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# Update

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## 3RNet



*National Rural Recruitment and Retention Network*

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### **3Rnet Places 1,619 Health Professionals in Rural and Underserved Areas**

**National nonprofit adds \$978 million in economic impact, helps add 22,494 jobs**

Las Vegas – 3RNet members have totaled how many health professionals they were able to place in rural or underserved communities over the last year, and the results are impressive.

3RNet is a national nonprofit network that works through its 53 members to help rural and underserved areas find health care professionals looking for jobs. Members recently completed a survey to help the organization compile how many professionals were placed in communities through their efforts.

From October 2012 through September 2013, 3RNet members were able to refer candidates to health care facilities 290,557 times and they successfully placed 1,619 health professionals in rural or underserved communities across the country.

“Placing over 1,600 health care professionals across the country means that rural and underserved communities are healthier and more viable. We could not place so many qualified professionals without the expertise and hard work of our national network of members. These numbers really speak to our strength as an organization of dedicated people who understand the importance of educating health professionals on the communities they work in everyday,” said Mike Shimmens, executive director for 3RNet.

According to the National Center for Rural Health Works, the average economic impact of a rural primary care physician is anywhere from \$1 to \$1.8 million, and on average hiring a physician results in adding 23 other jobs.

Using these numbers for physician placements only, 3RNet members were able to add \$978 million in economic impact and 22,494 jobs to rural and underserved communities nationwide.

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“Our mission is to improve rural and underserved areas by helping them find physicians and other health care providers,” said Shimmens. “We have always known the work our members do is worth so much in so many ways. Seeing their impact on local economies and with job growth is extremely satisfying.”

Physicians specializing in family medicine, internal medicine, pediatrics, and internal medicine/pediatrics were the most-placed, and dentists, nurse practitioners, physician assistants, registered nurses, psychologists, and social workers were the most-placed non-physician health professionals on the 3RNet site during this time frame.

To learn more about 3RNet and their members, visit [www.3rnet.org](http://www.3rnet.org).

### **About 3RNet**

3RNet is a national nonprofit network of members who work to connect physicians and health professionals looking for jobs in rural or underserved areas with communities across the country through the 3RNet’s job board ([www.3rnet.org](http://www.3rnet.org)) and their local expertise.

3RNet’s mission is to improve rural and underserved communities’ access to quality health care through recruitment of physicians and other health care professionals, development of community based recruitment and retention activities, and national advocacy relative to rural and underserved health care workforce issues.

3RNet members are organizations such as State Offices of Rural Health, Primary Care Offices, AHECs, university programs, state-based non-profit organizations and Primary Care Associations.

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## **Become a 3RNet Associate Member Today!**

Did you ever wonder how to could get a list of the candidates registered on the National Rural Recruitment and Retention Network? Become an Associate Member today and you will receive a weekly email of the candidates interested in working in rural Iowa including their contact information. Your facility will be listed on the national 3RNet website and you will get a reduced registration fee to attend the annual conference. Associate Membership’s are available to all Iowa Rural Hospitals, Rural Health Clinics and organizations for a small annual fee of \$500. (Associate membership is not available for recruiters, only facilities). For more information please contact Katie Jerkins at [katherine.jerkins@idph.iowa.gov](mailto:katherine.jerkins@idph.iowa.gov) or visit [www.3RNet.org](http://www.3RNet.org).

Reminder: Any rural health facility can post available positions to 3RNet without a charge. Posting a position to 3RNet will enhance your recruiting efforts and increase your ability to reach candidates in all specialties. The candidates will be able to view your individual opportunity and contact you directly to inquire about placement.

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[join-HCA@lists.ia.gov](mailto:join-HCA@lists.ia.gov)

## Oral and Health Delivery Systems Welcome Staff Member

Cori Wilson joins the Bureau of Oral and Health Delivery Systems, Oral Health Center as the I-Smile™ outreach coordinator for Iowa. Her responsibilities include development of an infrastructure plan for coalitions within the state and an oral health consultant for a number of Title V/MCH agencies. Cori has been a dental hygienist for 18 years in both public and private practice and has diverse experience in public health. She has participated in a sealant program, WIC and Head Start activities, and coordinated care for HIV/AIDS clients.

