

Iowa Department of Public Health

*Center for*

*Rural Health and Primary Care*

2010 ANNUAL REPORT



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and  
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# Introduction

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## Forward

The purpose of this document is to make available state data, national information, and program information affecting medically underserved and rural areas of Iowa. Also, the document highlights other organizations, initiatives and promising practices that are making a difference to the health and well-being of rural and underserved Iowa residents. The report focuses on Iowa Department of Public Health, [Bureau of Health Care Access](#) programs and activities relevant to the Center for Rural Health and Primary Care (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. Electronic format has the added value of interactive links and quick access to additional documents and resources.

## Iowa Center of Rural Health and Primary Care Overview

According to state code [Chapter 135.107](#), the Center for Rural Health and Primary Care (CRHPC) is administered within the Iowa Department of Public Health (IDPH), Bureau of Health Care Access (BHCA). The code included establishment of an [advisory committee](#). Nine Advisory Committee members are appointed by the governor. In addition, four legislators and seven designees of the state and other organizations serve on the committee. The advisory committee meets quarterly to receive information from public and private groups, to give guidance on related issues, and to offer policy recommendations to the Iowa Legislature. The committee sponsors an annual legislative reception as part of its leadership role.

The legislative CRHPC Code reads: The center for rural health and primary care shall do all of the following:

- Provide technical planning assistance to rural communities and counties;
- explore innovative means of delivering rural health services through community health services assessment planning;
- implementation including but not limited to hospital conversions, cooperative agreements among hospitals and health practitioners and;
- support recruitment and retention of primary care providers, public health services, emergency medical services, medical assistance facilities, rural health clinics and alternative means which may be included in the long-term community health services plan.

## Executive Summary

The Iowa Center for Rural Health and Primary Care (CRHPC) was established in 1989 by the Iowa Legislature. The center is administered from within the IDPH Bureau of Health Care Access (BHCA). Several BHCA programs are federally funded and operate with grant guidance similar to CRHPC Iowa Code 135.107. The [accomplishments](#) of bureau programs reflect dedication and focus on strategies which result in health care access. The Bureau goal is “Promoting and improving access to quality health care for Iowa.”

Iowa is a rural state. According to an [Office of Management and Budget and U.S. Census Report \(2007\)](#), 20 Iowa counties are classified as metropolitan. The remaining 79 counties are rural or non-metropolitan. Iowa’s rurality, residents at or below the poverty level, elderly population, and shifting demands for health care providers all contribute to rural health disparity and consistent areas of medically underserved populations within Iowa.

The 1965 [Medicare and Medicaid Services](#) program was the main impetus for federal and state initiatives aimed at decreasing barriers to health care for the medically underserved. In Iowa, some successful initiatives have been: 1) an increase in total numbers of primary care providers especially physician assistants and nurse practitioners, 2) health professional loan repayment programs, 3) Medicare and Medicaid reimbursements, and 4) designation of federally qualified health centers, rural health clinics, and critical access hospitals. While the efforts are increasing, so too, are the factors which perpetuate uneven distribution of health care providers, and impede timely, effective access to health care. In Iowa, the response to health access barriers and disparity has been to ensure state match funds needed for federal rural health grants, to effectively use federally funded resources, and to legislate and fund activities and commissions resulting in agri-health and safety programs. In recent years, Iowa has been a national leader in state health reform.

This report presents Iowa specific health care access information, data, and maps. It also includes activities of key state programs, promising practices, and a directory of organizations and initiatives pertinent to the health and well-being of rural and underserved populations. The content:

- Describes programs and entities focusing on health care in rural and underserved areas
- Defines various health professional shortage area designations
  - Explains qualifying criteria and summarizes the benefits to counties and individuals
- Describes workforce issues
  - Explains programs that assist health care professionals
- Describes IDPH and BHCA programs
  - Presents medical/clinical/community promising practices
- Highlights other programs and initiatives that support rural health and/or services to underserved populations
- Features maps for various designations, programs and areas
- Lists numerous internet sites for data, resources, reports, and tools

### Clinics

There are a number of Iowa clinics dedicated to care and services for rural and underserved residents. Some of the clinics are maintained through federal and state allocations. Several of the clinics are owned by hospitals, while others belong to groups of physicians or are physician assistant or nurse practitioner sole proprietor (freestanding) clinics.

Federally funded clinics: For more than 40 years, [Health Resource and Services Administration \(HRSA\)](#) supported health centers have provided comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations.

Health centers are community-based and patient-directed organizations that serve populations with limited access to health care. These include low-income populations, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing.

Types of Health Centers are:

- Federally Qualified Health Centers (FQHCs) are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs of the Social Security Act and receive federal funds.
- Community Health Centers serve a variety of underserved populations and areas.
- Migrant Health Centers serve migrant and seasonal agricultural workers.
- Health Care for the Homeless programs reach out to homeless individuals and families to provide primary care and substance abuse services.
- Public Housing Primary Care programs serve residents of public housing and are located in or adjacent to the communities they serve.
- Federally Qualified Health Center Look-Alikes are health centers that have been identified by HRSA and certified by the Centers for Medicare and Medicaid Services as meeting the definition of a health center although they do not receive federal grant funding.
- Outpatient health programs/facilities operated by tribal organizations or urban Indian organizations.

### Iowa Health Centers

Iowa currently has 12 federally qualified health centers in Burlington, Cedar Rapids, Council Bluffs, Davenport, Des Moines, Dubuque, Fort Dodge, Leon, Ottumwa, Sioux City, Storm Lake, and Waterloo. Many of the health centers also have satellite clinics in the communities surrounding the parent health center. Additionally, the State of Iowa has a health center incubator program which was created to support new health centers that are seeking federal status and federal funding. Currently, Iowa supports one incubator health center in Sioux Center. In 2008, health centers in Iowa served more than 125,000 individuals through more than 423,000 patient visits. Of those patients, approximately 41 percent were uninsured.



changes in the 2009 Health Care Safety Act, the Governor's Designation process will be due every four years rather than three years, which streamlines the process for states, and more favorably impacts RHCs.

## Dental

The [Oral Health Bureau](#) within the Iowa Department of Public Health works with 22 Title V child health contractors around the state to ensure access to oral health services for children through the I-Smile™ program. I-Smile™ uses dental hygienists, serving as local [I-Smile™ Coordinators](#), to oversee referrals to dentists, provide care coordination, and act as liaisons for families with community organizations and health care providers. The I-Smile™ dental home uses multiple health care providers in locations where at-risk families are found—such as in physician's offices for well-child exams or at WIC clinics. This provides the potential to reach as many children and families as possible and provide important preventive dental care, particularly as soon as children's teeth erupt. The goal is a system that assures optimal oral health for children.

Other programs assisting underserved Iowans:

### [Maternal Health Dental Program](#)

Women enrolled in the Title V maternal health agencies in Iowa receive oral assessments, education, counseling, and dental referrals as an integral component of their comprehensive prenatal health services. Some agencies have dental hygienists that provide oral screenings and fluoride varnish applications, reimbursable by Medicaid for Medicaid-enrolled women.

