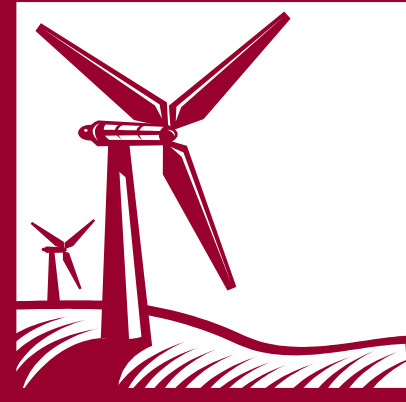


ACCESS UP *date*

February 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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It's All About Getting People Where They Want to Go---Mobility!

From the [Iowa Human Services Transportation Advisory Group](#)

Inadequate transportation has long been identified as a major issue in rural Iowa. Despite legislative involvement and encouragement, barriers in coordination still exist. There is a significant segment of the rural population that either does not have access to a personal automobile or is not currently capable of driving.

Individuals who have access to a personal automobile may still have a barrier to reaching health care facilities or providers. These drivers may not feel comfortable driving outside their town. Being able to and feeling comfortable to drive has greater health implications as

it limits access to jobs, nutrition, other community services, and reduces involvement in social activities. The fact that a significant segment of the rural population depends on public transit and/or volunteer efforts to access health and social services makes it beneficial for health care professionals to learn about public transit and how it operates.



Mobility coordinators can help! Mobility coordinators conduct transportation-related outreach, coordinate policy, and support operations. They focus their efforts on issues of education and coordination or research and funding, depending on the needs of the community. In addition, mobility coordinators seek to utilize all forms of transportation: public transit, volunteer transportation programs and for-profit transportation.

Mobility management with Gina Johnson - This mobility manager spent much of her first year establishing an inventory of existing transportation programs and providers and building relationships with human service and transportation providers. Gina and the Human Services Transportation Advisory Group (HSTAG) believe that transportation coordination begins with identifying existing transportation systems and building on them. Ms. Johnson provides train-the-trainer opportunities to agencies and businesses in this Eastern Iowa Region. She will also be developing travel training curriculum to educate new transit riders, including seniors who are ready to transition from driving.

It's All About Getting People Where They Want to Go---Mobility! Cont.

The HSTAG Marketing and Education Committee are currently planning a Community Transportation Forum. Attendees of this full-day event will learn more about alternative transportation modes and how they can improve human service transportation. The forum will also provide the business community information about how they can support (and benefit from) alternative transportation modes. Contact Gina at Gina.Johnson@ecicog.org with questions.

Get to Know Mobility Coordinator Bridget Bartlett - In the Dubuque area, Bridget was hired in September 2009, and is currently working toward making connections with transit providers and human service providers. With this new position, her job duties include collaborating with human service agencies and community organizations who provide transportation services; researching the needs and demands for users; strengthening the network of human service providers in the region; developing educational programs such as rider trainings and travel training programs; establishing provisions of alternative transportation services such as volunteer programs, carpooling, vanpooling, etc; assisting with funding proposals and program administration; assisting with the Passenger Transportation Plan; making presentations; and providing staff support to a variety of groups organizations and boards. Bridget looks forward to helping individuals in the area reach their destination. She can be contact at BBartlett@ecia.org.

Meet Mobility Coordinator Lee Myers - In the western central portion of Iowa the first small steps toward a Travel Management Coordination Center will begin in the Council Bluffs/Omaha metro area with small trips bringing seniors to a mid-day meal and activities at The Center, a regional senior center serving the area from south of downtown in Council Bluffs. Transportation often becomes a barrier to keeping seniors away from activities and social engagements. Seniors accepting a ride may or may not offer a small donation to The Center for the ride, depending on how the person registered for their program. The Council Bluffs Metro Region hopes to accumulate services into a one-stop call center that could arrange many types of trips for seniors, people with disabilities, the under-employed, and others. Contact Lee at LMyers@mapacog.org.

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Featured Article

Iowa Center for Rural Health and Primary Care Update

By Katie Jerkins, MPH, rural resource coordinator, Bureau of Health Care Access

The Rural Health and Primary Care Advisory Committee was scheduled to co-host a legislative breakfast at the state capitol in partnership with the Iowa Centers for Agricultural Safety and Health (I-CASH) on February 9, 2010. Unfortunately, due to the winter weather the event was canceled. Three policy issues were to be addressed during the legislative breakfast including: oral health (I-Smile) funding, local public health funding, and continued funding for loan repayment for providers in underserved areas, (PRIMECARRE health care provider loan repayment program).

