

FRONTIER FOOTNOTES

Idaho Area Health Education Center
A Program of Mountain States Group, Inc.

"Promoting Careers in Health Care in Underserved Idaho Communities"



MAY 2012

ID AHEC Introduces NEW Website!



We have a whole new look with more resources than ever and much faster page loads. Come check us out at www.idahoahec.org.



You can also find updates about medical news, loan repayment programs, events and Idaho specific information on our [Facebook page](#).

Over 200 people now receive Frontier Footnotes electronically. You can Opt In / Opt Out:

- ◆ through the "Contact Us" box on our website;
- ◆ by phone at 208-336-5533 x 253 or toll-free at 800-836-8064; or,
- ◆ by emailing lbennett@mtnstatesgroup.org.

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Who are Frontier Footnotes subscribers??

*Medical Professionals * Educators * Students * Hospital Administrators *
 *Community Advocates * State Agencies * Governmental Leaders * Other
 AHEC Organizations * Wellness Program Leaders * Key stakeholders who
 care about Idaho workforce development*

Do you know someone who would like to be added to our list? (either electronic or print version in the mail.) Have them give us a call or send an email to request a free subscription. OR, if you have a program coming up that you would like to promote to this audience, let us know.

We are listening! If you have feedback about the content of this newsletter or suggestions about what topics would be most helpful for you, please leave a comment at the "Contact Us" box on our website: www.idahoahec.org.



Frontier Footnotes is produced three times a year (Jan / May / Sep) by the Idaho Area Health Education Center, a program of Mountain States Group, Inc. and a regional partner of the University of Washington School of Medicine. Frontier Footnotes provides a forum for information exchange. Views, opinions, and informational content of the articles appearing in this publication are the responsibility of the contributing organization and do not in any way represent views and opinions of all contributors.

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ID-AHEC supports HOSA Spring Conference

High school students participating in Health Occupations Students of America (HOSA) came from all across Idaho for their State Leadership Conference, held in Boise April 12-14. Competitions were held in a variety of areas including Public Health Emergency Preparedness, Life Support Skills, Dental Science, Biotechnology, Researched Persuasive Speaking and others. Over five hundred students from around the state participated in this event. Youth Outreach Coordinator, Sara Herring, (photo, center) was on hand again this year to judge medical poster presentations. AHEC Director Lynda Bennett shared information about AHEC and introduced students to the new website and Facebook page. ID-AHEC congratulates all of this year's HOSA delegates and wishes good luck to those going on to Nationals!



New Leadership at Mountain States Group

On April 16, 2012, Karan Tucker, CPA, was named Mountain States Group, Inc.'s (MSG) Interim Executive Director until she fills her current position of Chief Financial Officer at which point she will assume the role of MSG's Executive Director. Karan was promoted to MSG's Chief Financial Officer in early 2002, initially joining MSG in May of 2001 as Controller. She has supported the Executive Director, the Board of Directors, and staff with fiscal strategy and oversight of the organization's \$14 million annual operating budget and 20 different health and human service related programs. In this position she provided the financial infrastructure to meet the requirements of multiple and complex federal, state, and private foundation grants and contracts. She also provided oversight to a variety of other programs and human resources for nearly 140 employees nationwide. She has gained an in-depth knowledge of MSG and the nonprofit and health and human services industries and has been a key member of the leadership team during her tenure. Prior to joining MSG, Karan was an audit manager with PricewaterhouseCoopers, serving clients in a variety of industries including governmental, nonprofit, manufacturing and construction. She is a graduate of Boise State University and has served on a variety of local nonprofit organization's boards.



Partnership for Healthier Idaho Kids: A program to increase enrollment in Idaho Medicaid/CHIP

The Partnership for Healthier Idaho Kids is dedicated to enrolling rural and underserved Idaho children and teens in Medicaid and the Children's Health Insurance Program (CHIP). We provide:

- Training opportunities for staff who assist clients with Medicaid enrollment
- Educational materials for staff and clients about public health insurance

If you are interested in receiving training, educational materials, or other information on the enrollment process for Idaho CHIP/Medicaid, please contact Lauren Necochea at lnecochea@mtnstatesgroup.org or 208-388-1014.