### [Dental Care for Persons with Disabilities](#)

Low-income and young adults through age 21 with special health care needs are eligible to be served by this program, which pays for limited dental care. To qualify for the program, a child cannot be eligible for Medicaid (Title XIX), must be uninsured for dental services, and must meet the family income guidelines established by Iowa's Title XXI program. This program is jointly sponsored by the University of Iowa College of Dentistry and the Iowa Department of Public Health.

## Emergency Medical Services

Prior to the 1960s, only a few hospitals in large cities provided ambulance service. In most communities, a trip to the hospital was provided by friends and family or by the funeral home. By the late 1950s, more people became car owners leading to more automobile crashes with injuries and deaths. The first rescue squads were primarily volunteers. The modern era of EMS began after the 1966 publication by the National Academy of Sciences, National Research Council paper "[Accidental Death and Disability: the Neglected Disease of Modern Society](#)". Improved equipment and advanced training for medics during the Vietnam War led to numerous advances.

The National Highway Safety Act of 1966 was the first federal legislation requiring states to develop systems to rescue injured motorists. Most states provided these services by organizing and equipping volunteer rescue services. The Federal Emergency Medical Services Systems Act of 1973 established the first national standards for training and equipment.

In many communities, EMS is provided as a public safety function supported by the [National Highway Transportation Safety Administration \(NHTSA\)](#) as well as state and local governments. In other communities, EMS is considered a health service with state and/or local support.

## Iowa Emergency Medical Services Systems

The Iowa Department of Public Health (IDPH) houses the [Iowa Bureau of Emergency Medical Services \(EMS\)](#). Designated by legislative code, the department is the lead agency responsible for the development, implementation, coordination and evaluation of Iowa's EMS system. The bureau provides technical assistance regarding EMS provider certification and renewal, service program authorization, and trauma care facility certification and renewal. Additionally, the [Iowa EMS Advisory Council](#) is administered by the IDPH EMS. The council works on and gives direction to EMS activities and offers recommendations for matters affecting EMS policy.



In Iowa, urban EMS transport is provided by hospital-based, private or fire department based ambulance services, which include paid certified staff. In rural or small cities, EMS departments typically include volunteer staff or limited paid positions with a volunteer base. In most rural communities there are concerns regarding adequate number of volunteers for EMS services.

Iowa law requires counties to support law enforcement and fire services. Emergency Medical Services are not currently mandated for county support in Iowa.

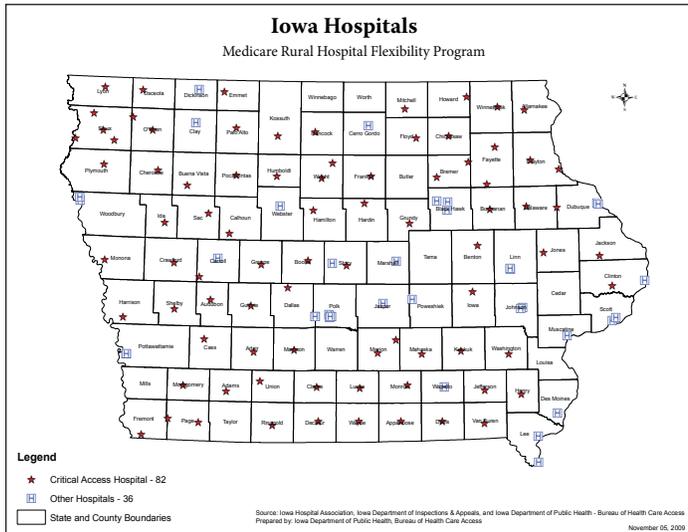
## Iowa Trauma Program

The overall goal of the [Iowa Trauma System](#) is to enhance community health through an organized system of injury prevention, acute care and rehabilitation that is fully integrated with the public health system in a community. The trauma system should possess the distinct ability to identify risk factors and related interventions to prevent injuries in a community and maximize the integrated delivery of optimal resources for patients who ultimately need acute trauma care. Resources that are required for each component of a trauma system are clearly identified, deployed, and evaluated to ensure that all injured patients gain access to the appropriate level of care in a timely, coordinated, and cost-effective manner.

All of Iowa's 118 hospitals (not including VA hospitals) are currently verified and participate in Iowa's trauma care system. Therefore, the continuation of the on-site re-verification process is crucial to maintain the current structure and achieve the overall goal.

Chapter 22 of the [Healthy Iowa 2010](#) addresses how Iowa plans to maximize survival and functional outcomes for trauma patients, and current and future injury prevention initiatives. One benefit of Iowa's trauma system is to provide a minimum level of care to all Iowa no matter what area of the state they are injured.

# Hospitals



Iowa currently has 121 hospitals including three Veterans Administration (VA) hospitals. One hundred eighteen hospitals (not including VAs) are Medicare certified and licensed by the state. Twenty-two are classified as urban hospitals and are located in a Metropolitan Statistical Area (MSA) with a population greater than 50,000. Six of Iowa's 99 counties do not have a hospital, and seven counties have more than one hospital.

Many of Iowa's hospitals have a mission and policy to offer charity care for those unable to pay for services. Additionally, providers from around the state refer patients needing specialty care to [IowaCare](#), which is a state-funded low-income health care program. The University of Iowa Hospitals and Clinics and Broadlawns Medical Center (Polk County)

participate in IowaCare. Broadlawns sees only patients from Polk County. Additionally, Iowa has a number of "specialty" hospitals and outpatient surgery centers.

## Rural Hospitals

Ninety-one of Iowa's 118 hospitals are classified as rural (not located in a MSA). Eighteen of these hospitals have 26-100 acute beds. Six rural hospitals are classified as Rural Referral Centers in that they have operating characteristics similar to a typical urban hospital and are paid for under the Prospective Payment System.

The [Federal Medicare Rural Hospital Flexibility \(FLEX\) Program](#) was created by the Balanced Budget Act of 1997, was reauthorized under the Medicare Modernization Act of 2003, and is intended to strengthen rural health care. The Flex Program provides grants to each state, which are used to implement a Critical Access Hospital program. This program encourages rural health planning and community development, supports Critical Access Hospitals, develops rural health networks; assists with quality improvement activities; and improves rural emergency medical services. The Flex Program promotes a process for improving rural health care, using the Critical Access Hospital (CAH) program as one method of promoting strength and longevity through CAH conversion for appropriate facilities. There are [1,305 CAHs nationwide](#).

### Outstanding Hospital Workplace

Modern HealthCare magazine recognizes organizations in the health industry that enable employees to perform at an optimum level and provide patients and customers the best possible care and services. In 2009, Buena Vista Regional Medical Center in Storm Lake ranked 17 and Wright Medical Center in Clarion ranked 87 as outstanding hospital workplaces. Health care workforce issues in rural areas of Iowa can improve when organizations recognize employee value and contributions. To be designated within the top 100 in the country is a tremendous honor for the recipient hospitals, their communities, Iowa, and most of all the staff and employees.

Iowa has 82 facilities in 71 counties certified as CAHs. The program was designed to improve rural health care access and reduce hospital closures. CAHs provide essential services to a community and are reimbursed by Medicare on a reasonable cost basis for services provided to Medicare patients. Centers for Medicare and Medicaid Services have specific criteria that facilities must meet and maintain to be certified.