I-Smile - Maintain funding

Tooth decay is on the rise for Iowa children, regardless of family income or insurance coverage. Last year, 1 in 7 children had an unmet dental treatment need. Children with cavities can suffer from pain, have difficulty eating and speaking, become distracted from learning, and feel less confident. The I-Smile™ Dental Home Initiative is a program that utilizes state and matching federal funds and has a mission of providing Iowa children with early and regular dental care. Its focus is on primary prevention, care coordination, and treatment, and it is impacting change. The number of Medicaid-enrolled children, ages 0-12, receiving dental services has increased 56 percent since the initial implementation of the I-Smile™ program.

Local Public Health - Maintain funding

Local public health services grant funding supports local programs that:

- Help Iowans engage in healthy behaviors,
- Improve access to health services for those who “fall through the cracks” and often have no other options, and
- Strengthen the public health infrastructure with:
 - o health promotion services and education to get people the information they need to make healthy choices;
 - o in-home personal care and supportive services, such as home care aide, homemaker, and skilled nursing;
 - o health screenings such as blood pressure, lead testing, cholesterol, and more;
 - o communicable disease follow-up;
 - o immunizations for children and adults when no other funding source is available;
 - o support for local needs assessment and community organizing processes necessary to encourage community change for improved health;
 - o regional field staff from the Bureau of Local Public Health Services helping all 99 counties address local health priorities in a number of ways to ensure that all Iowans, no matter where they live, have access to basic public health services;
 - o education designed to build and maintain the knowledge and skills necessary to provide local public health services and build healthier communities.

Featured Article Cont.

PRIMECARRE Health Care Provider Loan Repayment Program - Support continued funding for loan repayment for providers in underserved areas.

The Rural Health and Primary Care Advisory Committee recommends continued funding for the PRIMECARRE (Primary Care Recruitment and Retention Endeavor) state loan repayment program. State funding in the amount of \$150,000 is necessary to match \$150,000 in federal funding. The PRIMECARRE program improves access to primary care for lowans in rural and underserved areas by granting loan repayment to providers who work in health professional shortage areas. The funds support physicians, psychiatrists, dentists, physician assistants, nurse practitioners, and other health and mental health providers by paying qualified student loan debt in exchange for a two-year commitment of service.

The Rural Health and Primary Care Advisory Committee was established to address rural health and primary care issues. The advisory committee was formed to act as a source of direction and guidance to the State Office of Rural Health staff in coordinating and collaborating with all Iowa agencies concerned with rural issues.

For more information on the Rural Health and Primary Care Advisory Committee: http://www.idph.state.ia.us/hpcdp/rural_health_primary_care.asp

For more information on Iowa Center for Agricultural Safety and Health (I-CASH): <http://www.public-health.uiowa.edu/ICASH/>

Provider News

The FLEX Spotlight - Network Hospitals Play an Important Role in Rural Health Care

By: Kate Payne, interim IDPH FLEX coordinator, and Tammy Missman, marketing/foundation director Hancock County Memorial Hospital

One of the goals of the Iowa Medicare Rural Hospital Flexibility (FLEX) Program is to encourage, develop, and strengthen rural health networks. FLEX supports networks through meetings, site visits, and providing grant funding to network hospitals assisting Iowa's 82 Critical Access Hospitals (CAH).

[Mercy Medical Center](#)

Mercy Health Network located in Mason City, is one of several network hospitals that are leading the way in the quality of care and assuring patient safety in rural Iowa.

Mercy Health Network - North Iowa

The Network spans 14 counties across northern Iowa and consists of eight rural Critical Access Hospitals (CAHs): [Ellsworth Municipal Hospital](#) in Iowa Falls; [Hancock County Health Services/Hancock County Memorial Hospital](#) in Britt; [Franklin General Hospital](#) in Hampton; [Kossuth Regional Health Center](#) in Algona; [Mercy Medical Center, New Hampton](#) in New Hampton; [Mitchell County Regional Health Center](#) in Osage; [Palo Alto County Health System](#) in Emmetsburg; and [Regional Health Services of Howard County](#) in Cresco.



Mercy Medical Center - North Iowa

The Mercy Health Network Vision is: Working together to provide the best, personalized care and healing experience. The Network works in collaboration with the eight CAHs and has a long history of cooperation and sharing in quality improvement, practice initiatives, patient safety efforts, and grant funded projects. Sharing includes transparency of quality, financial and other data. The Network shares resources in a variety of ways, including network-employed positions, collaborative work groups, and grant management activities.

Dar Elbert, assistant administrator/nurse executive at Kossuth Regional Health Center says, "Our Network is a mature one, and is built on trust and accountability. We share information freely and transparently, and the Network provides us an opportunity to plan and implement much larger projects than each of us could manage independently. By working together, we bring a wealth of knowledge and experience to the table, and accomplish meaningful outcomes. Our ability to participate in grants, team learning, and projects cooperatively has helped to solidify our relationships and improve the care and safety of the services that we each provide."