Cori is from Wisconsin and spent some time in Germany. She has two children and a chocolate lab (her third child). She enjoys flowers, cheesecake and positive people. Cori is a most welcome addition to the OHDS staff!



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## How many Medicaid-enrolled children received dental care last year?

New county-level reports are available on the IDPH website that shows the number of Medicaid-enrolled children who received important dental services in FFY2013.

The I-Smile™ initiative's focus on prevention continues to show an impact—over 28,000 more Medicaid-enrolled children (ages 1–20) received a preventive dental service than in 2012! However, there were fewer children overall who received care, which may reflect fewer dental providers accepting Medicaid patients into their practices.

There are six different reports for FFY2013. Click on this [link](#) to see them. For more information, contact the Oral Health Center at 1-866-528-4020.

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## Coming Soon...Access Update Changes

We are happy to announce that the Access Update is moving to an email-based service in the first quarter of 2014. You will no longer be required to visit our website and download the Access Update. The Access Update will be delivered straight to your inbox. This move requires that our subscribers be migrated to the new service. During this migration, subscriber may be required to verify their subscription. So keep an eye on your email and be sure to verify your subscription.

## Iowa Critical Access Hospitals Excel in National Measures

The Hospital Consumer Assessment of Healthcare Providers and Systems Survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. Since 2008 HCAHPS survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience has allowed valid comparisons to be made across hospitals locally, regionally and nationally.

Table: The April 2012 to March 2013 data shows Iowa Critical Access Hospital standing.

| April 2012 to March 2013 HCAHPS Results for CAHs in Iowa, CAHs nationally and all U.S. hospitals | Mean (average) for: The percentages below indicate that Iowa CAHs rank higher in 8 of 10 measure than other CAHs nationally and higher than all hospitals ranked in the U.S. |                           |                                |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|
| Percent of patients who reported that:                                                           | Iowa CAHs (n =31)                                                                                                                                                            | CAHs Nationally (n = 442) | All U.S. hospitals (n = 3,765) |
| Communication with Nurses                                                                        | 81%                                                                                                                                                                          | 79%                       | 74%                            |
| Communication with Doctors                                                                       | 84%                                                                                                                                                                          | 83%                       | 80%                            |
| Responsiveness of hospital staff                                                                 | 71%                                                                                                                                                                          | 71%                       | 62%                            |
| Pain management                                                                                  | 71%                                                                                                                                                                          | 71%                       | 68%                            |
| Communication about medications                                                                  | 66%                                                                                                                                                                          | 63%                       | 59%                            |
| Discharge information                                                                            | 87%                                                                                                                                                                          | 82%                       | 80%                            |
| Quietness of hospital environment                                                                | 62%                                                                                                                                                                          | 61%                       | 56%                            |
| Cleanliness of hospital environment                                                              | 78%                                                                                                                                                                          | 78%                       | 69%                            |
| Overall hospital rating of 9 or 10 (high) on 1-10 scale                                          | 75%                                                                                                                                                                          | 70%                       | 64%                            |
| Recommend the hospital to friends and family                                                     | 74%                                                                                                                                                                          | 71%                       | 68%                            |

## Iowa Center for Rural Health and Primary Care Advisory Committee

Iowa rural residents have a dedicated group of individuals serving their health interest. In the 1989 legislative session the Office of Rural Health Advisory Committee was created. Then in 1994 it expanded to the Center for Rural Health and Primary Care Advisory Committee ([Chapter 135.107 - Center for Rural Health and Primary Care](#)).

The Center for Rural Health and Primary Care Advisory Committee was established to facilitate and examine issues to ensure and promote access to quality rural health services and to encourage community health care improvement through collaborative efforts. The RHPAC examines efforts of the local boards of health, rural hospitals, certified rural health clinics, EMS, the state loan repayment program, and community health programs. Also, the committee cooperates with the Iowa's Center for Agricultural Health and Safety to prevent agricultural accidents and provide research and practice promoting health and safety efforts for rural families.

Members of the committee are either recommended and requested to serve or appointed by the governor. The Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems, Office of Rural Health facilitates the committee including meetings, communications and member services. The committee meets quarterly. The most current meeting was April 22, 2014. To learn more about the RHPAC and view the member list [click here](#).