The Iowa CAHs are active participants in the [Iowa Medicare Rural Hospital Flexibility \(FLEX\) Program](#). Over the last 12 years the Iowa FLEX program has offered funding, technical support, and educational opportunities to CAHs and network hospitals, and rural EMS providers. The Iowa FLEX program staff also serve as liaisons to national associations and organizations to promote grant and quality care participation opportunities for the CAHs. Additionally, the FLEX program influences and supports hospitals that strive to bring community and economic benefit to rural areas. The mission of the Iowa FLEX program is: “Partnering with Iowa’s rural health care system to provide the highest quality of care.”

### Patient Satisfaction

Monroe County Hospital in Albia, a recipient of Iowa FLEX program funding, received Press Ganey’s newest and most prestigious designation, The Summit Award. The award is a national recognition for sustaining a rank at or above the 95<sup>th</sup> percentile in each reporting period for three consecutive years in the Outpatient Category. Monroe County Hospital partners with Press Ganey in surveying their customers on their perception of care. According to Press Ganey, this award is the most challenging to attain because each winning facility must achieve and maintain the extraordinary. Monroe County Hospital received the award at Press Ganey’s 2008 National Client Conference in Texas.

## Iowa Public Transportation System

Iowa is served by [35 public transit systems](#) that provide local transit services open to the public in all parts of the state. There are 19 urban public transit systems and 16 regional public transit systems. Urban systems provide scheduled route service and ADA paratransit service in larger Iowa communities. Most regional systems offer demand responsive transit services over a multi-county area outside the larger communities. Transit systems work with human service agencies, and others, to provide coordinated service for transportation in their areas. Access to public transit has been identified as a barrier to health care access in rural areas (approximately 45 percent of Iowans live in rural areas). When public transportation services in Butler, Monroe, and Pottawattamie counties became a concern, IDPH/Bureau of Health Care Access examined the issues and worked with partners to determine strategies to improve access and users. A tool was created based on a statewide [Pilot Passenger Transportation Assessment](#) and a resource [Health Care and Public Transit](#) booklet was distributed for public use. In rural areas the distance traveled, condition of roads, and location of medical facilities often results in a barriers. While communities and transport systems are working to provide more routes, and available transport vehicles, lack of public transportation in non-metropolitan areas remains a challenge for elected officials and for rural residents

## Local Public Health

The Iowa Department of Public Health (IDPH), [Bureau of Local Public Health Services](#) serves as an IDPH liaison to local boards of health and local public health providers. Funding for the bureau was established by Iowa legislation to prevent inappropriate or early institutionalization of individuals. The bureau contracts with each county board of health or board of supervisors to provide population-based and home care aide services. Public health nursing and home care aide services are available in every county. Currently there are [six public health services regions](#). Most regions have an assigned regional community health consultant who works with area agencies to promote and protect public health. Public health services are especially important to the members

of the public who have no other payment source, to the general public during time of disease outbreaks, and for counties with high numbers of vulnerable populations and high poverty levels. On a daily basis local public health staff deliver a variety of medical care, home care, and health promotion and disease preventions services. Additionally public health agencies often serve as the facilitator for community initiatives, collaborations and partnerships.

Local health departments are fully aware of the [IDPH Public Health Modernization](#) initiative. Modernization is a partnership between state and local public health to advance the quality and performance of public health in Iowa through careful development and implementation of [Iowa Public Health Standards](#).

## Mental Health

The Iowa Department of Human Services (DHS), [Division of Mental Health and Disability Services \(MHDS\)](#) works to ensure that quality disability services are available to Iowans who need them regardless of their age, their financial resources, or where they choose to live in our state. According to the HRSA [National Center for Health Workforce Analysis](#), Iowa ranks 47<sup>th</sup> among states in psychiatrists per capita, 46<sup>th</sup> among states in psychologists per capita, and 28<sup>th</sup> among states in social workers per capita. According to [Iowa's Mental Health Workforce Report](#), Iowa exhibits a high percentage of mental health professionals age 55 or over, which predicts an increase in mental health workforce issues.

Eighty-nine of Iowa's 99 counties are designated by the federal government as [Mental Health Care Shortage Areas](#). The federal government officially recognizes there are not enough mental health professionals to provide a sufficient level of care in these counties. This designation qualifies the facilities in the geographic area to apply for federal funding for provider loan repayment. It also allows facilities in these areas to hire J-1 visa physicians through the State Conrad 30 program. Iowa also has limited loan repayment funds available through the Iowa Department of Public Health [PRIMECARRE](#) program and through the State Loan Repayment Program (SLRP). The 10 counties in Iowa that do not meet the designation of a shortage are all counties that are also metropolitan statistical areas. There is a notable rural health disparity in the area of mental health access.

[Broadlawn Medical Center \(BMC\)](#) delivers comprehensive mental health services including community-based services, outpatient services, and inpatient care. The overall program includes child and adolescent services. Mental health assessment allows for drug addiction services if needed. BMC admits patients from Polk County and several rural counties.

In addition to community hospitals, there are [four state mental health institutions](#) that serve Iowa through the Iowa Department of Human Services, all built during the late 1800s — Mount Pleasant, Independence,

### Behavioral Health for Children and Families

According to the Robert Wood Johnson, Vulnerable Populations Portfolio, serious mental illness is a leading cause of disability worldwide, yet only a small fraction of people who need treatment have access to care in their communities. Residents of Lucas County and the surrounding counties are fortunate to have quality counseling services and dedicated staff at the Lucas County Health Center (LCHC) Counseling Services an enterprise of LCHC Critical Access Hospital in Chariton, IA. The counseling services offer unique, comprehensive mental health services to residents in several communities in south central IA. Lucas County has a 14 percent poverty level and is a federally health provider shortage area. The Counseling Services Center maintains a highly qualified staff and unique programs for clients. The Seriously Emotional Disturbance (SED) program offers counseling, play therapy, family unit growth services and medical oversight to young children in the area. This year, clinic staff completed play therapy trainer certification and trained other staff and volunteers in play therapy.

Clarinda and Cherokee. Each institution has distinct service areas and has developed a specific specialty of care. Additionally, the Oakdale Hospital in Iowa City serves as a medical and classification center and Mount Pleasant Hospital serves clients with mental health and alcohol/chemical dependency. The Veterans Administration (VA) maintains three mental health hospitals in Des Moines, Knoxville, and Iowa City.

As of August 2009, Iowa has 81 Community Mental Health Centers. The [Iowa Consortium for Mental Health](#) partners with DHS and the University of Iowa and serves as a liaison and resource agency to address the priority needs of the public mental health system.

The Iowa Department of Public Health, Bureau of Health Care Access currently administers two programs which enhance and support mental health services in Iowa. The Mental Health Workforce program, initially established through legislation in 2007, directs the Iowa Department of Public Health to administer funds for two mental health capacity building projects. The first project is a one-year postdoctoral internship program for psychologists and was established by the Iowa Psychological Association. The second program, entitled the Mental Health Professional Shortage Area Program, provides funding to Community Mental Health Centers and hospitals with psychiatric in-patient units to recruit and retain psychiatrists. This program focuses on the recruitment and retention of psychiatric medical directors in facilities that are located in federally qualified mental health professional shortage areas.

