for the community as well.

What surprised you about the work that you do that you didn't know before?: I am pleasantly surprised by how much I am enjoying working in a small town after working in urban areas. The community has been welcoming and accepting of our work and it is refreshing to have such collaborative partners.

What is the most challenging part of your job?: Accepting the limitation of time. There is so much good work to be done, so many needs to be met, and so few hours to do it in. Keeping life and work in balance is a constant challenge.

Provider News Cont.

What is the most rewarding part of your job?: As cliché as it may sound, it is true: My clients are the most rewarding part of my job. I continue to be amazed by their resiliency, willingness, and courage. Therapy is hard work, and I am humbled that people would trust me to be a part of that process with them.

Do you have any advice to provide to anyone interested in National Health Service Corps loan repayment?: Do it. Now. In the short time that I have been a member of the Corps, I have grown a great deal as a therapist, and am really excited about the work I am doing. And to be honest, paying off my student loans felt incredible. My student loan debt used to make me sick with worry. Last week, I received my loan repayment funds of $60,000 and said goodbye to Sallie Mae forever.

You recently attended a NHSC awardee conference – what was the most interesting take-home point of the conference?: At the conference, I was encouraged to consider creative ways to join with the community to promote health and wellness. I know that I often become very focused on the individual client in my office, and how to be present and helpful to them at that specific moment in time. When I left the conference, I felt motivated to also support the kind of change in the community that doesn't fit neatly into a billable hour.

NHSC provides loan repayment of up to $60,000 for a two-year service commitment to eligible primary care providers working at designated NHSC sites. After the initial two year commitments, providers may extend their contract in one year increments for additional loan repayment funds. To become an eligible NHSC sits, there is an application process that confirms the site is located in a Health Professional Shortage Area and meets other program guidelines of serving underserved patients and maintaining sound fiscal management. For more information about the National Health Service Corps (NHSC) loan repayment program and eligibility requirements for sites and providers, please visit http://nhsc.hrsa.gov or contact Bobbi Buckner Bentz in the Primary Care Office at the IDPH. The current loan repayment application period closes May 26, 2011.

3000 Health Information Technology Graduates for Hire!

Need help staffing your health information technology activities? U.S. Department of Health and Human Services, Office of the National Coordinator (ONC) for Health Information Technology (HIT) funded 82 community colleges that are graduating the first batch of health information technology professionals this month. The graduates represent mid-career professionals with backgrounds in health care or information technology. The training provides them a background in HIT integrating their educational and work experience to provide a skilled workforce that can facilitate the implementation of electronic health care system. For Iowa graduate resumes contact norma.morganti@tri-c.edu.

Worth Noting

The Iowa City VA Medical Center has changed its name to the Iowa City VA Health Care System

The change "reflects the overall integration of medical services provided at the medical center and multiple community based outpatient clinic locations," according to a news release. In addition to the medical center in Iowa City, the Health Care System provides services in Bettendorf, Cedar Rapids, Dubuque, Ottumwa, Waterloo and Coralville, Iowa; Galesburg and Quincy, Ill.

Centers for Medicare and Medicaid Services, Kansas City Regional Office

Claudia Odgers has been designated the rural health coordinator for the Kansas City Region VII Office. She has been with CMS for the past 18 years. Her Medicare program work experience includes Survey and Certification, Medicare Advantage, the Quality Improvement Program, and Medicare Fee For Service policy. Ms. Odgers replaces Robert Epps who was asked to work on a special initiative. Ms. Odgers can be contacted at Claudia.Odgers@cms.hhs.gov.

Funding Opportunities

Iowa Rural Health Association Membership Scholarships are available. The IRHA announced twelve funding scholarships of $87.50 towards an IRHA Organizational membership fee. That is a 50 percent reduction on an organizational membership! During these difficult budgetary times, IRHA Board members know rural hospitals and clinics are seeking way to stay involved in the important activities with help frame rural and underserved health care access. The 12 partial membership scholarships are on a first-come-first serve basis. Please contact Melissa Primus at (515) 282-8192 or go to the IRHA website, http://www.iarurhealth.org, to download the membership form.

