

# Rural Health Programs Newsletter

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Protecting and Improving  
the Health of Iowans

May 5, 2020

## Iowa Department of Public Health Rural Health Programs Newsletter

The purpose of this newsletter is to provide program updates, news, and notifications on funding opportunities.

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Please note that direct responses to this newsletter will not be delivered. If you have any questions, comments, or content for the next newsletter, **please reply to [pwsbureaucontact@idph.iowa.gov](mailto:pwsbureaucontact@idph.iowa.gov)**.

### Highlights from this newsletter include:

- [Updates from Rural Health Programs](#)
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## Updates from Rural Health Programs

It is important to share resources during these unprecedented times to provide rural health stakeholders with the information needed during this global pandemic. The Rural Health Information Hub (RHIfhub) has created a wonderful guide to help learn of activities underway during the COVID-19 pandemic. Federal and state agencies, along with national organizations are sharing resources and guidelines to help all communities and healthcare facilities, including rural areas, respond to this issue. To learn more, click on [Rural Response to Coronavirus Disease 2019 \(COVID-19\)](#).

In addition, the Rural Health Information Hub has posted a collection of best practices and lessons learned from rural communities adapting to COVID-19. To

learn how rural communities are innovating during these difficult times, read more on [Rural COVID-19 Innovations](#).

The Iowa Department of Public Health is providing regular updates on the novel (new) coronavirus. For COVID-19 information, we recommend that you regularly monitor the [Iowa Department of Public Health COVID-19 Page](#). Furthermore, to discover the latest resources, maps and information about COVID-19, click on [coronavirus.iowa.gov](http://coronavirus.iowa.gov).

## POND Interest Survey for Rural Health Clinics

**Opportunity for Rural Health Clinics**



**POND<sup>®</sup> is the Practice Operations National Database.**

This web-based data collection, reporting and benchmarking application tool is [free](#) for Iowa's Rural Health Clinics. This tool will be funded by the State Office of Rural Health. To receive future information and updates about POND<sup>®</sup>, please contact Susan Hesse at [susan.hesse@idph.iowa.gov](mailto:susan.hesse@idph.iowa.gov).

POND<sup>®</sup> has partnered with the National Organization of State Offices of Rural Health (NOSORH) to help rural health clinics:

- Understand what metrics are important to collect, report, and benchmark
- Get access to rural relevant data including compensation and productivity metrics
- Compare financial, quality, and operational performance
- Learn from one another in a formal, outside network environment
- Build a database to quantify the value of our country's rural practices
- & More!

Please take this survey so we can learn of your interest to participate! Click [here](#) to take the survey.

We look forward to sharing this exciting opportunity with you!

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Iowa Department of Public Health  
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POND is a financial and operational reporting and benchmarking application/tool that has partnered with the National Organization of State Offices of Rural Health (NOSORH) and is **free** for Iowa's Rural Health Clinics. To learn more, click the flyer on the left.

We are surveying all rural health clinics (RHCs) to better understand the current awareness surrounding the Practice Operations National Database (POND) as well as interest in this application.

If you are a provider-based or independent Rural Health Clinic (RHC), please take the survey [here](#).

## National Health Service Corps Update

NHSC Loan Repayment Programs: Application deadline has been extended to May 21, 2020, 7:30 p.m. ET for the:

- [NHSC Loan Repayment Program](#)
- [NHSC Substance Use Disorder \(SUD\) Workforce Loan Repayment Program](#)
- [NHSC Rural Community Loan Repayment Program](#)

### COVID-19 Recipient Considerations

In response to the coronavirus pandemic, the Health Resources and Services Administration (HRSA) is actively working to address issues that affect National Health Service Corps (NHSC) participants, Nurse Corps participants, and approved sites. The goal is to offer flexibility in program requirements, so participants and sites can focus on facing this public health emergency.