Network Initiatives

Please [click here](#) to read about current, new and past initiatives.

Provider News Cont.

Network Benefits

Mercy Health Network - North Iowa is a vital partner in rural health care and contributes to the expansion of services, quality of patient care, and the success of creating a culture of safety that is built on mutual trust in which all staff members can talk freely about problems and how to solve them.

“Working as a network has allowed us to do so much more than we would have been able to accomplish as a standalone hospital,” explains Chris Eckhoff, assistant administrator/director of nursing and Franklin General Hospital.

Tom Lee, CEO/administrator at Palo Alto County Hospital explains the positive experiences of belonging to the Mercy Health Network. “There are a number of advantages of being a part of Mercy Health Network - North Iowa for our network critical access hospitals and Mercy North Iowa. The network provides a support system for our rural hospitals, instead of being isolated. With that comes the availability of problem-solving opportunities, advocacy and an access to information and technical assistance. Network facilities are able to benefit from economies of scale as in the case of purchasing or for our network. We recently implemented an electronic health record. The Mercy Health Network - North Iowa has also set up financial and clinical benchmarking, not only within the network but also with facilities across the state. In today’s health care climate, collaboration is necessary.”



Lab at Palo Alto County Health System in Emmetsburg

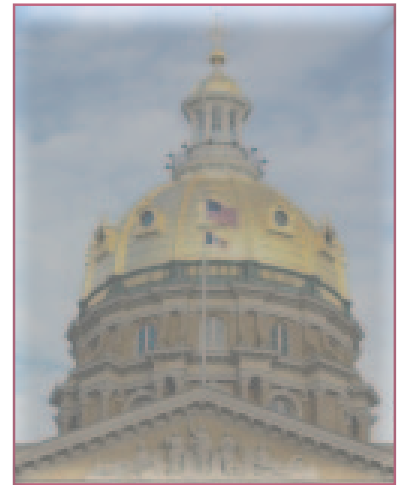
Iowa Legislative Update

Legislative Update

By: Doreen Chamberlin, bureau chief, Bureau of Health Care Access

The second session of the 83rd [Iowa General Assembly](#) started January 11, 2010, and has already demonstrated it will be fast paced. The session generally takes about 100 days but this year it is scheduled to adjourn in 80 days, or on March 31. The session faces significant challenges regarding re-organization of state government, the budget, jobs, and education. Health care reform will figure in at both the state and national levels. The Iowa Department of Public Health (IDPH) is monitoring and responding to several bills. February 12 was the first funnel date and we are coming up fast on the second funnel March 5.

For more detail and weekly updates on legislation pertinent to public health go to the [IDPH Legislative Update](#) published by Lynh Patterson, legislative liaison. A great tool on this page is the bill tracker, an updated tracking spreadsheet that details what is happening with bills as they move along in the Iowa General Assembly.



Noteworthy items for the Bureau of Health Care Access include:

- SF 2028 formerly SSB 3030 state government reorganization bill continues to be debated. In the study bill version, one of the recommendations included the consolidation of the Rural Health and Primary Care Advisory Committee into the duties assigned to the State Board of Health. IDPH does not see this consolidation improving efficiencies or resulting in cost savings nor would it effectively serve rural health interests. That recommendation has since changed and is not a part of the Governor's recommendations. We will continue to monitor this as the bill is discussed for any impact on rural health and primary care interests.
- SF 2168 also known as HSB 634 Iowa needs nurses now directs IDPH via the Bureau of Health Care Access to establish the Iowa needs nurses now infrastructure account to provide grants under the health care workforce shortage fund and to establish a nurse residency training state matching grants program. The bill also creates a nursing workforce data clearinghouse at Iowa Workforce Development and a health care professional incentive payment program to recruit and retain health care professionals at the Iowa College Student Aid Commission. The senate bill version passed Senate Human Resources on February 15 in a 13-0 vote.
- Two other bills of interest to the bureau that do not appear to be moving but we continue to watch for resurrection in other bills or amendments include SF 2071 and HF2335. As a component of SF 2071 the bill directed the department of public health to convene a workgroup to study the feasibility of providing discounted prescription drugs to the most vulnerable of Iowa's citizens through the use of a federal drug discount program under section 340B of the federal Public Health Service Act, 42 U.S.C. Also, HF2335 directs IDPH in cooperation with the Iowa College Student Aid Commission to establish a mental health workforce loan repayment program. Don't be surprised if there here changes to this information by the newsletter release date.

Iowa Legislative Update Cont.

Federal Legislation

At the federal level, the health care reform debate continues to peak our interest. Iowa has already benefited from increased federal support through the [National Health Service Corps](#) and [State Loan Repayment Programs](#). The bureau monitors new grants as they come out and disseminates information through the newsletter and other communications so Iowa stakeholders may benefit from funding opportunities.