CHIPRA

This project is funded by a grant from CMS, through the Children's Health Insurance Program Reauthorization Act

Partnership for Healthier Idaho Kids is a program of Mountain States Group (www.mtnstatesgroup.org), in partnership with the Idaho Primary Care Association (IPCA) and Idaho's Community Health Centers.

Director's Corner—by Lynda Bennett

Need For Increased Healthcare Workforce Critical in Idaho



Why is the mission of AHEC so important? Idaho has fewer physicians per capita than almost every other state in the U.S (ranking 49th) (O'Leary and Morgan, 2011). According to the Bureau of Labor Statistics for 2010, Idaho had approximately 117 physicians per 100,000 people compared to a U.S. average of 192 physicians/100,000 population (HRSA). However, this only paints part of the picture. Detailed rankings of particular fields for those working in 2009 show that Idaho's women and children are at especially high risk for not having their medical needs met. Our state ranks last in terms of the number of pediatricians, with just 35 per 100,000 population of those aged 17 and under compared to a U.S. average of 100/100,000 aged 17 and younger. Idaho ranks 45th for Obstetrics and Gynecology with 19 doctors per 100,000 females compared to a U.S. average of 27/100,000. Furthermore, the overall picture for those in Primary Care also shows Idaho lacking with just 69 per 100,000 population as compared to a U.S. average of 98/100,000 (O'Leary and Morgan, 2011). Currently, 96.7% of the state's area has been designated as a Health Professional Shortage Area (HPSA) in Primary Care (Idaho Office of Rural Health and Primary Care, 2012).

Unfortunately, many factors suggest healthcare workforce shortages in Idaho will only worsen unless there are serious efforts to intervene to address the issue. Idaho's population is predicted to increase 24% by 2025, much faster than projected national growth rates of 14%, and the population over 65 (the segment of the population with the highest rates of demand for primary care and other health care services) is predicted to grow by 82% compared to a national growth rate of 61% (2010 Idaho Health Professional Education Council Report to the Governor). However, our medical work force is also aging. Idaho ranks #12 out of all states in the number of physicians who are aged 65 or older, with 21.8% of our doctors at retirement age. (O'Leary and Morgan, 2011). At a time when we need more doctors than ever we are facing the loss of a substantial portion of the workforce we currently have.

Of particular concern is the fact that health professional workforce shortages are most acute in Idaho's rural and frontier counties. According to the 2010 census Idaho had a population of 1,545,801, ranking 39th in the U.S. for population. However, that population is very unevenly distributed due to the natural barriers of mountainous terrain and uninhabitable land throughout the state. While there are seven population centers in Idaho, over a third of the state's population resides in rural areas, with no population center of 20,000 people or more. "Half of Idaho's 44 counties are considered "frontier," with averages of less than seven persons per square mile. In 2010, the national average for population density was 87.4 persons per square mile" (IDHW, 2011). For the individuals and families living in these rural and frontier parts of the state, lack of access to medical, dental and mental health care is especially problematic.

Now, more than ever, the mission of ID-AHEC is an essential piece for building a strong Idaho future. It will require a coordinated effort by all stakeholders throughout Idaho to find ways to increase the number and the diversity of health care workers in our state.

(Reference List available upon request. Contact lbennett@mtnstatesgroup.org)



THINK SPRING! CHOOSE HEALTH!

As warmer weather and longer days are upon us, now is a great time to reach out for your own period of renewal with a recommitment to healthy living. Whether it's getting more exercise, finally getting serious about quitting smoking, making sure you get better rest or setting a goal to drink two extra glasses of water each day, find the goal that is right for you. Having appropriate medical, dental and mental health care available is something ID-AHEC strongly believes in. However, a big part of how healthy the population of Idaho will be starts with our individual choices in attitude, relationship, diet and exercise. Many communities have programs to help get you started. Check the AHEC website for a list of programs: www.idahoahhec.org.

ID–AHEC commends R/UOP students for quality community programs completed throughout Idaho.

