

# FRONTIER FOOTNOTES

## Idaho Area Health Education Center

*A Program of Mountain States Group, Inc.*

*“Promoting Careers in Health Care in Underserved Idaho Communities”*



January 2012

### New Leadership for Idaho AHEC



Lynda Bennett has joined Mountain States Group, Inc. as the new Project Center Director of Idaho AHEC. For the past year and a half Lynda had been working at Idaho State University – Institute of Rural Health in Meridian, coordinating suicide prevention efforts throughout Idaho. Previously she has worked in diverse settings including community mental health, HIV/AIDS intervention, homeless case management and re-entry work with

felons leaving incarceration. In addition to her role with AHEC, Lynda will also be teaching Sociology at College of Western Idaho.

Lynda and her husband moved to Boise in May 2010 from Adams, Oregon. For the past thirty years they had lived in various rural communities in Michigan, Ohio, Florida, Washington and Oregon following her husband’s career in agriculture research. When he retired in 2010 they could finally live anyplace they wanted. After careful consideration of various options, they chose Idaho. They both appreciate the natural beauty and friendly people. Lynda has a strong commitment to improving the primary care workforce throughout Idaho and helping to support healthier communities. She looks forward to building new partnerships and developing a stronger AHEC presence in our state.

### We want to hear from you! Do you value this newsletter?

Opt In / Opt Out by phone at 1-800-836-8064 ex 253, email [lbennett@mtnstatesgroup.org](mailto:lbennett@mtnstatesgroup.org) or use the “Contact Us” box on our website at <http://www.idahoahec.org/contact.html>

### Would you prefer to

- A) Receive a printed copy of Frontier Footnotes in the mail?
- B) Receive a link to Frontier Footnotes electronically through email?
- C) Stop receiving this newsletter?

For more frequent information and links to current resources and event notices, click “Like” on the ID AHEC Facebook page.



*Frontier Footnotes* is supported, in part, by the State Office of Rural Health and Primary Care, Idaho Department of Health and Welfare. Idaho AHEC thanks you for your interest!

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**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.



## What is AHEC?

AHEC stands for Area Health Education Center. Established by Congress in 1971, the nationwide system was created to improve the supply distribution, diversity and quality of the health care workforce, and increase access to health care in rural and medically underserved areas. AHECs partner with schools of medicine, hospitals, clinics, state agencies and community organizations to enhance the recruitment and training of primary care medical providers.



The Idaho AHEC is a program of Mountain States Group, Inc., a multi-service non-profit organization located in Boise. It is affiliated with the University of Washington's School of Medicine WWAMI program. (See details about WWAMI below). AHEC programs are funded by the U.S. Department of Health and Human Services (HHS) through the Health Resources and Services Administration (HRSA).

While AHEC programs vary somewhat from state to state, they all are united by the guidance of the National AHEC Organization (NAO) whose mission is:

**"Connecting students to careers, professionals to communities, and communities to better health."**

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## WWAMI TURNS 40

Idaho AHEC joins in celebrating the accomplishments of the WWAMI program over the past 40 years. WWAMI is a collaboration between universities in a five state region to provide medical education across an area that makes up over a quarter of the land mass of the United States but holds only 8% of the national population. The organization takes its name from the first letter in each of the five cooperating states: Washington, Wyoming, Alaska, Montana and Idaho. Founded in 1971, the purpose of the WWAMI program is to train primary-care physicians and other healthcare personnel from the region and for the region, especially in areas with too few physicians. While there are vibrant cities in the northwest, the five frontier states that make up WWAMI have many communities with less than 5,000 people, often geographically isolated far from any urban center.

UW School of Medicine, Washington State University (Pullman and Spokane), the University of Wyoming, the University of Alaska, Montana State University and the University of Idaho work together to educate doctors in the only program of its kind that crosses state lines. Students begin their medical training in their home states. Clinical courses of the second year are completed at UW Medical School in Seattle. After that, students can complete their remaining courses in any of the five WWAMI states.