Exciting Announcement!

The Iowa Department of Public Health, Bureau of Health Care Access will release the “Center for Rural Health and Primary Care Report”. The purpose of the Center for Rural Health and Primary Care (CRHPC) document is to make available state data, national information, and program information affecting medically underserved and rural areas of Iowa. The document is a compendium that highlights state organizations, initiatives, and promising practices making a difference to the health and well-being of rural and underserved residents. The report focuses on [Iowa Department of Public Health, Bureau of Health Care Access](#) programs and activities relevant to the CRHPC. It will also serve as an informational resource for stakeholders, partner organizations and the public.

To increase widespread distribution and availability, the entire report will be distributed electronically and will be available for download on the [Bureau of Health Care Access website](#) on March 12. Electronic format has the added value of interactive links and quick access to additional documents and resources. In the upcoming weeks, the report will also be available by CD and distributed at state conferences, meetings and gatherings. We are very excited about the report as it reflects the works of many organizations, agencies, and individuals who are dedicated to medical and health care of rural and underserved Iowans. If you are interested in a CD please send an email with your address to Rachel Davis at rdavis@idph.state.ia.us.

Dedication: The CRHPC would not be possible without the contributions, efforts, and talents of the many exceptional individuals who have served on the [Rural Health and Primary Care Advisory Committee](#).

Worth Noting

Rural Health Grant Opportunity

Office of Rural Health Policy announces the guidance release of the Small Health Care Provider Quality Improvement Program. To search for this opportunity, please go to <http://www.grants.gov>, find Grant Opportunities and do a Basic Search by typing in the CFDA number: 93.912 or the Announcement Number: HRSA-10-045. The deadline to submit an application is March 15, 2010. For further information, please contact Elizabeth Rezai-Zadeh, erezai@hrsa.gov.

The purpose of the Small Health Care Provider Quality Improvement Program is to improve patient care and chronic disease outcomes by assisting rural primary care providers (e.g. critical access hospitals, rural health clinics, FQHCs, tribal organizations) with the implementation of quality improvement initiatives using the Chronic Care Model and electronic patient registries, this grant program does not support funding for an Electronic Health Record (EHR). Health care providers who currently have an EHR are still eligible to participate in this program. Past grant recipients or those who have received federal grants for similar programs are not eligible to apply. Improving the quality of chronic disease management in primary care settings can improve health indicators and decrease emergency room visits or admissions to hospitals. The Rural Quality Grant Program will focus on quality improvement for the following chronic diseases: diabetes mellitus and cardiovascular disease.



HRSA opens 2010 nursing student loan repayment program

The following information is time sensitive with a required deadline and lengthy process. The Health Resources and Services Administration is accepting applications through March 4 for its 2010 Nursing Education Loan Repayment Program. The program helps registered nurses repay their student loans in exchange for working two years in a hospital or other health care facility with a critical shortage of nurses. More information and applications can be found at <http://www.hrsa.gov/loanscholarships/repayment/nursing/>.

Iowa Prescription Drug Donation Repository Program grows with more than 795,000 doses distributed

In its second full year of operation, the Iowa Prescription Drug Donation Repository Program has helped more than 5,300 low-income Iowans receive needed prescription medications. More than 795,000 doses of prescription medications with a retail value of \$1,141,777 were distributed to participating Iowa free clinics, community health centers, doctor offices and pharmacies.

"The number of Iowans who need help paying for their prescription medications continues to grow," said Executive Director David Fries. The program allows for the donation of medications that would have otherwise been destroyed. All donated medications are inspected by a pharmacist prior to being distributed.

Worth Noting Cont.

Patients, who are uninsured, underinsured or have a family income of less than 200 percent of the federal poverty level are eligible to receive medication from participating medical facilities and pharmacies. Over 9,000 Iowans have received free medications since the program began March 2007; including patients being discharged from hospitals and clinic patients.

The Iowa Prescription Drug Corporation, a not-for-profit corporation, with funding from the Iowa Department of Public Health (IDPH) and the Iowa Collaborative Safety Net Provider Network, administers the Iowa Prescription Drug Donation Repository Program. For more information visit <http://www.iowapdc.org> or call toll free (866) 282-5817

Are You at the Table?



Important Notice: Every five years, local boards of health lead a community-wide discussion with stakeholders about their community's health needs and what might be done about them. A Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) report is due on February 26, 2011. Counties have the option of working together with other counties and submitting the report or completing the process as a single county. Materials, resources, and data to assist the counties were developed through discussion with a department oversight team, feedback from six local health agencies, regional meetings where the process was introduced, and input from the regional community health consultants.