Fire and Emergency Services Grant Writing Guide

The National Volunteer Fire Council has published the Fire and Emergency Services Grant Writing Guide to assist fire and EMS divisions in grant writing. The guide offers several quick tips on funding opportunities, how to write a successful narrative, how to demonstrate a need, and how to contact a potential funder.

Iowa Board of Medicine Annual Report

The 2010 Iowa Board of Medicine Annual Report on licensure, enforcement, and regulatory work is available at : http://medicalboard.iowa.gov/Board%20News/2011/2010%20Report%20-%20April%201%202011%20(final)_04082011.pdf.

Worth Noting Cont.

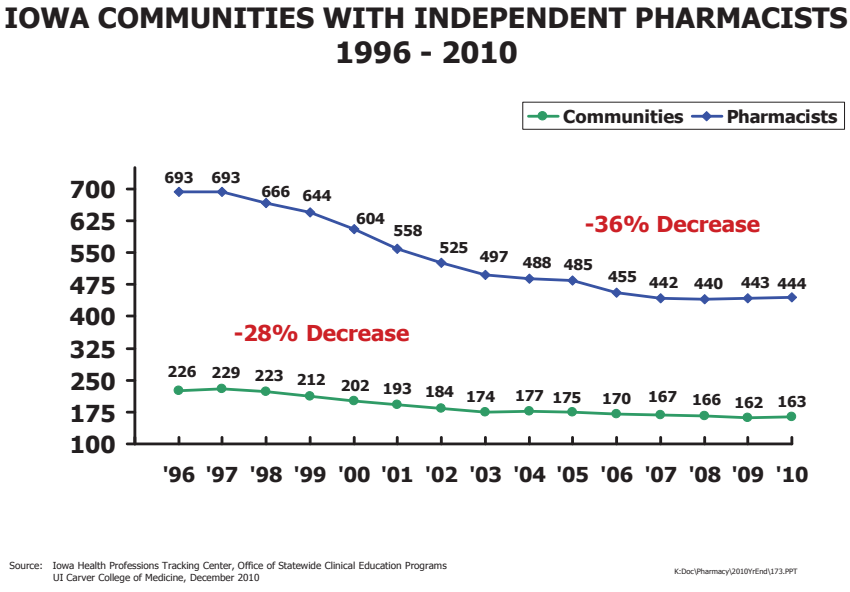
Iowa Hospital Facts Website

The Iowa Hospital Association has announced the launch of a new website aimed at providing Iowans with information about hospitals and health care in the state. Iowa Hospital Facts is a portal to state and national health care websites where Iowans can connect to data and information about the cost, quality, safety and value of their hospitals. The web portal links to information about quality and patient safety data, hospital economic impact data, community benefit information, job listings for Iowa hospitals, and other pertinent information.

Academic Medicine, February 2011 - Volume 86 - Issue 2

The February edition of Academic Medicine included an article entitled, *"The Impact of Rural Training Experiences on Medical Students: A Critical Review"*. The article concluded that placement of medical students in rural settings during medical school is a positive learning experience that influences practice site and career choice. However, the authors point out it is unclear whether rural training experiences reinforce pre-existing interests of students or have the ability to motivate previously uninterested students to pursue primary care or rural medicine. The article is available for purchase at: http://journals.lww.com/academicmedicine/toc/2011/02000.

Independent Pharmacies in Iowa Declining



The number of independent pharmacies in Iowa has been declining for the past 15 years. The number of independent pharmacists at the close of 2010 was 36 percent lower than it was 15 years earlier, decreasing from 693 to 444. That occurred despite an increasing supply in Iowa pharmacists overall. During that same period, Iowa towns with at least one independent pharmacy declined by 28 percent from 226 to 163. In many instances, the community continued to be served by another type of pharmacy (e.g., chain, franchise, or hospital-sponsored).