The Post Graduate Psychiatric Training Residency Program is also administered by the bureau with state funds. The program has two state contracts, one at Cherokee Mental Health Institute and the second at the University of Iowa, Department of Psychiatry. These programs train advanced practitioners such as nurse practitioners and physician assistants in a one-year residency/fellowship in mental health.

# Part Two: Health Professional Shortage Area Designations

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## Health Professional Shortage Area Overview

The Primary Care Office (PCO) within the Bureau of Health Care Access is responsible for analyzing areas of Iowa for potential designation as Health Professional Shortage Areas (HPSAs). The PCO analyzes areas of the state for health professional shortages using specific guidelines provided by the Health Resources and Services Administration (HRSA), Office of Shortage Designation (OSD). When an area meets the guidelines for a shortage, the PCO submits a request for shortage designation to OSD for approval. Commonly referred to as “HPSAs,” (pronounced Hip-Sah) Health Professional Shortage Areas are designated when the ratio of primary care physicians, dentists, and mental health providers in a given rational service area falls below a certain threshold and the contiguous areas are not accessible for health care services. Once an area has been approved as a HPSA by OSD, the PCO is required to re-analyze that HPSA every four years. Two other types of shortage designations are Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs). These designations look at specific population factors in a given rational service area to determine if the health needs of that population are being met by the available primary care providers. Once an area is approved by OSD for designation as an MUA or an MUP, current guidelines do not require it to be reanalyzed. The MUA/MUP designation is maintained into perpetuity unless the PCO re-analyzes the area and requests de-designation.

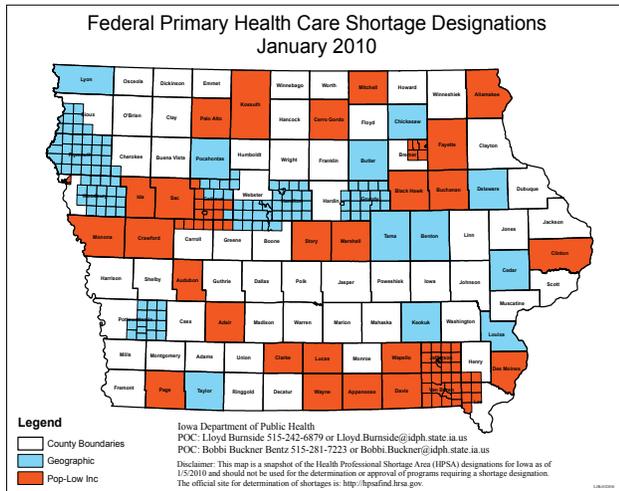
There are a few different kinds of shortage designations that the PCO can use to analyze a geographic area for designation as a shortage. The simplest designation looks at a straight ratio of health providers to population in a rational service area. These designations are referred to as “geographic” HPSAs. The second level of the designation process is to analyze an area by comparing the number of providers serving low-income or Medicaid-eligible populations in a rational service area. These designations are referred to as “population low-income” or “population Medicaid-eligible” designations. In Iowa, many of our rational service areas are counties. However, in some instances rational service areas are groupings of townships or census tracts within a county or across county borders.

## Benefits of Shortage Designation

Areas designated as HPSAs, MUAs, and MUPs may receive improved Medicare reimbursement for providers, eligibility for Rural Health Clinics, eligibility for J-1 physician placement, eligibility for Federally Qualified Health Centers, participation in the State Loan Repayment Program and participation in the National Health Service Corps loan repayment and scholar program.

Physicians in geographic Primary Care HPSAs are automatically eligible for a [10 percent Medicare reimbursement bonus payment](#). Additionally, geographic HPSAs, MUAs, and the Governor’s designation all qualify an area for eligibility as an area that can have certified Rural Health Clinics. The J-1 visa waiver/State Conrad 30 program allows international medical graduates on J-1 visas to work under a visa waiver in HPSAs, MUAs, and MUPs. The PRIMECARRE and National Health Service Corps loan repayment programs utilize HPSAs to determine eligibility of providers for loan repayment. Similarly, National Health Service Corps utilizes the severity of the HPSA to determine placement of scholarship recipients in underserved areas. Details of these programs are in [“Part Three: Workforce”](#).

## Primary Care HPSAs



Iowa's primary care HPSAs consist of whole-county designations, groupings of townships or census tracts within a singular county, and groupings of townships or census tracts across counties. Currently, 54 counties in Iowa are fully or partially designated as primary care HPSAs. The PCO utilizes two methods to analyze areas of Iowa for primary care health professional shortage areas.

- The first method of analysis looks at simply the ratio of primary care physician provider full-time equivalents (FTEs) to the resident civilian population in a rational service area. The PCO submits a request to HRSA to designate an area as a "geographic HPSA" if the ratio of FTE primary care physicians to population is greater than 3,500 residents to 1 physician FTE<sup>1</sup>. If the population has high needs, meaning high poverty and/or a high birth rate, and/or a high infant mortality rate the area may qualify at a 3,000:1 ratio.
- The second method of analysis looks at the ratio of the population in the service area at or below 200 percent of the federal poverty level and the FTE number of primary care physicians serving this population. If this population group has a greater than 3000:1 ratio of residents to physicians, and at least 30 percent of the population is at or below 200 percent of the federal poverty level, a request is submitted to designate the area as a "population low-income HPSA".

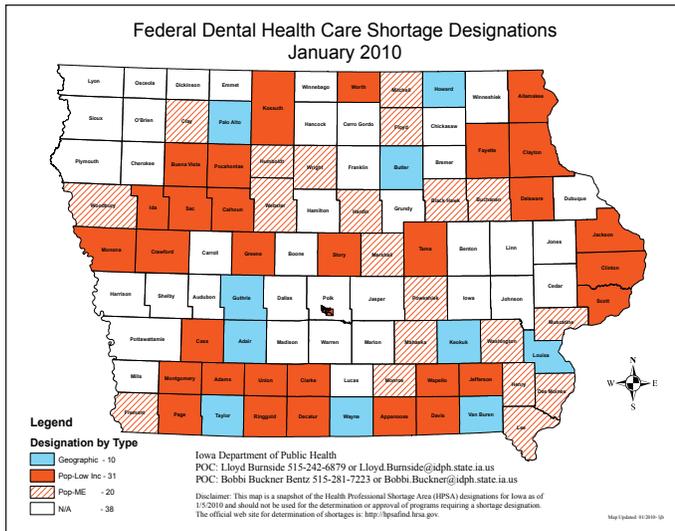
Once an area is designated as a primary care HPSA, the PCO is required to reanalyze that area every four years. To look up current primary care HPSA designations, go to: <http://hpsafind.hrsa.gov>.

## Dental HPSAs

Iowa's dental health HPSAs are all whole-county HPSAs except for one small HPSA in the Des Moines metropolitan area that is only a portion of Polk County. Currently, 62 counties in Iowa are entirely or partially designated as a dental HPSA. The PCO utilizes three methods to analyze areas of Iowa for dental health shortages.