The passing of the Coronavirus Aid, Relief, and Economic Security (CARES) Act has granted additional NHSC site approval flexibilities. As such, and in support of HRSA's response to the COVID-19 pandemic, the Bureau of Health Workforce (BHW) Division of Regional Operations (DRO) in collaboration with Division of Participant Support and Compliance (DPSC) will be approving certain NHSC sites on an emergency basis to allow unemployed NHSC clinicians to earn credit toward their

service obligation. Participants who are laid-off or furloughed due to a permanent or temporary site closure, and who wish to provide services in support of this public health emergency may be allowed, on a temporary basis, provide primary care to patients impacted by COVID-19 at a temporary location and earn service credit. Emergency/temporary locations require approval HRSA, and a Site Administrator/Point of Contact would be required to verify clinical service hour requirements are met. Note that this emergency site approval process does not require Primary Care Offices to review and approve these temporary sites.

The flexibilities noted above are temporary/limited in time and specific to assisting in the COVID-19 response (i.e. not permanent, and not for something other than COVID-19 response). The temporary sites will be terminated at the end of the public health emergency, and unemployed clinicians assigned to the temporary sites will need to return to service at a regular NHSC site.

## Frequently Asked Questions: PRIMECARRE Loan Repayment Program Provisions for COVID-19

PRIMECARRE recipients should submit all questions and requests to the Iowa Department of Public Health through the IowaGrants grants management system.

### **If a PRIMECARRE recipient already received payment but has not put the payment toward loans yet, can the payment be returned if the recipient is aware he/she will be laid off?**

The contract dictates what should happen. When funds are received is not a determinant of service. The contract states when services will start for that commitment and the contract also states what funds for such services will be provided. Returning funds does not change contract commitments. The contracts have to change in order to change service commitments.

### **What if a PRIMECARRE recipient is not able to meet the minimum full-time or part-time work requirement?**

If the participant is unable to meet the minimum clinical hour requirements for their full- or half-time contract due to reduced hours at their approved service site, the participant must use one of the options below to remain compliant. At the direction of the approved site, the participant may request the following through the duration of the COVID-19 national emergency:

- Approval of shifting regular clinical service to patients to be delivered via telehealth/telemedicine to accommodate infection control, social distancing, or other appropriate measure to assist in meeting recommended outbreak reduction/control measures. PRIMECARRE recipients may provide virtual check-in services via telephone, audio/video, secure text messaging, email, or use of a patient portal.
- A temporary expansion of the maximum hours are allowed to provide patient care in an approved alternative setting. Maximum hours are increased to 40 hours (from 8) throughout the duration of the national emergency declaration.
- Approval to receive PRIMECARRE service credit for clinical care to patients impacted by COVID-19 at temporary locations.
- Use allotment of time away from practice site (35 workdays per service year).
- Approval to suspend your PRIMECARRE service obligation (up to one year). Requesting a suspension will allow you to remain compliant, while extending

your obligation end date by a time frame equal to the approved suspension period.

### **What are the implications if a PRIMECARRE recipient is on furlough or is laid off temporarily?**

Due to the current pandemic of COVID-19, the participant may request a suspension of their PRIMECARRE service obligation (up to one year), if:

- The participant is unable to meet minimum clinical hour requirements (per your service contract)
- The participant anticipates exceeding the allotted 7 weeks (35 workdays per service year) of leave.

Suspension of the service obligations will allow the participant to remain compliant, while extending their obligation end date by a timeframe equal to the approved suspension period.

If the recipient wishes to provide services in support of this public health emergency, they will be allowed to voluntarily, or on a temporary basis, provide care to patients impacted by COVID-19 at a temporary/emergency location. Emergency locations would require approval and a site Administrator/Point of Contact would be required to verify clinical service hour requirements are met.

## **Bringing It All Together in Wright County**



The Federal Office of Rural Health Policy provided supplemental funds to state Flex Programs for emergency medical service (EMS) projects via the Fiscal Year 2018 Flex EMS Sustainability Projects. These supplemental funds allowed Wright County EMS to implement a project addressing the broken EMS system they have been working to improve. Wright County EMS stakeholders have discussed the need for EMS system improvements for the past ten years but have not been able to gain

much traction until recently. Ambulance services within the county have seen a decline in volunteerism, a decrease in reimbursements for services provided, and an increase in operational costs, leading to the closure of a service in the county.