The report will focus on these six overarching public health goals: preventing injuries, promoting healthy behaviors, strengthening the public health infrastructure, preventing epidemics and the spread of disease, protecting against environmental hazards, and preparing for, responding to, and recovering from public health emergencies. The assessment segment of the report (CHNA) will outline the results of stakeholder discussions and include a checklist for the following: a list of needs, whether the needs were selected to be addressed, and the rationale. The health improvement plan segment (HIP) will cover the specific goal or goals community stakeholders have set as a priority for action, the responsible organization, timeline, and relation to one of the overarching goals. **Both the CHNA and HIP process is where you should be at the table!** Involvement in your community's plan is not for public health alone. Hospitals, rural health clinics, community health centers, EMS providers, and all health care providers are encouraged to take part. Contact your local public health department to get on board. Funding opportunities provided through the Iowa Department of Public Health and the Bureau of Health Care Access will require alignment with or acknowledgement of the county plan. Multiple resources can be found regarding the process and your county by going to <http://www.idph.state.ia.us/chnahip/default.asp>.

Program Announcements

Iowa's Participation in the National Rural Recruitment and Retention Network (3RNet)

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. Contact Erin Drinnin at edrinnin@idph.state.ia.us or (515) 281-3166.

In the month of November, Iowa's 3RNet site had:

- 352 visitors
- 964 views of job opportunities listed
- 50 new health professionals seeking jobs with Iowa on 3RNet

Currently, there are 178 Iowa health professions vacancies posted at <http://www.3RNet.org>.

	December	January
New vacancies posted by Iowa facilities	0	3
New candidates interested in working in Iowa	23	27

Public-Private Partnership Supports Loan Repayment for Health Care Professionals

The Iowa Department of Public Health (IDPH) is excited to announce a unique partnership with Des Moines University, Iowa Health System, Mercy Medical Center–Des Moines, and the University of Iowa Health Care to provide loan repayment to health care professionals serving rural and underserved Iowans. The IDPH had the opportunity to apply for federal American Recovery and Reinvestment Act (ARRA) funding to expand our State Loan Repayment Program, known as [PRIMECARRE \(Primary Care Recruitment and Retention Endeavor\)](#). Thanks to the commitment of the above-named organizations, we were able to secure the dollar-for-dollar match needed for approximately \$75,000 in federal funds toward loan repayment. This means that the IDPH will soon be announcing the availability of \$150,000, on a competitive basis, for eligible health care providers practicing in health professional shortage areas in Iowa. We would like to take this opportunity to express our gratitude to our partners on this project; their contributions will help us improve access to primary care services for Iowans living in rural and underserved areas. For more information about PRIMECARRE and eligibility guidelines, visit our [website](#) or contact Erin Drinnin at edrinnin@idph.state.ia.us, (515) 281-3166.

FLEX Program

Upcoming Dates and Activities:

- April 6, 2010—CAH Peer User Group, Foxboro Conference and Business Center, Johnston, IA
- April 27 & 28, 2010—6th Annual FLEX Conference, "Wrapping It Together to Provide Quality Healthcare... Reform, Technology, Service, and Satisfaction", Ramada Tropics Resort and Conference Center, Des Moines, IA. Hotel reservations for \$50/night, plus tax can be made by calling (515) 278-0271. Request the room block listed under the FLEX conference. Room quantities at this price are limited. On-line conference registration will

Program Announcements Cont.

be available soon.

- April 27–29, 2010—Critical Access Hospital TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) train-the-trainer will be held in conjunction with the annual FLEX conference listed above. NOTE: This training is full. Please contact Kate Payne at (515) 331-2402 or email: kpayne@idph.state.ia.us if you would be interested in participating in FY 2011.

Iowa Senator Tom Harkin recognized for Rural Health leadership and service

Senator Harkin was nominated by the Iowa Department of Public Health, State Office of Rural Health, to receive the National Organization of State Offices of Rural Health Legislator of the Year Award. The award was presented during the January National Rural Health Association Policy Institute in Washington, DC.

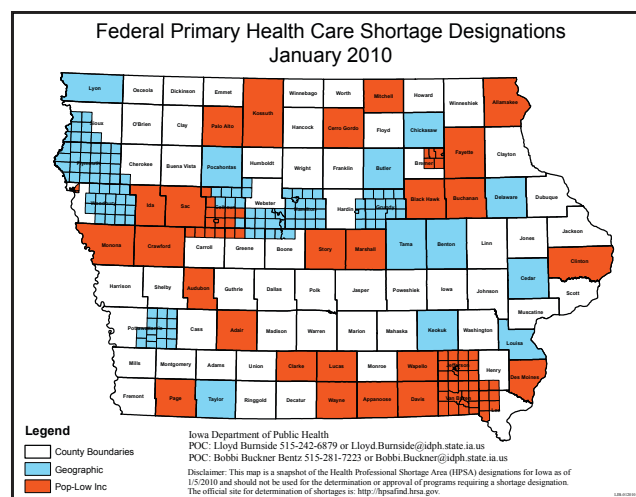
Primary Care Office

The Primary Care Office updated the shortage designation maps in January. The maps indicate areas of Iowa that are designated through the Health Resources and Services Administration as Health Professional Shortage Areas (HPSA), Medically Underserved Areas (MUA), or Medically Underserved Populations (MUP). There are three Health Professional Shortage Area maps highlighting areas of Iowa designated as having shortages of primary care providers, mental health providers, and dental providers. Full size maps are available on the Health Care Access webpage at: http://www.idph.state.ia.us/hpcdp/primary_care.asp.