- The first method of analysis examines the ratio of dental providers to population in a service area. The PCO submits a request to HRSA to designate an area as a "geographic HPSA" if the ratio of full-time equivalent (FTE) dental providers to population is greater than 5,000 residents to 1 dental FTE. If the population has high needs, meaning high poverty and/or no fluoridated water, the area may qualify at a 4,000:1 ratio.

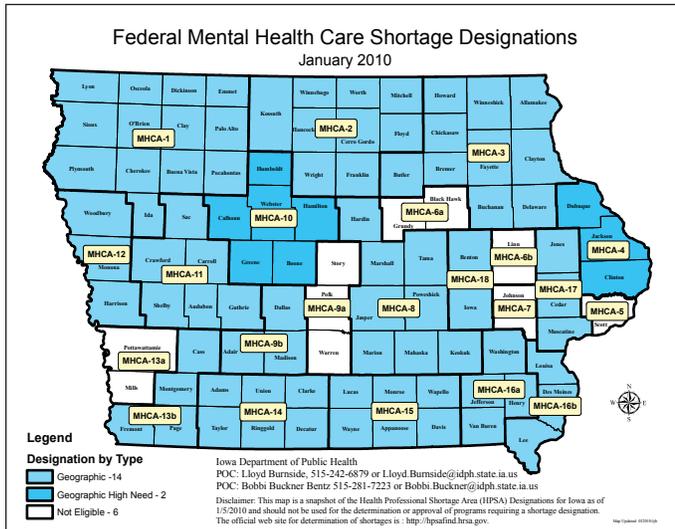
<sup>1</sup> Physician FTEs are calculated by contacting each physician practice in the service area to determine the physician's time spent with patients in outpatient clinical care settings only. FTEs do not include the physician's time spent on activities related to teaching, administration, ER coverage, etc.



- The second method of analysis looks at the ratio of the population in the service area at or below 200% of the federal poverty level and the FTE number of dentists serving this population. If this population group has a greater than 4000:1 ratio of residents to dental providers, a request is submitted to designate the area as a “population low-income HPSA”.
- The third method of analysis examines at the ratio of the population in the service area that is Medicaid-eligible to the FTE number of dentists serving this population. Again, if this population group has a greater than 4000:1 ratio of residents to dental providers, a request is submitted to designate the area as a “population Medicaid-eligible HPSA”.

Once an area is designated as a dental health care HPSA, the PCO is required to reanalyze that area every four years. To look up current dental health care HPSA designations, go to: <http://hpsafind.hrsa.gov>.

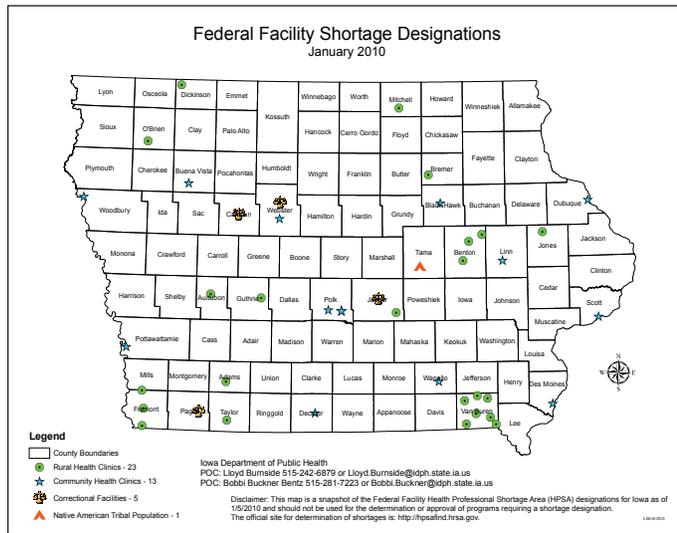
## Mental Health HPSAs



Iowa’s mental health HPSAs are comprised of groupings of counties referred to as “mental health catchment areas”. Currently, all but 10 counties in Iowa are designated as mental health HPSAs. The PCO submits a request to HRSA to designate an area as a mental health HPSA when a catchment area has a population-to-psychiatrist ratio greater than 30,000 residents to 1 psychiatrist. If the area has high needs, defined by having high poverty OR high youth ratio OR high elderly ratio OR high substance abuse prevalence, then the area may qualify at a 20:000:1 ratio.

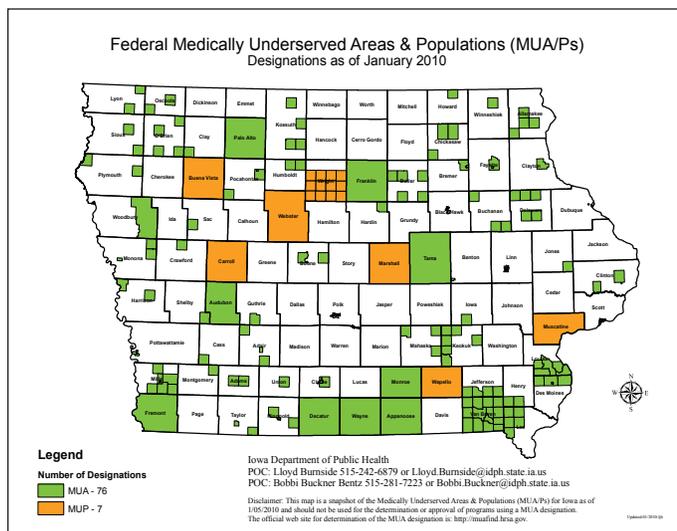
Once an area is designated as a mental health care HPSA, the PCO is required to reanalyze that area every four years. To look up current mental health care HPSA designations, go to: <http://hpsafind.hrsa.gov>.

## Facility HPSAs and Automatic HPSAs



The PCO can analyze specific facilities for shortage designations. These include federal and state correctional institutions, public or nonprofit private facilities, and state and county mental hospitals. Additionally, HRSA has provisions to provide Federally Qualified Health Centers and certified Rural Health Clinics with “automatic” HPSA designations as facilities that provide care to a large number of underserved patients. Currently, five correctional facilities in Iowa have facility designations. Thirteen FQHCs and 23 Rural Health Clinics have automatic HPSAs.

## Medically Underserved Areas and Medically Underserved Populations



Iowa’s Medically Underserved Area and Medically Underserved Population designations are a mixture of whole-county and partial county designations. The PCO submits a request to HRSA to designate an area as an MUA or MUP when the area meets HRSA guidelines by using a specific mathematical formula that scores geographic areas on four criteria: 1) percentage of population below poverty, 2) percentage of population over age 65, 3) infant mortality rate, and 4) primary care physicians per 1,000 population. To look up a specific MUA or MUP in Iowa, go to <http://muafind.hrsa.gov>.

## Iowa Governor's Designation for Rural Health Clinic Eligibility

Iowa is one of several states that utilize a Governor's shortage designation process to identify counties for eligibility to allow for certification of Rural Health Clinics. The Governor's designation process was first approved in 1998 by the HRSA Shortage Designation Branch. The Governor's designation has been re-analyzed twice since 1998; the latest designation occurred in 2009 and will remain in effect for four years. The Iowa criterion requires three steps to determine eligibility:

1. Population to provider ratio of  $\geq 2,500:1$

Or...

