

The Direct Care Workforce Initiative is addressing these issues. This project to ensure a stable qualified workforce is led by the Iowa Department of Public Health and the Direct Care Worker Advisory Council. Iowa is leading the nation with a training and credentialing model that will mean flexibility and career options for DCPs, assurance for employers that workers are well-prepared, and access to quality direct care services for consumers. Training and credentials for DCPs will be based on statewide standards and will be portable among employers and settings, with career pathways offering opportunities for advanced credentials and specialty endorsements. These components and a curriculum are being piloted in two Iowa regions right now.

About 100 people attended local forums in July on the Direct Care Workforce Initiative, learning about the progress and next steps in the effort to strengthen Iowa's largest profession. The events in Mason City, Dubuque, Waterloo and Ankeny featured updates on the Initiative and the pilot project testing the recommendations for training and credentialing, panel discussions, and great questions from attendees. Panelists included employers, direct care professionals, educators and policymakers. Comments heard from panelists included:

Cindy Ramer, who lives in Denver and works as a certified nursing assistant at Harmony House Care Center in Waterloo: "There's a wide range of people involved in this project, and it has been a collaborative effort to make decisions. The plans are to have a board of direct care professionals, and I think it's important that we have a board to oversee our own profession."

Kris Hansen, CEO of Cedar Falls-based Western Home Communities: "Training caregivers to work in many different settings makes sense. This focus on the professionalism is great, from the CEO standpoint."

AARP Iowa Director Kent Sovern: "When we survey our members, the most important thing for them is living in their home or neighborhood in an active way as long as possible. What's key to that is a workforce for home- and community-based care... there is an expectation that caregivers be certified."

Five more cities across Iowa will host community forums on the Initiative in September. Direct care professionals, employers, supporters, consumers, and all interested members of the public are invited for the interactive forum and refreshments.

In Our Community - Iowa's Direct Care Professionals Step Forward

Council Bluffs: Wednesday, Sept. 12, 3:30–5:00 p.m.
Iowa Western Community College, Looft Hall, Room 023
2700 College Rd, Council Bluffs, IA 51503

Cedar Rapids: Wednesday, Sept. 19, 3:30–5:00 p.m.
Cedar Rapids Public Library's Seuss Room in Westdale Mall (next to Bath & Body Works)
2600 Edgewood Rd SW, Cedar Rapids, IA 52404

Sheldon: Monday, Sept. 24, 3:30–5:00 p.m.
Northwest Iowa Community College, Building A, Room 116/119
603 West Park Street, Sheldon, IA 51201

Sioux City: Tuesday, Sept. 25, 3:30–5:00 p.m.
Sioux City Public Library (Main Branch), Gleeson Room
529 Pierce St, Sioux City, IA 51101

Ottumwa: Thursday, Sept. 27, 3:30–5:00 p.m.
Rural Health Education Center, Room 110; Indian Hills Community College
655 Indian Hills Drive, Ottumwa, IA 52501



Erin is speaking at the front of the room, and the panelists sitting at the table are (from left to right): Senator Jack Hatch; Kim Foltz, Executive Director of the Iowa Alliance in Home Care; Matthew Clevenger, a direct care professional from Altoona; DMACC President Rob Denson; and AARP Iowa Director Kent Sovern.

Learn more, sign up for e-Updates, and find out how to get involved at <http://www.idph.state.ia.us/directcare> or <http://www.facebook.com/iowadirectcare>. Contact: Erin Drinnin, project manager, Iowa Department of Public Health, erin.drinnin@idph.iowa.gov, (515) 281-3166 .

Celebrate Corps Community Day!

On Thursday, October 11, Iowa communities are encouraged to celebrate Corps Community Day with [National Health Service Corps \(NHSC\)](#) sites and clinicians across the nation.

The National Health Service Corps is a Federal government program that is administered by the U.S. Department of Health and Human Services. The NHSC helps bring health care to [those who need it most](#). Since 1972, the NHSC has been building healthy communities by connecting primary health care providers to areas of the United States with limited access to care.