## Learn More About Iowa's First Ever Comprehensive Direct Care Training



Prepare to Care – Iowa's Direct Care and Support Curriculum is a comprehensive, cross-discipline training package that prepares people to work in a variety of direct care settings. The curriculum includes a Core training course, which provides basic foundational knowledge and an introduction to the profession. There are also five advanced training courses. Advanced certificates as a Community Living Professional, Personal Support Professional and Health Support Professional are achieved by taking a written exam at any Iowa community college after completion of the required courses.

The courses are offered in a variety of ways, including online, through community colleges, and through instructors in employer settings. The Core training is available online for free at <http://directcare.training-source.org>. Classroom instruction is taught by trained, approved instructors. To learn more about the content, the rigorous development and evaluation process of the curriculum, and how to contact or become an instructor, visit our website at [www.iowapreparetocare.com](http://www.iowapreparetocare.com) or contact [directcare@idph.iowa.gov](mailto:directcare@idph.iowa.gov).

# Worth Noting

## **National Health Service Corps New Site Application Cycle is Open**

The 2014 NHSC New Site Application cycle is now open to those sites that have never been approved as an NHSC site. All completed applications must be submitted by June 16, 2014, at 10:59 p.m. CDT (11:59 p.m. EDT), to be considered for an award. Please refer to the NHSC's [Site Reference Guide](#) for all of the program requirements.

In order to apply to become an NHSC-approved site, a facility must submit an NHSC Site Application through the NHSC's [Customer Service Portal](#). For this application cycle, only sites that have never been approved as NHSC sites are eligible to apply. Previously approved NHSC sites will have an opportunity to recertify in fall 2014. The NHSC encourages eligible sites to apply as early as possible. On average the site application cycle can take 2–3 weeks from start to finish.

Before applying to become an NHSC-approved site, please closely review the NHSC's [Site Reference Guide](#).

It is an exciting time to become an NHSC-approved site. The benefits include access to:

- NHSC Loan Repayment and Scholarship Program providers who are currently seeking employment at NHSC-approved sites;
- The NHSC [Jobs Center](#), where NHSC-approved sites post job openings and site profiles, which attracts over 22,000 unique visitors each month; and
- NHSC Virtual Job Fairs, which enable NHSC-approved sites the opportunity to recruit providers in a cost effective manner since interaction is facilitated online via the internet and phone.

A technical assistance conference call will take place on May 1, 2014, 12–2 p.m. CDT (1–3 p.m. EDT). Please access the call by dialing 1-888-391-7045, passcode 2240736. An on-demand webinar is also posted on the [NHSC website](#).

## **Health Reform Law Targets Dental Care for Kids, but Gaps Remain: 4 Million Kids have Unmet Dental Needs**

Even though millions of Americans are joining the ranks of the insured and gaining access to affordable health care, access to oral health care is still expected to lag, especially among adults. [Click here](#) to read the full article.

# Resources

## **Agricultural Medicine Course June 9–13, 2014**

The Great Plains Center for Agricultural Health will host Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals, June 9-13 at the University of Iowa. The Iowa Department of Public Health, State Office of Rural Health is providing registration scholarship funds for two Iowa health care providers. Course brochure and scholarship application at [http://cph.uiowa.edu/gpcah/training/iowa\\_Core\\_Course.html](http://cph.uiowa.edu/gpcah/training/iowa_Core_Course.html).



Online Registration [www.continuetolearn.uiowa.edu/UIConferences](http://www.continuetolearn.uiowa.edu/UIConferences).

For more information, contact Kay Mohling at 319-335-4219 or [kay-mohling@uiowa.edu](mailto:kay-mohling@uiowa.edu).

## **New Rural Mental Health and Substance Abuse Toolkit Launched**

The University of Minnesota Rural Health Research Center launched the new Rural Mental Health and Substance Abuse Toolkit. This toolkit is designed to help rural communities and organizations develop and implement programs that meet the targeted mental health needs of communities based on proven approaches and strategies. The toolkit is available for free on the Rural Assistance Center [website](#).

## **Board Training for Critical Access Hospitals: The Governance Workbook**

The Governance Workbook provides descriptions, forms, policies and processes for a governing board of a small rural hospital and clinic. The workbook is divided into five sections: Board Composition; Board Roles and Responsibilities; Board Accountability; Board Compliance; and appendices that include current forms and tools. Author: Grand Itasca Clinic and Hospital. To view the workbook [click here](#).



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