In 2015, the Wright County EMS Association met with the Wright County Board of Supervisors with the goal of taking a proactive approach to improving EMS. Through this, a Wright County EMS Advisory Council was developed. The initial EMS Advisory Council meeting was held in January 2016 and meetings continued throughout 2016 and 2017. During these meetings, many EMS options were considered, including doing nothing, hiring a private company to provide EMS services, developing a County EMS Agency, and looking at funding opportunities through taxation. After serious research and discussion the EMS Advisory County decided to use Iowa Code section 422D as a funding opportunity, providing funding through taxation. This would require a county-wide vote and simple majority approval.

In August 2017, the Wright County Board of Supervisors, in written resolution, declared EMS an essential service in Wright County. Four town hall meetings were held to answer questions on property tax funding through 422D, and in August 2018, EMS was declared an essential service in Wright County with nearly 70% approval. This additional tax will provide \$586,652 annually to sustain EMS in the county. Following this, the EMS Advisory Council held several meetings approving county-wide system standards and funding agreements. Iowa Specialty Hospital appointed an EMS Coordinator with the funds until the tax dollars would become available in Fall 2019. The coordinator serves as a go-to person for Wright County EMS service directors to coordinate shared training, recruitment, and funding opportunities. The supplemental funding also allowed Wright County systems development to move forward with implementing a county wide medical direction, including shared medical director and a single patient care protocol and a shared EMS provider roster between the three EMS services in the county.

It was vital to EMS services in Wright County that individual service entities be maintained, so instead of a completely consolidated county wide system, Wright County developed a shared model that worked for them. Moving forward, Wright County will be looking to fully implement the county developed system standards to the best of their abilities and demonstrating to their community that declaring EMS as an essential service was a wise investment.

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## The Check-Up Newsletter

The Check-Up is a newsletter designed to keep interested Iowans up-to-date on the progress of health care transformation initiatives. The Check-Up also features updates on activities of the Iowa Department of Public Health's Office of Health Care Transformation within the Bureau of Policy and Workforce Services. Read the April Check-Up by clicking on the newsletter to the left, and visit <http://idph.iowa.gov/ohct> for more



information on the work of the Office of Health Care Transformation.

## Oral Health News

### I-Smile and Delta Dental: A Medical-Dental Collaboration at Work

I-Smile™ is a statewide program that connects Iowans with dental, medical, and community resources to ensure a lifetime of health and wellness. I-Smile's featured program is *Cavity Free Iowa*, a new medical-dental initiative focused on early oral health care and prevention of early childhood cavities. Recognizing that young children often see their primary care provider on a routine basis for well child visits, the goal of *Cavity Free Iowa* is to increase the number of children ages 0-35 months receiving preventive oral health services and dental referrals.

This year, staff at Garner Specialty Clinic were presented with certificate of achievement and awarded a plaque for participating in Delta Dental's Cavity Free Iowa Program. Read about it [here](#).

To learn more about I-Smile, including *Cavity Free Iowa*, visit <https://ismile.idph.iowa.gov/>.



### A call for action to improve US oral health care

Globally, oral health has been a neglected topic compared to many other health problems. Could this change?

Click on the article to the left to read about how integration of medical and dental services is necessary for population health.

# USPSTF Updated HCV Screening Recommendation

The U.S. Preventive Services Task Force (USPSTF) released its updated recommendation for [screening for hepatitis C infection](#). The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years. This recommendation applies to all asymptomatic adults 18 to 79 years without known liver disease. Additionally, the recommendation received a Grade B. The Affordable Care Act requires private insurers and Medicaid to cover preventive services that receive a grade A or B; and Medicare is authorized to expand coverage of preventive services consistent with USPSTF recommendations.

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## Available Funding Opportunities

**[Rural Tribal COVID-19 Response program funding opportunity](#):** Through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, HRSA received \$15M to allocate to tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes. The funding will provide support for the Tribes to prevent, prepare, and respond to COVID-19 in rural communities. Tribes can request up to \$300K in funding for COVID-19 related activities. For this funding opportunity, the System for Award Management (SAM) registration requirements will be relaxed for applicants at the time of submission in Grants.gov. Current registrants in SAM, with active registrations expiring before May 16, 2020, will be provided a one-time extension of 60 days. New applicants are able to submit an application without a valid SAM registration.