The NHSC awards scholarships and loan repayment to primary care providers in [NHSC-eligible disciplines](#). NHSC providers, in turn, commit to serving for at least two years at an [NHSC-approved site](#) located in a Health Professional Shortage Area. Many choose to continue serving at their sites beyond the initial NHSC service commitment.

Over 100 NHSC clinicians provide care in underserved communities across Iowa. To help communities and health facilities celebrate, a Tool Kit is available [here](#). Thank you for all you do to assure healthy Iowa communities.

What's a HIP-suh?

One of the challenges of assuring health care delivery to underserved communities is the shortage of health professionals, but the shortage is more severe in some areas than others. The primary way shortages are defined and measured is by designating Health Professional Shortage Areas, known as HPSAs.

HPSAs are federally-defined areas that meet specific criteria based on data. The U.S. Health Resources and Services Administration, part of the U.S. Department of Health and Human Services, develops shortage designation criteria and uses them to decide whether or not a geographic area, population group or facility is a HPSA.

HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups, or medical or other public facilities.

HPSA status is often a gatekeeper to programs that help communities recruit and retain health professionals. One example is programs that provide loan repayment in exchange for a health professional's commitment to practice in the community for a specified length of time.

The Primary Care Office (PCO) within the Iowa Department of Public Health gathers and analyzes data for HPSA designation reviews. When needed, clinics, facilities and communities across Iowa can help with this process by working with PCO staff member, Lloyd Burnside, to assure that data is complete and correct. Most often, this involves discussion to verify which clinicians are practicing in a community and how they divide their time. Assistance from members of Iowa communities is essential to this process, and without it, communities may not receive the HPSA status or score that is appropriate for the community.

Visit the [PCO page](#) to see maps and other resources. Thank you for your assistance with this important process.

Computerized Physician Order Entry Implementation—A Cultural Change

Change isn't always easy. However, when it comes to implementation of computerized physician order entry (CPOE), physicians, and leadership, need to be on board.

Physicians need to be privy to the benefits of CPOE adoption for them and their patients as a quality initiative. CPOE implementation brings efficiency, accuracy and better time management. Various approaches have been used to train physicians in CPOE along with providing ongoing support. Accessibility and individualized instruction are the most common themes.

CPOE is a cultural change. It isn't solely a result of an information technology effort. Rather, it's a senior management initiative. Leadership must show commitment and view CPOE as a clinical tool for quality and safety improvement. They need to understand that CPOE is a move in the right direction for patient care.

CPOE and electronic medical records are technology tools that support best practices in the work environment. CPOE is used to help streamline physician work, reduce errors, increase safety and improve outcomes.

Iowa Hospital Success

Jeannie Waddell, RN, MSN, CCM, case management director with Decatur County Hospital in Leon shares that the initial challenge for her hospital was training compliance and time constraints due to clinical obligations. Therefore, training was rescheduled and done on a one-on-one basis due to learning curves.

Waddell says that her hospital's CPOE process is going very well as numbers for CPOE continue to rise and they are receiving fewer errors. "I, along with our provider staff, are seeing the value of patient safety and less errors in the written order. The hospital as a whole is seeing CPOE success," Waddell says.

Quality and Safety Improvements

CPOE can have a life-saving impact. Crucial data and suggestions can help guide clinical decisions as well as alert the doctor to a clinical decision as orders and other patient information are being entered into the system.

While technical, logistical, clinical and organizational challenges have shown to be a hindrance, quality and safety improvements that come from incorporating CPOE into an EHR outweigh any hurdles involved in putting the system into place.

Word to the wise on CPOE implementation: find out what fears and concerns they may be and address them upfront, or they will slow down the process. Change doesn't have to be bothersome; over time it can lead to best practice.

To be successful, commitment from leadership is crucial.

The Iowa Flex Program

The Iowa FLEX program through the Iowa Department of Public Health is partnering with Telligent HIT Regional Extension Center to provide training and technical support to Critical Access Hospitals to improve the use of health information technology that will lead to improved quality of care. The ultimate goal is to reduce medical and medication errors and improve the quality of care in Iowa's CAHs.

