



# Swatches

## Connecting Rural Iowa

May 2012

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by **Tori Squires, IRHA President**

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**Thank you for your  
IRHA Membership!**

As the health care delivery system continues to evolve, collaborations among providers at all levels are becoming increasingly important. Likewise, collaborations among associations with similar missions are becoming more valuable as we all seek to provide educational and informational opportunities to a broad audience.

With that in mind, I am pleased to announce an exciting collaboration between IRHA and the Iowa Association of Rural Health Clinics (IARHC). On September 20, 2012, IRHA and IARHC will co-sponsor a conference to be held at the Hilton Garden Inn in Johnston. This conference will provide national insight on rural health and a discussion of key national and statewide issues impacting rural health during a general session in the morning. The two afternoon breakout sessions will feature a billing session for Rural Health Clinic staff and a session in which local communities will share promising or best practices. For the best practices session, we are accepting abstracts from local stakeholders outlining efforts that are contributing to quality care and better health for rural Iowans. Abstracts are due May 25. Additional information on submitting abstracts can be found at the IRHA website by clicking [here](#).

Watch your email and check the [IRHA](#) or [IARHC](#) websites for more information on the conference. We hope to see you there!

IRHA continues to provide informational webinars on topical issues. The most recent webinar was held in early April on Mental Health Redesign in Iowa with presenters from the Iowa Department of Human Services and Iowa Health System. All webinars are recorded and posted on the [IRHA website](#). If there is a topic you would like us to cover in future webinars

Benefits of being an IRHA member:

1. Health advocacy with a rural perspective
2. Access to resources through the IRHA and NRHA websites and email distribution lists
3. Networking opportunities with professionals from diverse disciplines
4. Input opportunities for State and Federal Policy issues
5. Discounted rates for Annual Conference
6. Opportunities for leadership development

### **New IRHA Member Benefit!**

IRHA is excited to announce a new benefit for our members - an Online Career Center.

IRHA members looking to fill open positions are now able to post employment opportunities to the IRHA website at no

[WEBSITE](#). If there is a topic you would like us to cover in future webinars, please email IRHA Education Committee Chair Gloria Vermie at [Gloria.Vermie@idph.iowa.gov](mailto:Gloria.Vermie@idph.iowa.gov).

## **Iowa's Area Health Education Centers Offer Unique Training Experiences for Health Professions Students**

by Eric M. Neverman

Started in 2007, a partnership between Des Moines University and the University of Iowa College of Nursing, the [Iowa Area Health Education Centers](#) (AHEC) aim to increase access to healthcare, especially primary care, by improving the supply and distribution of all disciplines of healthcare providers throughout the state of Iowa. One component of the AHEC plan to improve the primary care physician workforce is providing clinical training experiences for health professions students. I became involved with the program during my third year of medical school as one of eight Des Moines University students who completed a year-long clerkship coordinated by the [Northeast Iowa AHEC](#) (NEI AHEC), located within Allen Hospital in Waterloo, Iowa.

As my medical education recently drew to a close, I've had the opportunity to reflect on why my involvement with AHEC was such a unique and enriching part of my clinical education. The third year of medical school is composed largely of month-long experiences in six core areas: family medicine, internal medicine, pediatrics, OB/GYN, surgery and psychiatry, along with electives in various medical specialties. The value of completing these rotations in a longitudinal setting is the emphasis on continuity of care. For example, it was not uncommon to encounter a patient in a primary care setting that required referral to a specialist, only to encounter the same patient later when completing a rotation within that specialty. Witnessing this continuity provided valuable learning about the healthcare process and the natural course of certain diseases but, more importantly, allowed me to foster ongoing relationships with patients within the community.

Participation in the AHEC program also allowed me to establish relationships with numerous physician preceptors within the medical community. Because there is only one residency program in Waterloo, medical students are able to work one-on-one with physicians while completing their clerkship year with the NEI AHEC. Besides the obvious educational benefits this can provide, establishing relationships with physician mentors is particularly useful for professional development. During the third year of medical school, students chart their career path by choosing a specialty and, by the end of the year, apply to residency programs. Accordingly, the ability to observe, work alongside and discuss career development with physician mentors eager to provide guidance is invaluable. In my case, observing and working with role model primary care physicians, especially in rural communities, played a large part in the

IRHA website at no cost. Also, IRHA members looking for positions are able to post their qualifications and type of employment they are seeking at no cost.

This service is also available to non-IRHA members for a nominal fee.

To take advantage of this new member benefit, visit [www.iaruralhealth.org](http://www.iaruralhealth.org) and click the "Career Center" link on the main menu.

medical specialty I ultimately decided to pursue.