- Roger Tracy, Office of Statewide Clinical Education Programs, UI Carver College of Medicine

Program Announcements

Primary Care Office:

The number of National Health Service Corps (NHSC) loan repayment awards and approved sites continues to increase in Iowa. At the beginning of April, there were 205 approved NHSC sites in Iowa where primary care providers are eligible to receive qualified student loan repayment. Currently, 92 primary care providers have received loan repayment and are working in underserved areas of Iowa as National Health Service Corps loan repayors. When a provider receives an award, they are obligated to work in that designated underserved area for a period of at least two years. Providers at designated sites still have time to apply for loan repayment during the current loan repayment application cycle, which closes on May 26, 2011. To learn more about the program, site eligibility and provider loan repayment eligibility, go to: http://nhsc.hrsa.gov. For questions regarding the program, please contact Bobbi Buckner Bentz at bobbi.bentz@idph.iowa.gov or (515) 281-7223.

Small Rural Hospital Improvement Program

On March 25, 2011, the Iowa SORH was advised: "The SHIP progress report guidance has not yet been released. Please hold off on requesting applications from your hospitals until the guidance is released." Congressional appropriation recommendations are in flux. The President's 2012 Budget is not finalized. However, it is common knowledge that there is a possibility SHIP may not be funded sometime in future. Hospitals should begin planning to adjust budgets should this be the case.

In March, 2011, the Iowa State Office of Rural Health (SORH) conducted a survey to determine to value of the Small Rural Hospital Improvement Program (SHIP) in Iowa. Click here for the survey results.

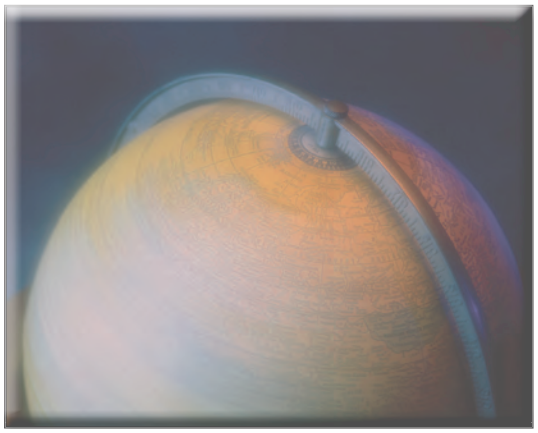
State Office of Rural Health

Rural Health Clinic (RHC): ICD Coding Webinars: In the last eight months, the Iowa, Montana, Washington, Wyoming, Maine, and Michigan Offices of Rural Health sponsored three RHC coding and billing webinars presented by Tammy Norville from the North Carolina Office of Rural Health. The webinars were at no cost to the RHCs from the seven states and had positive comments and evaluation. Power point presentations for the webinars are available at: http://www.idph.state.ia.us/hpcdp/hca_resources.asp.

Communities Putting Prevention to Work (CPPW): The SORH was the sponsor for a partnership with the IA Public Health Association, Society for Public Health Educators (SOPHE) and the Iowa SOPHE. The partnership hosted an April 14 webinar which was targeted for the Ringgold County CPPW project. Ringgold and Linn Counties are recipients of the federal grant to promote tobacco cessation and increase community policies which will result in disease prevention and healthy residents.

2011 Governor's Public Health Conference: Mike Rosmann, executive director of Agriwellness and Gloria Vermie, SORH director were co-presenters for the "Iowa Behavioral Health: What's Going on in Rural Iowa?" session. The presentation focused on behavioral health issues and programs for farmers, rural Iowa demographics, and state and federal updates. Click here to download the presentation.