"This program enables us to go beyond the scope of our health IT regional extension center work to provide more intensive, accelerated support for computerized physician order entry and medication safety, resulting in improved care for Iowans," said Susan Brown, director of Telligent's HIT Consulting Service.

Iowa State Office of Rural Health Update: The Governor's Rural Health Clinic Designation Process

The Iowa Governor's rural health clinic designation process was first approved in 1998 by the United States Department of Health and Human Services, Health Resources and Services Administration, Shortage Designation Branch. The last time Iowa completed the Governor's Rural Health Clinic designation process was in 2009.



Based on state guidelines, a meta-analysis of each county data is completed to see if it meets the location eligibility. The information is sent to the Governor's office for approval. Afterwards, it will be submitted to the federal Office of Shortage Designation. An announcement will go out to counties and RHCs after approval from the Governor. The timeline is to submit to the federal office in February of 2013.

The intent of the Governor's RHC designation process is to ensure sustainment of health care access in rural counties which are deemed underserved by retaining established health care providers and practices in rural and underserved areas. To learn more [click here](#). To see the 2009 map, [click here](#).

Important J-1 Visa Waiver Announcement!

The Primary Care Office (PCO) has adjusted the review and recommendation process for the Conrad 30 J-1 Visa Waiver program. The revised review and recommendation process is available on the [PCO webpage](#) under Additional Resources. Individuals planning to submit requests to Iowa's program for the upcoming waiver year are encouraged to read the document carefully prior to submitting a request. Request packages may be submitted beginning Monday, October 1, 2012.

The Conrad 30 J-1 Visa Waiver program is one tool that addresses the shortage of qualified doctors in medically underserved areas of the United States by providing an option to waive the foreign residence requirement on behalf of physicians holding J-1 Visas under certain conditions. Over 80 physicians have begun practice in Iowa over the last three years through this program.

Grant Opportunity for Health Care Professionals

By Sara Schlievert, Bureau of Oral and Health Delivery Systems

Mark your calendar for September! The Iowa Department of Public Health will offer Primary Care Recruitment and Retention Endeavor (PRIMECARRE) state loan repayment program funds again this fall through a Request for Proposal process.

PRIMECARRE was authorized in 1994 by the Iowa Legislature and helps support local efforts to recruit and retain medical, dental, and mental health care professionals to Iowa's underserved areas.

Successful grant applicants must work in a public or non-profit facility located in a federally designated health professional shortage area for a minimum of two years. Grants are available for part-time providers up to \$25,000 per year and for full-time providers up to \$50,000 per year.

The department anticipates that the RFP will be posted on the IDPH website in early September: <http://www.idph.state.ia.us> at the "Funding Opportunities" link.

For additional information, contact Sara Schlievert, program coordinator, at (515) 281-7630 or saralyn.schlievert@idph.iowa.gov or visit the PRIMECARRE website at: <http://www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=PRIMECARRE>.

National Rural Health Day - Iowa Activities Update

Gloria Vermie RN, MPH, Iowa Office of Rural Health

November 15 is the designated day of celebration! During the week of November 12–16 there will be a number of National Rural Health Day events in Iowa. The week coincides with a [nationwide celebration](#) that is sponsored by several national groups. We are pleased to announce that **Fareway Stores** is once again a corporate partner and will promote National Rural Health Day by featuring the Iowa logo above on their grocery bags!



The Iowa Rural Health Association will partner with Iowa Department of Public Health/Rural Health Programs and other Iowa groups to facilitate **three** major activities including:

A **Rural Health Day Toolkit** , available online after September 24.

The tool kit offers templates and items for download to use at your celebration including:

- Media release template
- Local Proclamation template
- 8X10 promotional flyer
- Stickers
- Save the Date flyers
- Twitter posts*

Iowa Success Stories features a series of short webinars available online. These short stories will be inspirational and reveal how Iowa rural health continues to grow in quality and how communities strive to be healthy.

Iowa Rural Health Champions a web link featuring nominated individuals and groups who are outstanding with rural and rural community health. Nomination forms will be available on the Iowa Rural Health Association website. Read about our hometown Iowa Rural Health Champion at <http://www.iaruralhealth.org>.