2. Population to provider ratio of  $\geq 2,000:1$  and have:
  - a. 100% poverty level equal to or greater than the state average and/or
  - b. Percent of population age 65 years of age and older equal to or greater than state average

Or...

3. A previously designated county that no longer meets the review criteria is "grandfathered". However, this grandfathering only allows current certified Rural Health Clinics to remain certified and does not allow for certification of new Rural Health Clinics.

More information about Rural Health Clinic certification and the number of clinics can be found in Iowa in ["Part One: Rural Health Care"](#).

For more information on HPSA, MUA/MUP, and Governor's designations, contact the Primary Care Office at (515) 281-7223. The PCO website also updates shortage designation maps twice per year. Maps can be accessed at: [http://www.idph.state.ia.us/hpcdp/hca\\_maps.asp](http://www.idph.state.ia.us/hpcdp/hca_maps.asp).



### Workforce Effort Overview

Health professions workforce research, policy, and planning are shared among several entities across the state of Iowa including the Iowa Department of Public Health, Iowa Workforce Development, the two state Area Health Education Centers, the professional health colleges at the University of Iowa, the graduate health professions programs at Des Moines University, research centers at the University of Northern Iowa, and other entities such as the various professional licensing boards, private foundations, professional associations, and health professions training programs around the state of Iowa.

The Center for Rural Health and Primary Care at the Iowa Department of Public Health encompasses the efforts of the Iowa Health Workforce Center and the Primary Care Office located within the Bureau of Health Care Access. This includes:

1. Analysis of the state's Health Professional Shortage Areas (HPSAs) ([“Health Professional Shortage Area Overview”](#))
2. Management of the State Conrad 30/J-1 visa waiver program
3. Management of the state loan repayment program, Primary Care Recruitment and Retention Endeavor (PRIMECARRE)
4. Oversight of the National Health Service Corps program
5. Facilitation of the Health and Long-term Care Access Advisory Council
6. Coordination of the Rural Recruitment and Retention Network (3RNet)
7. Contract oversight of State Mental Health Shortage Area Program ([“Mental Health”](#))
8. Contract oversight of two state mental health professional training programs ([“Mental Health”](#))
9. Workforce analysis and policy planning at a statewide level



### Benefits of Receiving Shortage Designations

Several federal and state programs utilize shortage designations to determine program eligibility and severity of need for resources in a given area. Areas designated as shortages, depending on the type of shortage, may receive improved Medicare reimbursement for providers, eligibility for Rural Health Clinics, eligibility for J-1 visa physician placement, eligibility for Federally Qualified Health Centers, participation in the PRIMECARRE State Loan Repayment Program and participation in the National Health Service Corps loan repayment and scholar program. The following table identifies the type of designations utilized by common federal and state programs.

Shortage Designation	Federal and State Programs requiring shortage designation						
	J-1 Visa Waiver Program	National Health Service Corps	State PRIMECARRE Loan Repayment Program	Federally Qualified Health Center	Rural Health Clinic	Medicare Bonus Payment	State Mental Health Shortage Area Program
Primary Care HPSA							
• Geographic HPSA	✓	✓	✓		✓	✓	
• Population HPSA	✓	✓	✓				
Dental Care HPSA							
• Geographic HPSA		✓	✓				
• Population HPSA		✓	✓				
Mental Health HPSA							
• Geographic HPSA	✓	✓	✓				✓
Medically Underserved Area	✓			✓	✓		
Medically Underserved Population	✓			✓			
Governor's HPSA					✓		
Automatic and Facility HPSA (RHC, FQHC, and Correctional Facilities)	✓	✓	✓	NA	NA	NA	NA

## J-1 Visa Waiver Program

### Program Overview

Iowa participates in the State Conrad 30 Program, commonly referred to as the J-1 Visa Waiver Program, which assists in the recruitment of primary care and sub-specialty physicians to underserved areas of the state. J-1 physicians are international medical graduates who came to the United States on a J-1 visa to complete medical residency and fellowship education and training. At the end of their training, the J-1 visa requires the physicians to return to their home countries for a period of two years. However, through the waiver program, physicians can waive this two-year requirement and remain in the U.S. if they work in an underserved area for three years. The Conrad 30 Program allows state public health departments to annually recommend up to 30 visa waivers. Up to 10 of the 30 waivers allotted to states may be used to place physicians in areas that are not designated as shortages.

Iowa began participating in the Conrad Program in the mid-1990's. In most years, Iowa has used all or nearly all of the waiver slots allotted to the state. The Primary Care Office (PCO) reviews requests for waivers and if the application adheres to federal guidelines, the state policy, and is deemed appropriate to serving Iowans, a recommendation is made by the PCO to the United States Department of State. This action is discretionary and is not the equivalent of granting the waiver. The Department of State, after a review of its own, may request that US Citizenship and Immigration Services (USCIS) grant the waiver. The USCIS conducts its own investigation and has final authority.

Since Iowa began utilizing the Conrad 30 Program, physicians have been placed in the following Iowa counties:





- community need as identified by the HPSA score and poverty rate in county of employment; and
- applicants' evidence of community commitment, personal experience in rural settings, and documentation of financial need

Depending on the type of health professional, up to \$30,000 per year for two years is available for loan repayment. Primary care physicians, psychiatrists, and clinical psychologists may receive up to \$30,000 per year, dentists may receive up to \$20,000 per year, and other eligible providers may receive up to \$15,000 per year. To be eligible, the applicant must have a certification or license in Iowa to practice as a:

- primary care physician (family medicine, general practitioner, general internal medicine, general pediatrics, obstetrics and gynecology, general psychiatry)
- dentist
- dental hygienist
- physician assistant
- nurse practitioner
- certified nurse midwife
- clinical psychologist
- clinical social worker
- psychiatric nurse specialist
- mental health counselor
- marriage and family therapist

### Iowa Home Grown Provider

Dr. Andrew Porter is an Iowan who decided that medicine was his calling after his father suffered a serious heart attack and was treated by a competent, dedicated physician. Dr. Porter's roots are in Iowa—he graduated from Linn-Mar high school in Cedar Rapids and attended the University of Iowa for undergraduate and Des Moines University for Medical School. Dr. Porter returned to Iowa after completing a Family Medicine Residency and Sports Medicine Fellowship through Via Christi in Wichita, Kansas. He now serves the community of Davis County in southeast Iowa, a community his wife grew up in. Dr. Porter serves as a physician for Davis County Hospital in Bloomfield providing a full spectrum of family medicine and sports medicine, including obstetrics, pediatrics, and adult care. He is also involved in activities to better the health of his community and his country. He was deployed to Iraq as a physician for the United States Army in 2009. As a recipient of Iowa's state loan repayment program (PRIMECARRE), Dr. Porter exemplifies the type of individual and professional the program aims to support—dedicated to his community and providing access to Iowans in rural, underserved areas.