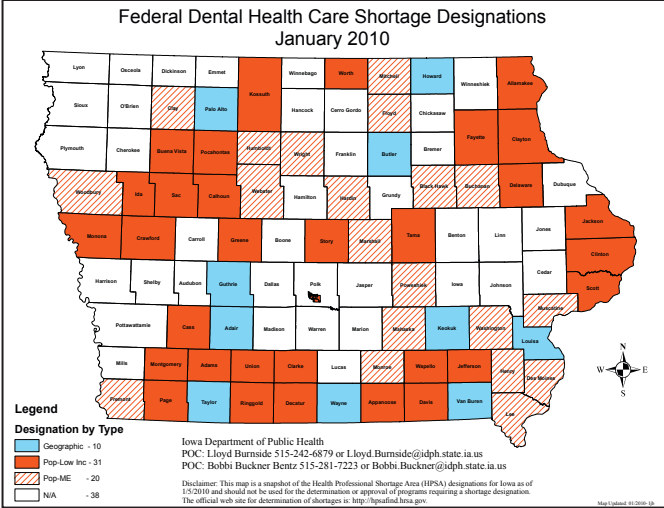
Doreen Chamberlin, IDPH Bureau of Health Care Access, looks on while NOSORH president Mark Schoenbaum presents the award.

As of January 2010, 54 counties in Iowa were fully or partially designated as a primary care HPSA.

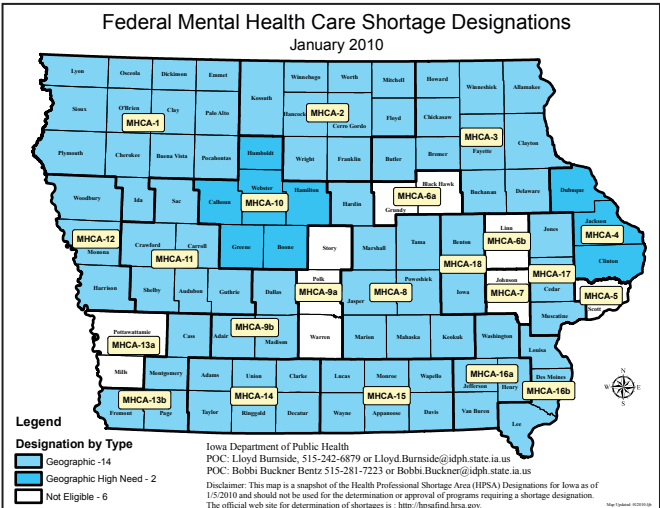


Program Announcements Cont.

As of January 2010, 62 counties in Iowa were fully or partially designated as a dental HPSA.



As of January 2010, 89 counties in Iowa were designated as mental health HPSAs.



Program Announcements Cont.

Small Rural Hospital Improvement Grant Program

Grant Opportunity

The State Office of Rural Health is happy to announce the 2010 Small Rural Hospital Improvement Grant Program (SHIP) application is available. This application can be found at: http://www.idph.state.ia.us/hpcdp/ship_program.asp or by contacting Katie Jerkins at (515) 233-2831 or kjerkins@idph.state.ia.us. To be eligible for this program, a hospital must meet the criteria below:

1. "small" is defined as 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost report,
2. "rural" is defined as located outside a Metropolitan Statistical Area (MSA); or located in a rural census tract of a MSA as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs), and
3. "hospital" is defined as non-federal, short-term, general acute care facility.

Although the SHIP 2010 funding categories (PPS, HIPAA, and QI) are not focused on information technology (IT) as in 2009, a change in the appropriations language specifies that SHIP funds will be provided to support quality improvement (QI) and the adoption of health information technology (HIT). This change provides the opportunity to incorporate activities around HIT and QI in the three funding categories. The 2010 SHIP application is due by close of business on Wednesday March 10, 2010. **No Late Submissions Will Be Accepted!**

State Office of Rural Health

Rural Health Clinic Technical Assistance Projects

Iowa State Office of Rural Health (SORH) is currently participating in two national initiatives that have the potential to help Iowa Rural Health Clinics (RHCs). The first is a project with the National Organization for State Offices of Rural Health. Iowa is one of ten states selected for the pilot project. The goals are to 1) increase overall knowledge of RHCs within SORHs and increase capacity to work with RHCs, and 2) develop uniform technical assistance tools and resources for RHCs. The group has a consultant to coordinate the effort and is working closely with the National Association of Rural Health Clinics to complete the year-long project. The second project consists of a seven state collaborative to develop and present no-cost webinars specifically for RHCs. The topics for the webinars will be useful in office management and clinical operations. Information about the webinars will be disseminated at a later date.