The Rural/Underserved Opportunities Program (R/UOP) is a program of the University of Washington School of Medicine (UWSM) in partnership with the WWAMI Programs and AHECs in Montana, Idaho, Alaska, Wyoming and Washington. R/UOP provides a four-week immersion experience for students between the first and second years of medical school. Students are placed with a physician preceptor in a rural, or urban underserved, clinical site. In addition to getting hands-on experience in a clinical setting, students also are responsible for initiating and carrying out community projects in the areas where they serve. These are the projects which were completed in 2011:

- Kaitlin Burke — Education on Strategies for Dementia Prevention in **McCall, ID**
- Sage Coe Smith — Nutrition Education for Young Athletes in the Camas Prairie of Northern Idaho (**Cottonwood, ID**)
- Meaghen Friel — Avoidance and Screening for Malignant Melanoma in **McCall, ID**
- Karin Hayashida — Starting a Conversation: Encouraging the Smoking Population of **Weiser, ID** to Consider Cessation.
- Derek K. Hill — Building the Magic Valley Tobacco Free Coalition in **Twin Falls, ID**
- Stephen Houmes — Dental Cavity Prevention Through Fluoride Education in **Sandpoint, ID**
- Devin Laky — Diabetes Prevention for Youth: Emphasizing Low Sugar Food Choices and Physical Activity at the **Garden City** Boys & Girls Club of Ada County
- Juan Magana — Creating a Sustainable Model for Diabetes Prevention in Small Rural Towns
Case study: **Emmett, ID**
- Monica Martin — Obstetric Patient Intake and Education in a Community Health Center in **Nampa, ID**
- Kurt Olaveson — Immunization Compliance in **Rexburg, ID**
- Kristin Seymour — Educating Families about Healthy Nutrition in **Jerome, ID**
- Joshua J. Smith — Educating Low-Income Families About Healthy Food Preparation & Eating Habits in **Orofino, ID**
- Lisa Stoufer — Comfort Care Explained for Families in **Moscow, ID**
- Matthew Wilson — Awareness of Depression Among Spanish-Speaking Pregnant Women in **Hailey, ID**

Posters detailing the purpose and outcomes of each of these projects can be found on the [ID-AHEC website](#).

IDAHO’S BINATIONAL HEALTH WEEK: OCTOBER 6-13, 2012

The Binational Health Week (BHW) will celebrate its 12th anniversary this year. In Idaho, the Mexican Consulate, the Idaho Partnership for Hispanic Health, Ventanilla de Salud, the Hispanic Cultural Center, St. Luke’s Regional Medical Center and others are all collaborating to make this the best event ever. Several events will take place throughout the week, including a health and career fair held on Saturday, October 13th, from 10 a.m. to 5 p.m. at the Hispanic Cultural Center in Nampa, Idaho. If you are interested in being a sponsor or exhibitor at this health and career fair, contact Linda Powell at (208) 336-5533 ext. 235, or email lindapowell@mtnstatesgroup.org, or go to <https://secure.acceptiva.com/?cst=fe1687> to register as a sponsor or vendor exhibitor.

Rural Healthcare Exchange Program “Peer-to-Peer Mentoring in Rural Idaho”

This program provides opportunities for health organizations serving rural and underserved areas of Idaho to learn from their peers. The Rural Healthcare Exchange Program provides travel support for individuals or small groups to meet with similar entities from other areas of the state and share information, ideas, and successful approaches to improving quality and access to healthcare services.

The program is open to staff serving Idaho’s Critical Access Hospitals, Rural Health Clinics, Federally Qualified Health Centers, and Free Medical Clinics. Eligible applicants also include rural non-profit EMS agencies, rural health grant writers and foundation staff. The program does not include visits with consultants, conference travel, or support for regularly scheduled meetings or training events.

For more information or to obtain an application, contact:
State Office of Rural Health & Primary Care at ruralhealth@dhw.idaho.gov or
www.ruralhealth.dhw.idaho.gov. Phone: 208-334-0669.

Let 3RNET Help With Your Clinician Recruitment Efforts!