### Awards Issued 2007-2009

Type of Professional	Number of Individuals Awarded	Total Amount Awarded Federal and State Funding)
Clinical Psychologists	2	\$117,348
Dental Hygienists	1	\$30,000
Dentists	1	\$80,000
Independent Social Workers	2	\$43,086
Nurse Practitioners	2	\$98,151
Mental Health Counselors	2	\$45,182
Physician Assistants	4	\$136,740
Physicians	4	\$204,247
<b>Total</b>	<b>18</b>	<b>\$ 754,754</b>

**Iowans Served by PRIMECARRE recipients  
Calendar Year 2007 – 2009**

Calendar Year	Visits	Medicaid	Medicare
2007	25,595	4,554	3,187
2008	30,837	5,586	2,632
2009*	17,127	4,417	1,234
<b>Grand Total</b>	<b>73,559</b>	<b>14,557</b>	<b>7,053</b>

\*2009 data only includes first reporting period (January-June 2009)

**Coordination of Rural Recruitment and Retention Network**

The National Rural Recruitment Retention Network (3RNet) includes members from 51 states and US territories, as well as the Cherokee Nation. Iowa’s membership in the network is administered by the Iowa Department of Public Health. 3RNet works to improve rural and underserved communities’ access to quality health care through recruitment of health care professionals, development of community-based recruitment and retention activities, and national advocacy relative to rural and underserved health care workforce issues.

The Iowa Department of Public Health, primarily through the [3RNet website](#) and related communications, connects health professionals interested in practicing in rural and underserved areas with communities and employers who need them. Health professionals can post their resume and information, and employers can list job opportunities. The service is free to health professionals and employers, and resources are available to help individuals and employers decide on the right fit.



## Part Four: Rural Health Support Initiatives, Organizations & Programs

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Iowa is known for its friendly communities, work ethic and “collaborative spirit”; those values often carry over to government agencies, organizations, business and groups. Important initiatives, strategic policy, and advances for rural and underserved health care practices often happen when organizations partner and collaborate. Below is information and internet links to several Iowa entities that work daily to benefit rural and underserved residents. We realize this listing may not be complete and encourage other similar Iowa groups to contact us to be listed.

### [AgriSafe Network](#)

The AgriSafe Network is a national membership organization representing rural-based hospitals, health clinics, and county health departments that provide preventive occupational health services for the farming community.

### [AgriWellness, Inc.](#)

AgriWellness, Inc., a nonprofit corporation, was founded in 2001. The AgriWellness mission: promote accessible behavioral health services for underserved and at-risk populations affected by rural crisis in agricultural communities.

### [Center for Rural Entrepreneurship](#)

The Center for Rural Entrepreneurship is a [Rural Policy Research Institute](#) supporting private and public entrepreneurship development in communities throughout rural America.

### [Free Clinics of Iowa](#)

Free Clinics of Iowa (FCI) is a donor supported, not-for-profit organization, consisting of an administrative office and 24 Member free clinics. In the rural and urban settings, FCI member clinics provide basic health care services through volunteer physicians, nurses and other health professionals, at no costs to patients.

### [Great Plains Center for Agricultural Health \(GPCAH\) at The University of Iowa College of Public Health](#)

The GPCAH was established in 1990 as one of the first two agricultural health and safety centers through a cooperative agreement with the National Institute for Occupational Safety and Health. Since its inception, the GPCAH has been conducting research studies on a wide range of topics and providing information to protect the health and safety of farmers, farm workers, and their families.

### **Community Benefit and Outreach**

Mahaska Health Partnership (MHP) Oskaloosa Community and Health Programs strives to offer excellent medical services and to be a high profile community partner. The following is a partial list of their successful community benefit initiatives:

- » Habitat for Humanity - Mahaska Health Partnership employees donated time annually to help build a home for a local deserving family.
- » Oskaloosa Chamber and Development Group – Support the importance of the efforts of the OACDG for the quality of life and betterment of Oskaloosa and Mahaska County as a whole.
- » Relay For Life - Relay for Life is a community event to raise funds for the American Cancer Society. MHP has been a proud sponsor of the Mahaska County Relay for Life since 2001.
- » Workforce Scholarships – It is important to encourage others to enter the health care field. Each year MHP provides scholarships to three local college-bound students planning to major in a health care field.
- » School Sports Physicals - Since 2002 employees have volunteered their time to provide school sports physicals each fall. All of the proceeds from the \$20 physicals are donated to the student's fund.

### [Heartland Center for Leadership Development](#)

The Heartland Center is an independent nonprofit organization providing leadership training, community planning, facilitation, evaluation, and curriculum development.

### [Iowa Association of Rural Health Clinics \(IARHC\)](#)

The IARHC works closely with the Iowa/Nebraska Primary Care Association. A website is currently underway. Contact phone: (515) 244-9610.

### [Iowa Center for Agricultural Safety and Health \(I-CASH\)](#)

The mission of I-CASH is to enhance the health and safety of Iowa's agricultural community by establishing and coordinating prevention and education programs.

### [Iowa Collaborative Health Care Safety Net Provider Network](#)

The Iowa legislature created the Iowa Collaborative Safety Net Provider Network in 2005. Through the creation of the network, the state's community health centers, free clinics, family planning agencies, maternal & child health clinics, local boards of health, and rural health clinics work together to gather information and identify and address common challenges in providing care to the uninsured and underserved.

### [Iowa Department of Economic Development \(IDED\)](#)

The Community Development division at IDED works with local governments, communities, and businesses to build organizational, entrepreneurial and physical capacity for community and economic improvement.

### [Iowa Department of Public Health](#)

The Iowa Department of Public Health (IDPH) collaborates with local public health, policymakers, health care providers, business and many others to fulfill our mission of promoting and protecting the health of Iowans.

#### [Bureau of Health Care Access](#)

The Bureau of Health Care Access advocates for quality health care delivery systems for all Iowans and provides information, referrals, education, grant opportunities, technical assistance, and planning for Iowa communities. The bureau is designated the state entity for addressing rural health, primary care and health care workforce issues in Iowa, and works to improve access to health care for vulnerable populations.

#### [Iowa Health Workforce Center](#)

The mission of the Iowa Health Workforce Center is 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 Iowa. This mission includes assuring that the health care delivery infrastructure and the health care workforce are prepared to address the broad array of health care needs of Iowans throughout their lifespan including long-term care needs.

#### [Medicare Rural Hospital Flexibility Program](#)

The Medicare Rural Hospital Flexibility (FLEX) Program is intended to preserve access to primary and emergency health care services, improve quality of rural health services, provide health services that meet community needs, and foster a health delivery system that is both efficient and effective.

### [Small Hospital Improvement Program](#)

The Small Rural Hospital Improvement Grant Program (SHIP) is a federally funded program through the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy. The federal grant provides additional resources to small rural hospitals to purchase software and hardware; offset costs for education and training on computer information systems; and pay for costs related to the implementation of prospective payments systems.

### [State Office of Rural Health](#)

The State Office of Rural Health (SORH) is a federal-state partnership to help rural communities and organizations identify and resolve issues and build rural health infrastructure. The office provides rural health advocacy and outreach, coordination of rural health resources and consultation to communities and health care providers in rural Iowa communities.