Locally, the SORH has worked with the Iowa Rural Health Association to deliver no-cost webinars targeted to RHCs. The SORH has also partnered with the Iowa Association of Rural Health, the Iowa Hospital Association, and Iowa/Nebraska Primary Care Association to disseminate information, support conferences, and provider training. The SORH director will present at the upcoming Annual Rural Health Clinic Conference in April 2010.

Program Announcements Cont.

Health and Long-Term Care Access Advisory Council

The Iowa Department of Public Health (IDPH) thanks the members of this advisory council for their assistance to the department to complete Phase 1 of the Strategic Plan for Health Care Delivery Infrastructure and Health Care Workforce Resources. IDPH submitted the strategic plan to the Governor and General Assembly in early January 2010. The plan is available on the council's [webpage](#). The strategic plan sets forth three main objectives as listed below.

1. To support IDPH in its charge to “coordinate public and private efforts to develop and maintain an appropriate health care delivery infrastructure and a stable, well-qualified, diverse and sustainable health care workforce in this state,” codify the Iowa Health Workforce Center as the state’s coordination point to address health workforce concerns in Iowa.
2. Target and fund loan repayment programs and other recruitment and retention efforts to attract and retain health and long-term care professionals to underserved areas and underserved populations. Target and fund financial assistance programs for students of minority status.
3. Support educational institutions, including Area Health Education Centers, and other entities in their efforts to create or update training, curricula and practicum experiences and in providing targeted continuing education opportunities for existing health professionals to support health care reform efforts. This includes training and curricula to support the medical home model, interdisciplinary and interprofessional practice models, practice in rural areas, service to low-income populations, development of new levels of practitioners who will serve underserved populations, service to people with disabilities, geriatrics, cultural competence, training on the use of health information technology and electronic health records, prevention and chronic care management, and service to ethnic and racial minorities.

The advisory council met most recently on Thursday, January 25, 2010, and discussed the logic model and planning for the next phase of the strategic plan, due January 2012. This phase will include several sub-plans as required by Iowa Code 135.164.

The council’s next meeting is Thursday, March 25, 2010, from 10:30 a.m. to 3:00 p.m. at West Des Moines Community Schools: Learning Resource Center. Contact [Michelle Holst](#) with any comments or questions.

Links, Resources and Maps

[Grant Writing Study-At-Home 8-Week Certificate Course](#)

Fort Hays State University 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. The grant writing courses have been taught since 1986.

Iowa Rural Health Association (IRHA) Membership Scholarships Available

The IRHA announced that twelve \$75.00 funding scholarships are available for the \$175 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 ways to stay involved in the important activities which help frame rural and underserved health care. The 12 partial membership scholarships are on a first-come-first serve basis. Please contact Melissa Primus at (515) 282-8192, go to the IRHA site <http://www.iaruralhealth.org> to download the membership form.

From the Technical Assistance & Service Center (TASC) – [Raising Funds In Rural Health Care](#)

This manual lays out the basics for establishing a structured process of ongoing philanthropic resource development. It is prudent for health care providers, like critical access hospitals, to find avenues to raise the money needed to operate and to be able to serve their constituency over the long term. Through tips, examples, and explanations, the goal of the manual is for the reader to develop a better understanding of the core areas of resource development: Annual Fund, Capital Campaigns, and Endowment.

Iowa Maps: Several shortage designation maps have been updated and are available at the [Bureau of Health Care Access webpage](#).

Reducing Hospital Readmissions

Avoidable hospital readmissions are under close scrutiny by policymakers, providing hospitals with added impetus to reduce costs and increase quality of care. The new [Health Care Leader Action Guide to Reduce Avoidable Readmissions](#), funded and produced by The Commonwealth Fund, the John A. Hartford Foundation, and the Health Research & Educational Trust (HRET) of the American Hospital Association, provides a quick and simple resource for hospital leaders to get started on an action plan for reducing readmissions.

Youth Suicide Prevention Training for Primary Care Health Care Providers

The Iowa Department of Public Health, [Youth Suicide Prevention Program \(YSPP\)](#) is promoting the [TeenScreen](#) primary care program to Iowa primary care physicians and health care providers, especially those located in rural areas to increase their ability to identify youth who may be suffering from mental health problems.

Links, Resources and Maps Cont.

