



Swatches

Connecting Rural Iowa

February 2018

IRHA President's Message

This winter the Iowa Rural Health Association invested some time to strategically position the organization. IRHA has a strong history of collaboration and recently has enjoyed coordinating two regional health workforce discussions in Iowa and holding joint conferences with some of our nation's most respected public health and agricultural safety institutions. These regional discussions and joint conferences have been well attended and exceptional venues for policy discussions, however, given the myriad of health care changes, economic challenges in agriculture, environmental priorities, and emerging opportunities present in Iowa's rural communities, we felt it is time to convene our health care discussion in much broader terms. After all - through our work around the state, it's evident that rural health extends beyond health care access, but must also include plans for clean water and streams, social and cultural opportunities, affordable housing, local food systems, well paying jobs, and the ability to age in your own community.

In February, we decided to kick off this new approach by inviting a diverse set of rural stakeholders to a roundtable discussion. We were overwhelmed by the response! We convened leaders from economic development, public health, small and large scale agriculture, aging, environmental stewardship, hospitals, public utilities, academia, and many others that all have a stake in rural health. It's clear we struck a chord! We have common challenges. We have a shared vision for healthy, vibrant communities. And we are all eager to learn more about what is working and what may be possible. Throughout the next year, we will continue to convene and grow our rural health roundtable discussions. Our hope is that the next six months will yield a plan for a regional rural health summit that will showcase the potential of rural health, economic and public health partnerships.

To continue with these and other IRHA initiatives, **we need your support**. If you have not yet done so, please renew your membership by completing the online membership form or download and print a membership form and submit the form with check payment. Both options are accessible through the [IRHA website](#). Questions on membership can be directed to Melissa Primus at mprimus@iarurahealth.org or 515-282-8192.

Please do not hesitate to contact me if there is a meaningful way IRHA can collaborate on rural health initiatives in your community. I am available at jon.rosmann@safenetrx.org or 515-327-5405. We look forward to working with you all!

All the best,

A handwritten signature in blue ink, appearing to read 'Jon Rosmann'.

Jon-Michael Rosmann

Rural Health and Primary Care Advisory Committee Releases Recommendations for Telehealth Services

The Rural Health and Primary Care (RHPC) Advisory Committee is a Governor appointed advisory body on rural health and primary care issues established in Iowa Code Chapter 135.107. The committee is coordinated by the Iowa Department of Public Health's Bureau of Oral and Health Delivery Systems. The purpose of the committee is to provide insight and feedback on health-related issues affecting rural Iowans. The committee identified telehealth services as a strategy to ensure access to high quality health to rural Iowans and recently released the following telehealth service recommendations for consideration by policy makers.

[View Recommendations](#)

I-CASH and Iowa Youth Groups Encourage Farmers to Stay Safe, Take a Break

Submitted by Brandi Janssen



Harvest time means long hours in the field and on the road. With modern, comfortable cabs and lighting on equipment, a person can work all day and long into the night if the weather holds out. Research in the US, Europe, Canada, and Australia has consistently linked fatigue with farm-related incidents and injuries. Researchers in Saskatchewan found that farmers tend to be particularly sleep deprived during peak production times. In addition, the monotony of spending long hours harvesting in the field can result in the same kind of "driver fatigue" experienced by long-haul truckers.

This past fall, Iowa's Center for Agricultural Safety and Health (I-CASH) partnered with youth groups around the state to encourage farmers to "Stay Safe, Take a Break" during the long hours of harvest.

The project started in 2010 when the 4-H group in Washington County wanted to do something about the long hours that farmers work each fall. The group got a grant from a local corporate sponsor to purchase bags of snacks, safety information, and other giveaways.

[Read More](#)

North Fayette Students - A Step Ahead of the Rest

Submitted by Teresa Bomhoff, NAMI Greater Des Moines President

I met Krista Moellers at a Legislative Children's Mental Health Task Force meeting. Krista came from West Union, Iowa and attended North Fayette High School. It was unusual to have a high school student be a member of a legislative task force. It wasn't long before I found out why. Krista provided the leadership in establishing the Mental Health Awareness Team (MHAT) at North Fayette High School. The MHAT team started with 10 members and

grew to accommodate 65 high school students, faculty, and community members in pursuit of raising mental health awareness.

Every year, this team hosts a karaoke fundraiser and donates the proceeds to a non-profit mental health organization. In addition to other activities, every year, they make a video and have a program at school for all students. Their message is "Our High School composed a team of individuals to help bring awareness to the ever growing problem of mental health. We want you to know that you are not alone."