### [Primary Care Office](#)

The Primary Care Office (PCO) is a federally funded office responsible for analyzing shortage designations within the state of Iowa and providing oversight to the Conrad 30/J-1 Visa Waiver Program and the National Health Service Corps. The PCO also works as a liaison to advance primary care provision in the state of Iowa through participation and coordination of state-funded primary care expansion programs and other activities related to primary care analysis and development.

### [Primary Care Recruitment and Retention Endeavor \(PRIMECARRE\)](#)

PRIMECARRE was authorized by the Iowa legislature in 1994 to strengthen the primary health care infrastructure in Iowa. PRIMECARRE allocations currently support the Iowa loan repayment program, with matching federal and state funds.

### [Iowa Hospital Association](#)

The Iowa Hospital Association is the organization that represents Iowa hospitals and supports them in achieving their missions and goals.

### [Iowa/Nebraska Primary Care Association](#)

Established in 1988, the Iowa/Nebraska Primary Care Association (IA/NEPCA) is a bi-state nonprofit membership association comprised of community health centers and other safety net providers in Iowa and Nebraska. IA/NEPCA's mission is to provide leadership by promoting, supporting, and developing quality health care for underserved populations in Iowa and Nebraska.

### [Iowa Prescription Drug Donation Repository Program](#)

The Iowa Prescription Drug Corporation, nonprofit organization, was established in 2001. The corporation's goal was to help ease the financial burden of the high cost of prescription medications for the Medicare eligible Iowan.

### [Iowa Rural Dental Health Initiative](#)

The Iowa Rural Dental Health Initiative is a collaborative among Delta Dental of Iowa, Iowa Area Development Group, Ripple Effect, University of Northern Iowa Institute of Decision Making, Iowa Department of Public Health Oral Health Bureau and the Office of Iowa Office of Practice Opportunities, The University of Iowa College Dentistry. The commitment is to connecting graduate dentist to underserved communities.

### [Iowa Rural Health Association](#)

The Iowa Rural Health Association's mission is to bring individuals and organizations together to identify and address rural health issues.

### [Iowa Rural Health and Primary Care Advisory Committee](#)

The 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. It is essential that access to health care services be improved without a duplication of efforts in our communities.

### [Iowa USDA Rural Development](#)

The Iowa USDA Rural Development is the state agency, which represents the United States Department of Agriculture (USDA). The USDA is a nationwide support agency for rural areas and incorporates the U.S. extension programs, loan and grant programs, and community support and resources to sustain food sources.

### [National Rural Recruitment and Retention Network \(3RNet\)](#)

3RNet is a job search web site devoted exclusively to rural health care recruitment. Candidates login, select job titles of interest, and contact facilities directly. Hospitals and clinics log in, post job openings, and communicate with candidates.

### [Susan G. Komen Breast Cancer Screening and Detection Program](#)

Susan G. Komen for the Cure®, the global leader of the breast cancer movement, has invested nearly \$1.5 billion since inception in 1982. They are the world's largest grassroots network of breast cancer survivors. Thanks to events like the Susan G. Komen Race for the Cure®, and generous contributions from partners, sponsors and fellow supporters, in 2009, the Des Moines Komen Affiliate raised more than \$500,000 which will help with screening and detection in 81 Iowa counties.

### [The Access Project](#)

The Access Project works to strengthen community action, promote social change, and improve health, especially for those who are most vulnerable. By supporting local initiatives and community leaders, we are dedicated to strengthening the voice of the underserved in policy discussions that directly affect them.

### [Veterans Administration Midwest Rural Health Resource Center](#)

The Iowa City Veterans Affairs Medical Center (VAMC) has received a grant from the U.S. Department of Veterans Affairs (VA), Office of Rural Health to establish the VA Midwest Rural Health Resource Center. The grant will support a number of initiatives to enhance health care delivery to rural veterans and close gaps in quality and access to care that may result from the geographic isolation faced by rural veterans.

## Part Five: Rural Health And Underserved Research, Resources, Data & Information

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Below are research, publications, reports articles and data links relating to factors and topics relating to rural and underserved populations. The information can assist with grant writing, program development, community initiatives and policy decisions. See the links below.

**(Sections are state, national, reports)**

[ACCESS PROJECT for health care and social change](#)

[Agency for Healthcare Research and Quality \(AHRQ\) Special Populations](#)

[America's Health Rankings \(by state\)](#)

[Center for Rural Affairs](#)

[Centers for Medicare & Medicaid Services Rural Health Center](#)

[Find a Federally Funded Health Center](#)

[Find Shortage Areas: MUA/P by State and County](#)

[Guide for Enhancing Rural EMS](#)

[Health Info Iowa](#)

[Health Workforce Information Center](#)

[Healthcare IT News](#)

[HRSA Rural Grants Eligibility Advisor](#)

[HRSA Shortage Area Advisor](#)

[IDPH Public Health Data Warehouse](#)

[Innovations Network Evaluation Tools](#)

[Iowa State – Regional Assistance & Community Analysis](#)

[Kaiser Family Foundation – Health Reform Information](#)

[Kaiser Family Foundation - Medicaid/CHIP](#)

[Kaiser Family Foundation – Minority Health](#)

[Kaiser Family Foundation – State Health Facts](#)

[Mental Health Research Findings ARHQ Brief 2009](#)

[National Association of State EMS Officials](#)

[National Center for Workforce Analysis: Iowa](#)

[National Children's Center for Rural & Agricultural Health & Safety](#)

[National Health Service Corps](#)

[National Network of Libraries of Medicine](#)

[National Organization of State Offices of Rural Health](#)

[National Rural Health Association](#)

[NC Rural Health Research & Policy Analysis Center](#)

[Rural Family Practice Community](#)

[Rural Health Clinics – Certification & Compliance](#)

[Rural Health Policy](#)

[Rural Health Research Gateway](#)

[Rural Policy Research Institute](#)

[Rural Schools & Community Trust](#)

[State Data Center of Iowa](#)

[State Health Access Data Assistance Center](#)

[Telemedicine Information Exchange](#)

[Thomas Library of Congress](#)

[Trust for America's Health, State of Iowa Data](#)

[U.S. Census Bureau Iowa QuickFacts](#)

[U.S. Census Fast Facts for Congress](#)

[U.S. Census Small Area Health Insurance Estimates](#)

[USDA - Health Status & Health Care Access for Farm & Rural Populations](#)

[USDA Data Sets-State Fact Sheets](#)

[Women's Health Care Disparity \(on a map\)](#)

## **Reports**

[2009 Report: Rural Health and Human Services Issues](#)

[2009 Rural America at a Glance, 2009 Edition](#)

[Aging Population and Health Workforce Report](#)

[Allied Health: The Hidden Health Care Workforce](#)

[Institute of Medicine Reports](#)

[Iowa Health Facts Book](#)

[Iowa Hospital Profiles](#)

[Iowa Department of Aging: Older Iowans 2009](#)

[Rural Hospitals Struggle to Attract Patients](#)

[The Rural EMS Crisis](#)



Iowa Department of Public Health  
<http://www.idph.state.ia.us>

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