The State Office of Rural Health & Primary Care is pleased to offer support to Idaho communities in their clinician recruitment efforts by subscribing to the 3RNet (the National Rural Recruitment and Retention Network). You can set up a free on-line account by registering as a community, and posting your opportunity. There is also room for you to upload photos of your community, hospital or health center. Take time to enter as much detail as you can about the opportunity-the more information a candidate has, the more appealing the opportunity is. It can only be accessed by candidates who register, and candidate information is shared with communities who post for that candidate’s discipline. If you have any questions about how to get started, please contact ruralhealth@dhw.idaho.gov or (208) 334-0669.

Clinician Survey Results

The State Office of Rural Health & Primary Care recently funded an effort to promote retention of clinicians with National Health Service Corps (NHSC) loan repayment obligations. In February 2012, a survey of 214 clinicians was completed, 77 of whom were funded with American Recovery and Reinvestment Act (ARRA) dollars. A total of 126 clinicians completed the survey for a response rate of 59%.

Close to one third (31%) worked in a Federally Qualified Health Center and another quarter (23%) worked in a Certified Rural Health Clinic. Only 5% worked in solo practice. Most clinicians were full time (89%) and worked in rural communities (82%). Primary care clinicians comprised close to half of respondents (Primary Care Physicians — 18%, Physician Assistants — 17%, and Nurse Practitioners — 13%). Mental health clinicians totaled 44% and included Licensed Clinical Social Workers (20%), Licensed Professional Counselors (17%), Marriage and Family Therapists (1%), Psychologists (4%), and Psychiatrists (1%). Dental clinicians were 8% of total respondents. Although the overall response rate was 59%, the response rate varied by discipline with a low of 45% from physicians to a high of 80% from nurse practitioners.

Quality of management communications and recognition followed by trusting what management tells them and their initial training or orientation were issues with more dissatisfaction as identified by respondents. Forty percent (40%) expressed an interest in forming a peer support network. The disciplines most interested included eleven Physician Assistants, 10 LCSWs, and 9 LPCs. Email was the most selected method of communication with 49, followed by local conferences (33), and Group CME (20).

Reasons stated for potentially leaving their current position include poor management, toxic environment, community or location, salary, family, and workload too intense. Similarly, recommendations to their employers to improve retention included improve communication, recognition, salary levels, appreciation, clear communication of expectations, and providing the necessary tools and resources to do a job well.

For a copy of the survey results, go to www.idahoahc.org/NHSC_Retention.html or contact Linda Powell at lindapowell@mtnstatesgroup.org.

Rural Health Care Access Program (RHCAP)

The Idaho State Office of Rural Health and Primary Care invites your community to explore the Rural Health Care Access Program (RHCAP). Established by the Idaho State Legislature, RHCAP helps rural and underserved Idaho communities improve access to primary medical and dental health care through grants to support projects that address barriers to care.

Grant Categories:

- Community Development
- Recruitment & Retention
- Tele-health Projects
- Other activities to improve access to care

RHCAP is a competitive grant program that provides awards up to \$35,000 a year. The grants are limited to a one-year period only. Eligible applicants must be registered non-profit or governmental organizations, and proposals must serve designated Health Professional Shortage Areas or Medically Underserved Areas. Applications are available on the State Office of Rural Health website no later than July 1, 2012 and are due August 30, 2012.

Questions?

Email: RuralHealth@dhw.idaho.gov

Phone: Stephanie Sayegh (208) 332-7363

Website: www.ruralhealth.dhw.idaho.gov

Legislation: <http://www.legislature.idaho.gov/idstat/Title39/T39CH59.htm>

SAVE THE DATE:

October 12-14, 2012

25th Annual Concepts in Oncology Conference in Boise.

For further information contact Julie Scott at 208-381-9226 or email scottju@slhs.org.

Rural Physician Incentive Program (RPIP)

Legislation was passed this session which moved the Rural Physician Incentive Program to a new home. Beginning July 1, 2012, the program will be administered by the State Office of Rural Health & Primary Care, in the Department of Health and Welfare. This program is defined in Idaho Code Title 33, Chapter 37 and IDAPA 08.01.14. RPIP provides medical education loan repayment awards of up to \$50,000 for up to four years for Idaho physicians serving in federally-designated Health Professional Shortage Areas. Eligible physician applicants include primary care, family medicine, internal medicine, and pediatrics, but may also include ob-gyn, psychiatry, general surgery, and emergency medicine.