Links, Resources and Maps



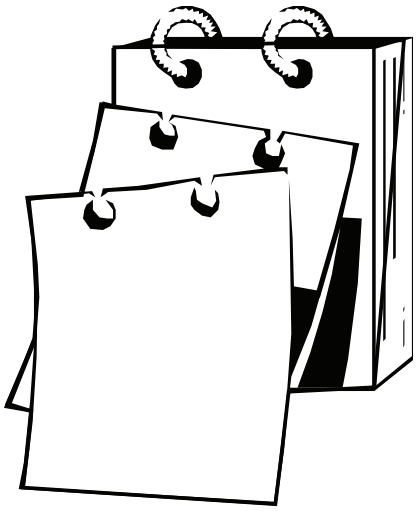
Which Payment Year Should Hospitals Attest to Meaningful Use?
Louis Wenzlow (recognized health IT expert) for the Rural Wisconsin Health Cooperative gives advice. Most hospitals (particularly rural hospitals) do not have the luxury of picking and choosing the payment year during which to attest to meaningful use. But for those that do, there are several factors to consider. For more information click here.

HRSA Interactive Tool
This website has a wealth of information and data! It offers overviews of HRSA programs and current information such as the number and amount of grants awarded down to the County level. You can also find the number of health centers, National Health Service Corps sites, and the number of eligible providers through the 340B program in each state. The tool is interactive and linked to different pages on the HRSA website to provide further information about programs. The data included are pulled from the data warehouse on a nightly basis.

To find out more about "HRSA in Your State," go to: http://hrsainyourstate.hrsa.gov.

Nurse Staffing and Rural Hospital Performance Improvement (Policy Brief)
http://www.uppermidwestrhrc.org/pdf/2011_ruralhospitalperformance.pdf
This study is funded by the Federal Office of Rural Health Policy and examines the impact of nurse staffing on rural hospital performance improvement in the CMS/Premier Inc. Hospital Quality Incentive Demonstration project. Higher registered nurse (RN) staffing hours per patient day are associated with higher scores on composite quality measures for pneumonia, heart failure, acute myocardial infarction and a hospital-wide composite score. The relationship between RN staffing and quality measures does not differ based on rural or urban location, the number of staffed beds, or medical school affiliation.

Calendar and Events



Iowa Health and Long Term Care Access Advisory Council

Friday, May 20, 2011
West Des Moines Community Schools: Learning Resource Center, West Des Moines, Iowa
Council and meeting details: http://www.idph.state.ia.us/hcr_committees/care_access.asp

Iowa Medical Home System Advisory Council

Tuesday, May 24, 2011
9:30 a.m. – 12:30 p.m.
Location TBA, Des Moines, Iowa
Council and meeting details: http://www.idph.state.ia.us/MedicalHome/Meetings.aspx

Center for Rural Health & Primary Care Advisory Committee Meeting

June 9, 2011
9:30 a.m. – 2:00 p.m.
Lucas State Office Building, Des Moines, Iowa
Committee and meeting details: http://www.idph.state.ia.us/hpcdp/rural_health_primary_care.asp

Telemedicine Update- Iowa Practices, Listen & Learn Webinar at Noon

Iowa Rural Health Association
June 9, 2011
Registration: http://www.iaruralhealth.org
Contact: Melissa Primus at (515) 282-8192

Agricultural Medicine Training

June 13-17, 2011
Iowa City, Iowa
For more information: http://www.public-health.uiowa.edu/icash/education/agmedtraining.html

The Art of Assessing & Managing Anger: Aggression Reduction Training

Mahaska Health Partnership
June 13, 2011
William Penn University, Oskaloosa, Iowa
Contact: Carol Gay, education coordinator, at cgay@mahaskahealth.org or (641) 672-3162

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

National Association for Rural Mental Health and AgriWellness, Inc.
June 22-25, 2011
Grand Harbor Hotel and Grand River Conference Center, Dubuque, Iowa
For more information or to register: http://www.narmh.org

Iowa Department of Public Health – Bureau of Oral & Health Delivery Systems

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