Idaho enrolls 20 students in the WWAMI program each year. Through programs like R/UOP (Rural / Underserved Opportunities Program) – a 4 week clinical student summer placement in a rural or medically underserved community, with the opportunity to complete a community health project, students get first-hand experience on what serving a rural community is really like. In 2010, 118 WWAMI medical students completed R/UOP experiences; 19 of those students completed R/UOP in Idaho.

While some students may pick and choose among the five states of WWAMI for various parts of their third and fourth years of medical school, one option is the "Idaho Track", allowing students to complete all 3<sup>rd</sup> year required rotations in this state. WWAMI's success rate is impressive in terms of the number of medical students who choose to return to their home state (50% for Idaho as compared to 39% nationally) and in the cost savings to students for getting a medical education. Idaho also gets the benefit of having students from other WWAMI states choosing to come here for their practice. The 2010 Idaho State Report for the WWAMI program states an impressive return on investment: 362/499 (73%) total regional WWAMI graduates practicing or have practiced in Idaho. Additionally, the National Institute of Health (NIH) has funded research programs initiated through WWAMI at the University of Idaho. To learn more about the WWAMI program and to see a timeline of their 40 years of achievement go to <http://depts.washington.edu/givemed/>

## Northwest Rural Nurse Residency Expands

*Improving Retention, Clinical Performance, and Job Satisfaction*

The acute care residency for nurses in small hospitals provides agency flexibility. Since 2008, NWRNR has provided the popular, no costs, transition-to-practice program to assist hospitals in providing a customized professional experience. Outcomes include: A 93% retention rate two years after program admission and increased knowledge and skills.

- The focus of the ongoing hospital-based program is on crisis assessment and management in the rural nurse generalist role.
- New Care in the Community residency will begin in March 2012. The Community transition-to-practice program is suitable for nurses in long term care, ambulatory care, home health and hospice, and public health.
- The importance of nurse preceptors to the success of a residency or transition-to-practice program cannot be overemphasized. Thus, it is with great excitement that NWRNR offers a 16-hour preceptor certification program in February 2012.
- Rural Nurse Clinical Leaders and Managers can now participate in a yearlong certificate program that builds leadership capacities. Leaders attend web based video classes and choose management skills to develop. The learning community supports growth and sharing among frontier and rural organizations. Outcomes include a portfolio of clinical workplace focused assessments, solutions, and evaluations and increased self-awareness of philosophies, styles, and skills. Program begins January 2012.

All participants receive education in their own facilities from top-notch rural nurse experts. Grant funding and new technologies like web-conferencing and high-tech simulation enables no tuition for participants. Program staff provides support and information for preceptors, residents, and nurse administrators to ensure a flexible, locally adapted transition-to-practice program.

To learn more about the NWRNR visit the website at: <http://www.isu.edu/nursing/opd/>

E-mail [nurseopd@isu.edu](mailto:nurseopd@isu.edu) for more information.

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**TRAUMATIC BRAIN INJURY**—The Institute of Rural Health at Idaho State University is the lead state agency for traumatic brain injury in Idaho and has been home to four consecutive TBI grants—one state planning grant and three implementation grants—funded by the Health Resources and Services Administration (HRSA) Maternal and Children’s Health Bureau. Project objectives for 2009-2013 include implementation of a TBI support system for families of returning soldiers and establishment of a TBI trust fund to provide gap financing for any civilian or soldier with a TBI.

**The TBI project team has activated a monthly chat and blog feature for spouses of returning services members via the TBI virtual program center [www.idahotbi.org](http://www.idahotbi.org).**

During the spring of 2011 over 1200 registrations and 600 attendees took part in a grant sponsored national TBI webinar series. Participants came from 46 states and Calvary, Canada.