The kick-off for Iowa Rural Health Day will be at the [Iowa Rural Health Fall Meeting September 20](#). It is not too late to register for the meeting.

***Tweet – Tweet – Tweets! November 15 will be Iowa Rural Health Day Twitter FEST.** If you or your organization has a Twitter account, it will be the day to send out Tweets about a person, organization, event, project or community! **Please** send your Tweet with the hash tag **#IA Rural Health**. Examples of Twitter posts are included in the Toolkit.

Worth Noting

Funding Opportunities

FY 2013 Rural Health Network Development Planning Grant Program (announcement number: HRSA-13-153). The Health Resources and Services Administration Office of Rural Health Policy (ORHP) is pleased to announce the release of the Rural Health Network Development Planning Grant Program. This one-year grant provides an opportunity for rural communities to bring together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past, to work together to establish or improve local capacity and coordination of care. Applicants may propose funds for up to one-year from April 1, 2013–March 31, 2014. The maximum award is up to \$85,000.

[Link for Funding Opportunity Synopsis](#)

[Link to apply for Funding Opportunity](#)

The deadline to submit an application is October 15, 2012. ORHP strongly recommends that applicants submit their applications prior to the due date to avoid any technological problems. All applications have to be submitted electronically in <http://www.grants.gov>.

A technical assistance call will be held on September 19 to assist applicants. To join the call, please use the following information:

Phone number: 1-800-779-5383

Time: 1 p.m. Central time

Passcode: Network Plan

Facilitator: Sheila Warren

Innovations in Rural Health Award: Do you have an idea for improving health in rural communities? The Kate B. Reynolds Charitable Trust, based in North Carolina, recently announced the “Innovations in Rural Health Award” and is seeking ideas to address rural health care challenges. Up to three winners will receive a \$25,000 New Rural Award for their innovative and inspiring ideas. Any individual or organization from across the U.S. is welcome to apply. To learn more about the Kate B. Reynolds Charitable Trust and the Innovations in Rural Health Award, visit <http://www.kbr.org>.

Cardiovascular Risk Reduction in Underserved Rural Communities Grant Opportunity. The National Heart Lung and Blood Institute invites applications that will plan and execute well-designed controlled trials that maximize the opportunities to reduce cardiovascular disease risk factors in rural communities. To learn more [click here](#).

Congratulations to the University of Iowa – Critical Access Hospital Network: Recipients of Center for Medicare and Medicaid Services Health Care Innovation Awards. Using the University’s telehealth system, the program will serve rural CMS beneficiaries and privately insured and uninsured patients who have complex illnesses. Twenty-eight new jobs will be created. The estimated three-year savings to CMS is \$12.5 million. The 11 Critical Access Hospitals are:

- Henry County Health Center – Mt. Pleasant
- Iowa Specialty Hospital, Belmond Campus – Belmond
- Iowa Specialty Hospital, Clarion Campus – Clarion
- Jefferson County Hospital – Fairfield
- Keokuk County Health Center – Sigourney
- Marengo Memorial Hospital – Marengo
- Pella Regional Health Center – Pella
- Van Buren County Hospital – Keosauqua
- Virginia Gay Hospital – Vinton
- Washington County Hospital and Clinics – Washington
- Waverly Health Center – Waverly

Clinical Health Coach® Training Program: The Iowa Chronic Care Consortium is pleased to announce its upcoming fall 2012 date for the Clinical Health Coach® Training Program. This is an interactive and gestational learning experience designed for health care professionals who desire to attain skills in chronic care management through proactive, patient-centered strategies. The program builds on the philosophy that patients are the greatest untapped resource in reclaiming responsibility for their own health. The six-week, 40-hour training program is designed to engage your patients on a whole new level, and includes two on-site class sessions, webinars, and a series of skills-building teleconference calls. At the culmination of the program, participants are offered the option of attaining a Certificate of Competency as a Clinical Health Coach® sponsored by the Iowa Chronic Care Consortium.

This program will be offered in September-November, 2012, with on-site sessions in Johnston, Iowa. [Click here](#) for detailed information.