Though the NEI AHEC is hosted by Allen Hospital in Waterloo, the center meets its core mission by developing relationships with clinical sites and preceptors in surrounding areas to truly give students the opportunity to serve rural and underserved patient populations. As such, I had the opportunity to have a home base with the program while venturing out to several neighboring rural communities to gain exposure in multiple clinics and healthcare facilities. As many of these rural sites had working relationships with Allen Hospital, I was able to see first-hand the benefit such relationships provide in making healthcare services accessible to rural populations. This allowed me further insight into the challenges I knew I would soon face when practicing medicine in rural Iowa while allowing me to see the solutions already in place as well as develop my own ideas for further improvements and possibilities in the future.

Another piece of the AHEC program that was beneficial to me was a monthly series called Transition to Residency (T2R). The goal of T2R is to provide professional development and networking opportunities to medical students. For example, the T2R series included workshops with content related to developing a curriculum vitae, financial management and interviewing skills. Additionally, the T2R series fostered an appreciation for rural primary care practice through rural physician testimonials that positively portray the quality of life in rural Iowa and included a frank discussion of the benefits and rewards of such a practice.

Completing a major part of my clinical experiences through the AHEC program has greatly enriched my medical education. I have been able to interact with patients in a longitudinal setting emphasizing continuity of care. Likewise, I have been able to develop lasting relationships with physician mentors that have proved invaluable to me when determining my career path in medicine and applying for residency. In fact, my experiences with the NEI AHEC program have reaffirmed my intent to return to rural Iowa to practice general internal medicine and pediatrics following my residency.

*Eric M. Neverman will graduate from Des Moines University on May 26, 2012 with his DO and MPH degrees.*

## **National Rural Health Day 2012** ***Celebrating the Power of Rural!***

Plans to celebrate the "Power of Rural" include week-long activities beginning November 12th and observing Thursday the 15th as National Rural Health Day. This day gives the opportunity to showcase rural health practices, providers and communities. To see what is happening nationally go to [celebratepowerofrural.org](http://celebratepowerofrural.org)

Last year National Rural Health Day in Iowa was fun! It was a day in which many rural communities' leaders, health care providers, local health departments, hospitals and clinics took time to celebrate our rural health care system and to acknowledge our precious Iowa rural culture. To see photos and what we did last year in Iowa, [click here](#).

The Iowa Rural Health Association Board made a commitment to support the 2012 National Rural Health Day by having an Iowa Rural Health Spotlight web posting each week day of Nov. 12 that features a story about a rural health success or hero. More information coming!

### **Delta Dental of Iowa Loan Repayment Program and Fulfilling Iowa's Need for Dentists (FIND) Project** by Suzanne Heckenlaible

With more than 50 percent of Iowa's 99 counties designated as dental shortage areas by the Iowa Department of Public Health, the Delta Dental of Iowa Loan Repayment Program/Fulfilling Iowa's Need for Dentists (FIND) program supports dentists who practice in shortage areas by helping repay dental education loan debt. In return, dentists who participate in the program agree to allocate 35 percent of patient services to underserved populations, such as the disabled, elderly, nursing home residents, Medicaid participants, refugees and the homeless and indigent.

The Delta Dental of Iowa Loan Repayment Program offers at least one \$50,000 award per year for the repayment of dental education debt to be used over a three year grant period. To further the loan repayment program's mission, the FIND project works to stimulate community matching funds and promotes the loan repayment program to targeted communities.

Through the leadership of Senators Charles Grassley and Tom Harkin, the FIND project received congressional funding in 2008 and 2010 from the U.S. Department of Health and Human Services with the collaboration of the Community Foundation of Greater Des Moines, Iowa Department of Public Health, Iowa Area Development Group, Ripple Effect, The University of Iowa College of Dentistry and many Iowa communities. These funds were used to expand the program by providing grants of up to \$100,000 for dental education debt over a five year period. In 2011, the Iowa State legislature, with support from the Iowa Department of Public Health and Delta Dental of Iowa, appropriated \$50,000 for the FIND project funding that will be used to match community contributions.

Since its inception in 2002, the Delta Dental of Iowa Loan Repayment Program/FIND project has worked with community and state partners to invest \$1 million to help alleviate Iowa's dentist shortage through the dental education loan repayment program.



**SEPTEMBER 20, 2012**



**JOINT FALL MEETING**  
IOWA RURAL HEALTH ASSOCIATION & IOWA ASSOCIATION OF RURAL HEALTH CLINICS

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