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**HEAL Idaho:** In 2005, Idaho’s Bureau of Community and Environmental Health (BCEH) conducted an Idaho Physical Activity and Nutrition (IPAN) Statewide Needs Assessment, which served as the impetus for the development of a two-year action plan (2006-07). In continuation and expansion of this effort, the IPAN Program launched Healthy Eating, Active Living (HEAL) Idaho in 2010 to develop a statewide strategic operations framework along with a network of stakeholders responsible for implementing and advocating the recommended changes to increase access to physical activity and healthy eating opportunities. Over 50 representatives from businesses, state and local agencies, nonprofit organizations and the legislature came together to outline the framework and form the nucleus of the network. Going forward, the FY2011-2013 HEAL Idaho Framework will serve as a guide and benchmark for HEAL Idaho network activities and participants.

To view the HEAL Framework, visit: [www.HEAL.dhw.idaho.gov](http://www.HEAL.dhw.idaho.gov)



### ***Idaho Partnership for Hispanic Health Initial Outcomes***

The Idaho Partnership for Hispanic Health has been in existence since 2005 to study and implement an intervention to improve the health of Hispanics in southwest Idaho. In 2008 the 5 year intervention phase began in Weiser, Idaho and expanded to Mountain Home in 2010. The focus of the intervention was the prevention of metabolic syndrome.

Since the start of the intervention stage, 359 individuals have completed Compañeros en Salud or Partners in Health, 262 in Weiser and 97 in Mountain Home. Our evaluators, Dr. Matthew Keifer and Rachel Schwartz, Marshfield Clinic Research Foundation, have analyzed data from 319 participants and presented these findings. Roughly one quarter of the participants were omitted from the analysis because either they were children under the age of 18, their goal was to gain weight, they were pregnant, or had incomplete pre and post data.

Results from this analysis from prior to the start of the program (Pre) to immediately after participating in the program (Post) include:

75% of participants had their weight ↓

69% had their BMI ↓

57.6% had waist circumference ↓

47.7% blood pressure ↓ (reduction in BP defined as reduction in systolic or diastolic BP in addition to NO increase in either)

49.5% HDL (good) cholesterol ↑

At post-intervention 33% of at-risk participants showed improvement in one or more traits.

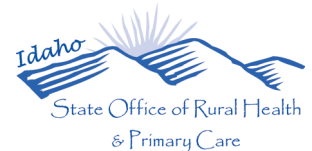
For more details about the partnership, visit [www.IDPHH.org](http://www.IDPHH.org) or contact Linda Powell, Principal Investigator at [lindapowell@mtnstatesgroup.org](mailto:lindapowell@mtnstatesgroup.org) or (800) 836-8064 ext. 235.

### **POST CLINICIAN VACANCIES TO 3RNET!**

Beginning **January 3, 2012\***, the State Office of Rural Health and Primary Care will rely on the National Rural Recruitment and Retention Network (3RNet) to work with potential candidates and opportunities in Idaho. You may post clinician vacancies any time after January 3, 2012 at [www.3RNET.org](http://www.3RNET.org), after you complete a short registration process. Instructions can be found on the Office of Rural Health web site: <http://healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/CommunityRegistrationInstructions.pdf> This process is free!

**\*Please also note** the Office of Rural Health is discontinuing the “*Idaho Health Careers*” Program, and all postings that are currently listed in “*Idaho Health Careers*” will be discontinued on January 3, 2012. For more information or assistance, please contact us at (208) 334-0669 or [ruralhealth@dhw.idaho.gov](mailto:ruralhealth@dhw.idaho.gov).

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



### ***What is the Rural Healthcare Exchange Program?***

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 to share information, ideas, and successful approaches to improving quality and access to healthcare services.