Funds for RPIP loan repayment are generated from a dedicated fund established through the collection of fees assessed to Idaho residents who attend medical school at the University of Washington and University of Utah (U of U) in state supported seats. The Idaho legislature provides funding support to help offset tuition costs for 80 Idaho medical school students in the WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) program and 32 in the U of U program. These students are assessed a fee that is deposited into the RPIP dedicated fund. The fee is 4% of the average state support per student.

New RPIP Applications will be released by no later than July 1, 2013 and award decisions will take place by October 2013. Information and application materials are being developed, and will be made available on the State Office of Rural Health & Primary Care website by July 1: www.ruralhealth.dhw.idaho.gov.

Critical Access Hospitals and the National Health Service Corps

Recruiting providers to your Critical Access Hospital (CAH) – or keeping them there – may be easier if the provider knows they could receive up to \$60,000 to pay off their school loans, in addition to receiving a salary. National Health Service Corps (NHSC) approved sites can apply for this resource. Any CAH in a Health Professional Shortage Area (HPSA) is eligible – and encouraged to apply to become an NHSC-approved site as part of a new three year pilot program announced by the White House Rural Council in 2011.

Eligible CAHs must have an affiliation (either through direct ownership or affiliation agreements, i.e., a Memorandum of Understanding) with an outpatient, ambulatory care clinic and provide comprehensive primary care and related inpatient services. In addition, CAHs and their affiliated clinics must meet the following NHSC site requirements:

- 1) Be located in a Health Professional Shortage Area (HPSA) that corresponds to the disciplines the site is seeking to recruit.
- 2) See all patients regardless of their ability to pay and advertise this fact.
- 3) Accept Medicare, Medicaid, and Children’s Health Insurance Program patients.
- 4) Provide services at a discount to low-income patients.
- 5) Demonstrate sound fiscal management.

During the pilot program, each CAH may eligible for NHSC support for a total of 10 clinicians, regardless of the HPSA score. Please note that the clinical practice requirements vary for clinicians working at CAHs. For more information on the clinician requirements, please refer to the FY 2012 NHSC Loan Repayment Program Guidance, which was released in December 2011. Sites can apply at any time. The clinician application for loan repayment closes May 15, 2012, but will open again after October of 2012 for the next cycle-dates to be announced.

For more information regarding the site eligibility requirements, please refer to the “Become an NHSC Site” section of the NHSC website: <http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/index.html>. **Other sites can apply to become an approved site, if they meet all the eligibility criteria; the site application is on-line, and can be submitted at any time.** The NHSC can help you recruit and retain qualified health care providers who care about patients living in communities with limited access to care and who choose to work where they are needed most. If you are interested in applying and need additional information, please contact the Customer Care Center at 1-800-221-9393 or gethelp@hrsa.gov. You are also welcome to contact Laura Rowen at (208) 334-5993 or RowenL@dhw.idaho.gov at the State Office of Rural Health & Primary Care.

SAVE THE DATE:

June 21, 2012—Boise October 24, 2012—Pocatello
“Meet the Residents”

The State Office of Rural Health & Primary Care in partnership with the Family Medicine Residency of Idaho and St. Luke’s Regional Medical Center are pleased to offer the third annual “Meet the Residents” event. This will take place on **June 21, 2012**, in the **Anderson Center in St. Luke’s downtown Boise campus**. This is an opportunity to meet medical residents during an informal evening; be sure to reserve your place early! A light buffet and beverages will be provided. Registration is underway. You may access the form through a link on our website: <http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/Registration%20Form%20Fill-In.pdf>. If you would like to set up a table for display, there are a limited number available, and they will be secured with the receipt of a registration form and fee on a first come, first serve basis. Thank you for making last year’s event a success, and we’ll look forward to seeing you in June! Also, please **save-the-date for the “Meet the Residents” event on Wednesday, October 24, 2012 in Pocatello**, with the Idaho State University Family Medicine Residency Program. Please feel free to call (208) 334-5993 for more information.



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