If additional funding is approved, two other initiatives are planned to reach providers: 1) a web-based training developed by American Association of Suicidology, "[Recognizing and Responding to Suicide Risk: Essential Skills in Primary Care](#)" a one-hour training program, and 2) The distribution of Primary Care Toolkits (as described below) by TeenScreen program staff within their service area.

[Primary Care Toolkit](#)

This Web-based Toolkit contain information and tools to implement state of the art of suicide prevention practices in primary care practices. The toolkit offers the support necessary to establish the primary care provider as one member of a team to reduce suicide risk among their patients, especially youth. For more information contact Dale Chell, youth suicide prevention coordinator at dchell@idph.state.ia.us or (515) 242-5122.

Health Workforce Report

By 2020 there will be a shortage of up to 200,000 physicians and 1 million nurses. Rural Americans and those living in other underserved areas across the country are especially vulnerable to these current and growing health workforce shortages. [Click here](#) to download the insightful report from the Center for American Progress.

[President's Budget FY 2011: What's in it for Rural America?](#)

The report pulls information from the FY 2011 budget proposals sent by the president to Congress on February 1, 2010, that focuses on rural America. Areas of rural interest included in the budget are: economic growth and job creation, broadband access, renewable energy, community development, healthful food options, clean water, and conservation of natural resources.

Calendar and Events

“What Works and Why” Annual Conference

Brain Injury Association of Iowa
March 4–5, 2010
Sheraton West Des Moines
Registration: [What Works and Why Registration](#)
Rooms available

2010 Spring Nurses Conference

March 11, 2010
Broadlawns Medical Center, Hunsaker Humanitarian
Conference Room, Des Moines, Iowa
Questions contact: Dianna Peterson, Clinical Services, (515)
282-2483, dpeterson@broadlawns.org, or Dena Sample,
MHA, Clinical Outreach Coordinator, Central Iowa AHEC,
(515) 282-5745, dsample@broadlawns.org

AHEC: A Comprehensive Primary Care Workforce development

Listen & Learn Webinar
Programs in Iowa: University of Iowa AHEC Program
March 11, 2010
Iowa Rural Health Association
Registration: <http://www.iaruralhealth.org>
Contact: Melissa Primus at (515) 282-8192

Clinically Relevant “Nuts & Bolts” Hospital Microbiology

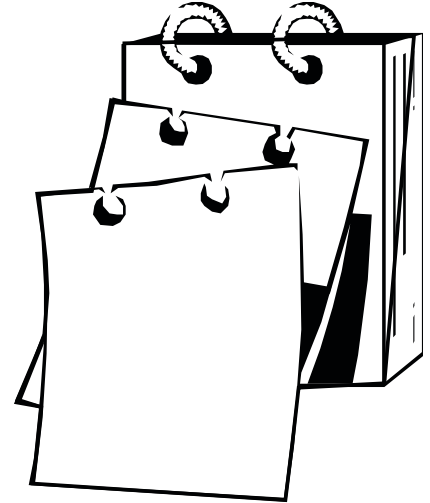
Rural Health Education Partnership
March 19, 2010
Indan Hills Community College, Ottumwa, Iowa
Registration: (800) 726-2585 ext. 5281

Managing Safety Crises: How Executives, Physicians, and Boards Respond to “Never” Events

March 22, 2010
Iowa Hospital Association, Webinar
Registration: [Click here for registration](#)

CAH Peer User Group

April 6, 2010
Location: Foxboro Conference Center, Johnston, Iowa
Registration: Kate Payne, kpayne@idph.state.ia.us or (515)
331-2402



2010 Iowa Governor’s Conference on Public Health

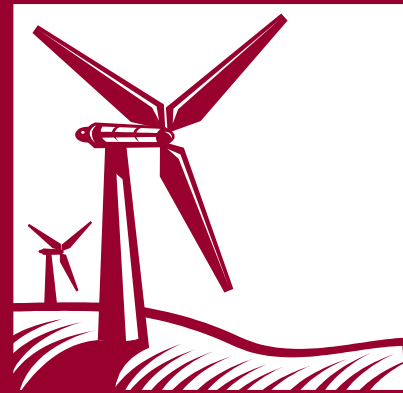
April 13–14, 2010
Scheman Conference Center, Ames, Iowa
Registration: <http://www.iowapha.org/Default.aspx?pageId=21123>

Annual FLEX Conference

April 27–28, 2010
Location: Ramada Tropics Resort and Conference Center,
Des Moines, Iowa

TeamSTEPPS

April 27–29, 2010
Train-the-trainer for Critical Access Hospitals
Web sit: <http://teamstepps.ahrq.gov>
Location: Ramada Tropics Resort and Conference Center,
Des Moines, Iowa
For more information contact Kate Payne at kpayne@idph.state.ia.us or (515) 331-2402



ACCESS UP *date*

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