***Who is eligible?*** 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 [ruralhealth@dhw.idaho.gov](mailto:ruralhealth@dhw.idaho.gov) [www.ruralhealth.dhw.idaho.gov](http://www.ruralhealth.dhw.idaho.gov) 208-334-0669

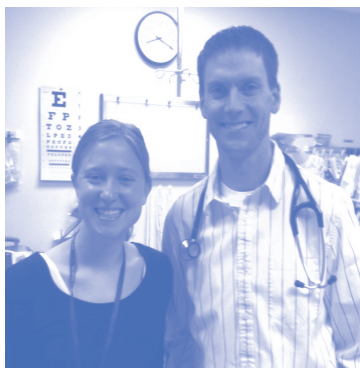
## COLLABORATIONS

### **Idaho WWAMI R/UOP and Idaho SEARCH Program Team Up**

The Idaho WWAMI Rural Underserved Opportunities Program (R/UOP) and Idaho SEARCH have teamed up to connect medical students to underserved communities throughout Idaho. Both programs provide students with early exposure to the challenges and rewards of practicing primary care medicine in a rural or underserved setting, and an opportunity to learn how community healthcare systems function. Together, these two programs are offering an enhanced experience to WWAMI R/UOP students.

SEARCH is a National Health Service Corps program that provides quality clinical training opportunities for health profession students and residents in primary care settings. Four-week rotations provide a rich experience in multi-disciplinary and multi-cultural environments. Participants are paired with a primary care preceptor and a community mentor, and are required to complete a community project during the rotation. WWAMI R/UOP students that participate in Idaho SEARCH are eligible to receive funding to help with living and travel expenses, and are covered under the University of Washington School of Medicine's medical student liability policy.

Last summer, four WWAMI students completed an Idaho R/UOP-SEARCH experience. Joshua Smith was paired with Dr. Phil Petersen at the Clearwater Valley Hospital in **Orofino**, Monica Martin with Dr. Kathryn Potter at Terry Reilly Health Services in **Nampa**, Sage Coe-Smith was with Dr. Andrew Gilbert at St. Mary's Clinic in **Cottonwood**, and Juan Magana worked with Dr. Eddie Rodriguez-Lopez at Valley Family Healthcare in **Emmett**. Each of these students immersed themselves in their assigned community and were successful in developing a medical research project based on the needs of the people. This experience has strengthened their sense of community, as well as an understanding of what it takes to be a physician in a rural setting, strengthen their sense of community, as well as an understanding of what it takes to be a physician in a rural setting.



Sage Coe-Smith and  
Dr. Andrew Gilbert

For more information on R/UOP go to:  
<http://depts.washington.edu/fammed/predoc/programs/ruop>

For information on Idaho SEARCH: go to:  
<http://idaholiveworkplay.org/training>

Juan Magana and  
Dr. Eddie Rodriguez-Lopez



### **New PIPELINE PARTNERSHIP program between Idaho AHEC and HOSA**

ID AHEC and the Health Occupations Students of America (HOSA) will be teaming together to bring "Orientation to Health Careers" (OHC) to middle schools throughout Idaho. This program has been successfully piloted by ID AHEC in both **Mountain Home** and **Weiser**. It will now be introduced into new communities, serving areas that meet the federal designation of Health Professional Shortage Area (HPSA) and/or Medically Underserved Area or has a substantial Medically Underserved Population (MUA/MUP). AHEC will provide key program elements and technical assistance. HOSA advisors will team with high school students in leadership programs and local community healthcare providers to implement the programs. Orientation to Health Careers introduces sixth grade students to a variety of healthcare occupations, including public health, and has a focus on activities at the local high school promoting classes in science. By taking a long range "grow your own doctors" approach we hope to influence rural students from diverse backgrounds to enter health care fields. This program is funded through the State Office of Rural Health and Primary Care.