OHDS Bureau Chief to Attend National Meeting

Dr. Bob Russell, OHDS bureau chief, has been invited by the PEW Children’s Dental Campaign and the National Academy for State Health Policy to join other national experts in Washington, DC, on September 19 for a discussion on nontraditional locations and models of dental service delivery for children. The goal of this meeting is to identify the most feasible locations, as well as potential barriers and solution to providing dental services in those locations. The aim is to improve access to dental care for underserved populations, particularly low-income children.

Dr. Russell’s participation in this prestigious event will allow Iowa to provide its input and influence on potential national practices and policy solutions for children’s oral health. We look forward to hearing how this meeting goes!

Resources

The U.S. Drought Monitor currently reports that two-thirds of the continental United States is in a moderate to exceptional drought. While farmers cannot change the weather, health care providers can identify depression and anxiety and refer as appropriate.

The McArthur Initiative on Depression and Primary Care has excellent clinical resources including information on the PHQ-9 which is a powerful tool for assisting primary care clinicians in diagnosing depression. Most agricultural communities do not have mental health professionals available.

The Iowa Geriatric Education Center focused on managing problem behaviors and psychosis in dementia, "Improving Antipsychotic Appropriateness in Dementia Patients": <https://www.healthcare.uiowa.edu/IGEC/IAAdapt>. The website includes training videos, PDF of dementia care pocket guides and decision aids. Certificates of participation are available for providers. An Android app that contains the pocket guides is also available. Just visit <http://play.google.com> and search for "IA-ADAPT".

HRSA Area Resource File 2011–2012: HRSA announces that the 2011–2012 version of the Area Resource File (ARF) has been updated.

Established in 1975, the ARF is a health resource information database used extensively by researchers, planners and policy makers to obtain data on all counties in the United States.

Updates include: health workforce (e.g., physicians by specialty, dentists, physician assistants, certified nurse midwives); health professions shortage areas; health facilities (e.g., hospitals, rural health clinics, ambulatory surgery centers, nursing facilities); health expenditures (e.g., hospital facilities expenditures, Medicare Advantage payment rates); demographics (e.g., population by race, poverty, income, health insurance, and Medicaid eligibles); and more.

The ARF contains more than 6,000 variables with 3,225 records from more than 50 sources, including the American Medical Association, American Hospital Association, U.S. Census Bureau, Centers for Medicare & Medicaid Services, Bureau of Labor Statistics, and National Center for Health Statistics. The file lists the types of data and years for which the individual data elements are available, and provides links to more detailed content. Also available is a link to the Health Resources County Comparison Tool, which was built from ARF data and facilitates comparison of ARF data across counties.

The 2011–2012 file can now be downloaded at no cost in ASCII and Access formats. Visit <http://www.arf.hrsa.gov> for a complete listing of data and instructions for downloading the file. The ARF is also available in HRSA's Data Warehouse at <http://datawarehouse.hrsa.gov/ARF.aspx>.

Under a new contract effective July 1, HRSA will be expanding the ARF to include state and national level data. In addition, new data elements, assessment tools and mapping capability will make the ARF even more valuable to researchers and consumers.

Calendar of Events

Joint Fall Rural Health Meeting

Iowa Association of Rural Health Clinics and Iowa Rural Health Association

September 20, 2012

Johnston, Iowa

Register at <http://www.iaruralhealth.org> or <http://www.iarhc.org>.

Rural Health Clinic and Critical Access Hospital Conferences

September 25–28, 2012

National Rural Health Association

Kansas City, Missouri

Click [here](#) for additional information.

Rebalancing Health Care in the Heartland: Shaping Iowa's Health Care Landscape

November 13, 2012

Des Moines, Iowa

Registration soon at <http://www.healthcare.uiowa.edu/cme/webTracker/webtracker.html>

Contact Shari Heick at (319) 335-4455

OHDS Website Updated

The Bureau of Oral and Health Delivery Systems updated its website. Information under Health Care Access and Oral Health are at <http://www.idph.state.ia.us/ohds>. Please update your bookmarks and links to individual program pages. For more information, please contact the bureau at 1-866-528-4020.

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