*Applications are due by May 06, 2020.*

**[DOL National Farmworker Services for Career Training and Housing](#):** The U.S. Department of Labor (DOL) will make 65 awards with a total investment of nearly \$10 million to assist migrant and seasonal workers and their families. The purpose of the program is to counter chronic unemployment and underemployment for agricultural workers through career and training services, housing assistance, and youth services to help them acquire new skills for higher wages and year-round employment. Eligible applicants are state and local workforce development entities, public institutions of higher education, nonprofits, and tribal governments and entities.

*Applications are due by May 14, 2020.*

**[Assistance to Firefighters Grant \(AFG\) COVID-19 Supplemental Funding Cycle](#):** Grants for fire departments, EMS organizations, and fire academies for equipment, training, personnel wellness programs, capital funding, and collaboration/regional communication efforts. This additional funding round focuses on Personal Protective Equipment and supplies needed to prevent, prepare for, and respond to the COVID-19 public health emergency.

*Applications are due by May 15, 2020.*

**[DOJ Preventing Trafficking of Girls](#):** The U.S. Department of Justice (DOJ) will make four awards with total funding of \$1.8 million to prevent and reduce victimization of girls who are vulnerable to sex trafficking. Priority consideration will

be given to applications that address specific challenges in rural communities, and/or that demonstrate benefit to high-poverty areas or persistent poverty counties

*Applications are due by May 26, 2020.*

**NIH Addressing Racial Disparities in Maternal Mortality/Morbidity:** The National Institutes of Health (NIH) will make awards of up to \$500,000 year for five-year projects that research the mechanisms underlying racial and ethnic disparities in maternal mortality and morbidity and/or testing the efficacy of interventions to reduce these disparities. One specific area of research interest includes strategies to ensure minority women living in rural areas receive preventative obstetric care

*Applications are due by May 29, 2020.*

**CDC Supporting Tribal Public Health Capacity/Coronavirus Response:** The Centers for Disease Control and Prevention (CDC) will make 574 award with total funding of \$40 million to strengthen the tribal public health system to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities in response to COVID-19.

*Applications are due by May 31, 2020.*

**SAMHSA Treatment, Recovery, and Workforce Support Grants:** The Substance Abuse and Mental Health Services Administration (SAMHSA) will make eight awards with total program funding of \$4 million to support individuals in substance use disorder treatment to live independently and participate in the workforce. Eligible applicants nonprofit entities that provide treatment or recovery services; award recipients must partner with one or more state or local entity. SAMHSA intends to make an equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

*Applications are due by June 1, 2020.*

**HRSA Nursing Workforce Diversity-Eldercare Enhancement Program:** The Health Resources and Services Administration (HRSA) will make two awards of up to \$500,000 each to expand opportunities for students from disadvantaged backgrounds. The purpose of the program is to strengthen the eldercare workforce in rural communities that have disparities in healthcare access and delivery.

*Applications are due by June 4, 2020.*

**HRSA Nurse Practitioner Residency Integration Program:** The Health Resources and Services Administration (HRSA) will make five awards of up to \$1 million/year for a three-year program. The program objective is to expand and/or enhance accredited nurse practitioner residency programs in community-based settings. Eligible applicants include state and local governments, schools of nursing, academic health centers, and nurse-managed health clinics. Priority is given to projects that benefit rural and underserved populations.

*Applications are due by June 8, 2020.*

**HRSA Supporting Fetal Alcohol Spectrum Disorders Screening and Intervention Program:** The Health Resources and Services Administration (HRSA) will make one award of \$1 million to reduce alcohol use among pregnant women,



and to improve developmental outcomes for children and adolescents with a suspected or diagnosed Fetal Alcohol Spectrum Disorder. Eligible applicants are any domestic public or private entity, including community-based organizations, faith-based organizations, and Indian tribes/ tribal organizations.

*Applications are due by June 9, 2020.*

**New Funding Opportunity: HRSA Rural Residency Planning and Development (RRPD) Program**: The Health Resources and Services Administration (HRSA) RRPD Program is a multi-year initiative aimed at expanding the physician workforce and increasing opportunities for residents to train in rural communities across America. HRSA will make 11 awards of up to \$750,000 each to support the development of new, sustainable rural residency programs that are accredited by the Accreditation Council on Graduate Medical Education (ACGME).

*Applications are due by June 30, 2020.*

For questions, please email [pwsbureaucontact@idph.iowa.gov](mailto:pwsbureaucontact@idph.iowa.gov).