## From the Office of Rural Health and Primary Care



**Loan Repayment Opportunity** - The National Health Service Corps Loan Repayment Program provides up to \$60,000, tax free, to qualifying primary care medical, dental and mental health clinicians in exchange for two years of service at an approved site in a Health Professional Shortage Area for full-time clinicians, and 4 years of service to part-time clinicians with a minimum of 20 hours a week. Upon completion of the service commitment, clinicians may be eligible to apply for additional support for extended service. You may begin the process today – the site where the clinician provides services must apply and be approved, and then the clinician may apply for loan repayment for providing care at an approved site. The application cycle for loan repayment is open, applications will be accepted through May 15, 2012- clinicians are encouraged to apply early. More information may be found at the following website: <http://nhsc.bhpr.hrsa.gov/loanrepayment> - or contact Laura Rowen at (208) 334-5993 or [RowenL@dhw.idaho.gov](mailto:RowenL@dhw.idaho.gov)

The **Idaho Rural Physician Incentive Program (RPIP)** is a physician loan repayment program which provides assistance for rural and medically underserved communities in Idaho that demonstrate difficulty in attracting and maintaining sufficient primary care physicians to serve their population. For the purposes of this program, primary care is defined as family medicine, general internal medicine, and general pediatrics, but may also include obstetrics and gynecology, general psychiatry, general surgery and emergency medicine. The applying physician and sponsoring community organization must provide services in a federally designated Health Professional Shortage Area (HPSA), as determined by the U.S. Department of Health and Human Services. Program benefits allow payment of up to \$50,000 in total toward qualified educational loans of participating health professionals over a one to four year period of service in an eligible area of need. Payments are disbursed directly to a physician's lending institution(s) in six-month increments over their designated service period. The application window is open now through March 1, 2012. Forms can be found at: [http://www.boardofed.idaho.gov/public\\_col\\_univ/rural\\_phys.asp](http://www.boardofed.idaho.gov/public_col_univ/rural_phys.asp). For more information or assistance, please contact Patty

### ~ SAVE THE DATE ~

The 10<sup>th</sup> Annual Northwest Regional Critical Access Hospital (CAH) Conference will be held in **Spokane** on **March 13, 2012**. *New this year:* a pre-conference half-day Rural Health Information Technology Capital Meeting on March 12. The conference is supported by the State Offices of Rural Health in Alaska, Idaho, Montana, Oregon, and Washington.

- The one-day CAH conference is designed for CAH administrators, staff, clinicians, and board members. Speakers will provide a federal update, Accountable Care Organization impact on CAHs, preventing out migration, board leadership, telemedicine, and more. Funding for the conference is supported with grants through the Federal Office of Rural Health Policy.
- The half-day Rural HIT Meeting is designed to link USDA staff with HIT and rural health care stakeholders and, secondly, ensure rural health care providers are aware of the USDA Resources that can be used for health information technology hardware and software.

We are pleased to offer the third “Meet the Residents” event with the Family Medicine Residency of Idaho, which will take place on **Thursday, June 21, 2012** at St. Luke’s Regional Medical Center in Boise. This is an opportunity to meet medical residents during an informal evening; registration information will be available in early 2012. A light buffet and beverages will be provided. If you are serious about physician recruitment, this is an important event to be sure to attend!

Mark your calendars for the 2012 annual meeting of the [Idaho Health Information Management Association \(IdHIMA\)](#) scheduled for **March 15-16** at the Grove Hotel in downtown Boise. Some of the offerings being planned are Anatomy & Physiology Diseases and Processes, Medicare Compliance, Medicaid RACS, ICD-10 Training, Electronic Health Record Implementation and Databases, and Budgeting for the Transitions.

On an ongoing basis, IdHIMA’s coding roundtables have been held throughout the state providing the preparatory foundations for ICD-10 implementation including anatomy and physiology, pathophysiology, and medical terminology as recommended by AHIMA. Please contact Shelley Babbit ([srbabbit@msn.com](mailto:srbabbit@msn.com)) for more information on when and where future roundtables are scheduled. The ICD-10 State Task Force, sponsored by IdHIMA and IHA, has been meeting periodically to help with ICD-10 preparations and to begin a detailed education plan. The taskforce has representation from IHA, IMA, IdHIMA, Medicaid, Blue Cross, hospitals, a SNF coding representative, and educators. To learn more about this task force please contact Serena Tschirgi ([stschirgi@sjrmc.org](mailto:stschirgi@sjrmc.org)).

## ISU-Meridian Health Science Center and Ada County provide free health screenings for uninsured adults

Low-income and uninsured Ada County adults can get free health screenings, thanks to a partnership between Idaho State University-Meridian Health Science Center, Ada County, Central District Health, and the Idaho Department of Health and Welfare. The screenings are offered at various locations throughout the Treasure Valley. Call 373-1700 for the next date.

ISU-Meridian faculty and student clinicians conduct the screenings, which include basic physical examinations, dental evaluations, hearing and depression screenings, on-site testing for blood sugar levels and HIV, and flu and hepatitis vaccinations when available.

“Prevention is a crucial piece of health care, and our mission with the screenings is to identify individuals at risk of preventable diseases,” said Dr. Glenda Carr, an ISU-Meridian assistant clinical pharmacy professor. The program began two years ago to help Ada County reduce indigent health care costs and ease the burden on taxpayers.

“We hope to keep costs in check by providing free screenings that promote preventive care and personal responsibility for one's own health. We are now also providing follow-up assistance through the Garden City Community Clinic to ensure that screening patients are able to get the care they need before their health issues become critical and significantly more costly for taxpayers,” said Ada County Commissioner Sharon Ullman. The full screening process takes about an hour. In addition to conducting the screenings, ISU-Meridian faculty and students provide disease prevention, nutritional and diabetes education.



### A resounding success: “Blazing New Trails” – Idaho RHC-CAH-Free Medical Clinic Conference

On Thursday, November 3, 2011, the State Office of Rural Health and Primary Care sponsored “Blazing New Trails,” the annual conference for Critical Access Hospitals (CAH), Rural Health Clinics (RHC), and for the first year, Free Medical Clinics. There were 141 participants—one of the most attended annual conferences in the history of the event! A wide variety of topics and presentations, such as tele-medicine, leadership, rural health clinic billing and coding, accountable care organization rules, and Free Medical Clinic trends and hot topics were offered in multiple tracks. In addition, participants were inspired with a message of hope from the opening plenary Becky Olson, a lunch break by cowboy poet, Wayne Nelson, and an energetic and informative closing plenary by Dr. Tray Dunaway. The office thanks the many attendees and presenters for their support of this successful event.

#### SAVE THE DATE!

The 2012 Annual Patient Safety and Quality Improvement Conference  
“Safety in Transitions”

April 5–6, 2012, at The Riverside Hotel in Boise

Including presentation of the Awards of Excellence in Healthcare Quality

## ICD-10 Conversion Resources

With the compliance date for ICD-10 set for **October 1, 2013**, ICD-10 will allow for better analysis of disease patterns and treatment outcomes that can advance medical care. A few important resources you may wish to review during the compliance process include:

ICD10 FAQs on preparing for the ICD-10 transition by CMS (<http://www.cms.gov/ICD10/>).

The American Health Information Management Association (AHIMA) implementation and planning resource center (<http://www.ahima.org/icd10/>).

AHIMA-approved ICD-10-CM/PCS trainers organized by state of residence. Idaho has 10 approved trainers (<http://www.ahima.org/icd10/trainers.aspx>).

The ICD-10 preparation analyzer and ICD-10 Billing, Coding and Documentation Training tools, many of which are approved for CEUs by AAPC and AHIMA (<http://www.hccs.com/courses/ICD-10-Billing-Coding-and-Documentation-Training/Preparation-Analyzer/>).



## Idaho AHEC Advisory Board

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**Mary Barinaga, MD**, WWAMI Assistant Clinical Dean, WWAMI Idaho Office for Clinical Medical Education, Boise, ID

**OPT in / OPT out—See information on Page 1**

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