The first mental health video created by North Fayette high school students and was published on May 4, 2015. This was their message: "Unless someone like you cares a whole awful lot, nothing is going to get better. It's not." Be the change you wish to see. See the first video at: <https://www.youtube.com/watch?v=HLfu9rFwWbY>

Meet Krista here:

<https://www.facebook.com/mentalhealthawarenessteam/videos/1625904934364526/>

See the second video at: <https://www.youtube.com/watch?v=YHwFOsAWYwQ&t=21s>

For other MHAT videos, go to:

https://www.facebook.com/pg/mentalhealthawarenessteam/videos/?ref=page_internal

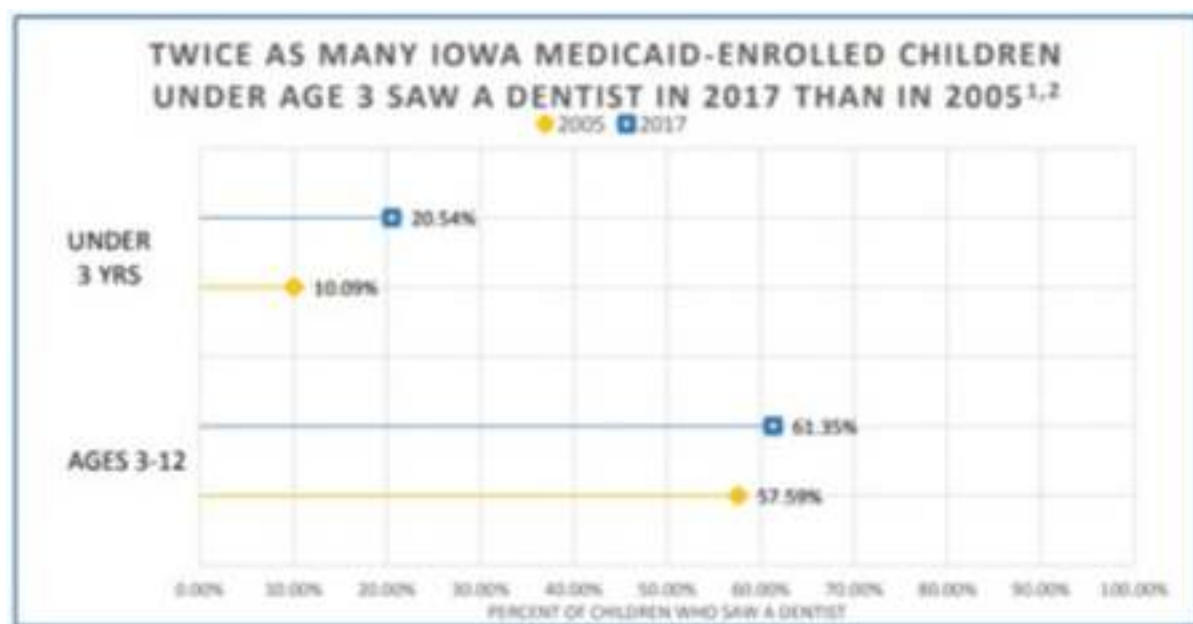
NAMI Greater Des Moines was honored to be the recipient of proceeds from the North Fayette Mental Health Awareness Team karaoke event in 2017. In my thank you speech at the school assembly, I remarked that it would be wonderful if we could clone their efforts in high schools around the state, and clone the refreshing attitude their community has toward mental health awareness.

With resounding applause, NAMI Greater Des Moines and the Iowa Rural Health Association commends West Union, Iowa - where students, school staff, and parents work together to bring awareness about mental health.

I-Smile™ Improves Access to Dental Care for Iowa's Most Vulnerable

Submitted by Katie McBurney

The American Dental Association recommends routine dental visits begin before a child's 1st birthday. However, in 2005, only one in 10 Medicaid-enrolled Iowa children younger than age 3 visited the dentist. To



address this and other childhood oral health needs, I-Smile™ became legislatively funded in 2006 and is now implemented throughout all 99 Iowa counties. Two important strategies of I-Smile™ include care coordination and direct services, working together to prevent dental decay in very young and school age children to reduce the risks of long-term adverse health outcomes, resulting in lower future costs to Medicaid. The percentage of Medicaid-enrolled Iowa children younger than 3 who saw a dentist more than doubled from 2005 to 2017. While this young age group still lags behind older children and significant gaps in access to

dental care exist among older and younger Medicaid-enrolled children, Iowa has made great progress in the right direction. For additional information on the I-Smile™ program initiative, read the annual report, [Inside I-Smile™ 2017](#).

Challenges Faced by Rural EMS

Submitted by Mark McCulloch, President of the IEMSA

A few years ago, the Greek philosopher Aristotle provided us one of the most ancient quotes relating to volunteerism by answering his own question: "What is the essence of life? To serve others and do good." Iowa is not exactly as old as his quote (about 2300 years), but that "essence" is still widely accepted as a part of our values. "Iowa Nice" is not a new concept and even though volunteerism is evolving it remains a part of many Iowans' lives. With that in mind, I would like to identify some the struggles many Iowans endure for the purpose of serving their communities.



Many rural Iowa communities rely on volunteer EMS providers for emergency medical response and ambulance transport. I've had the opportunity to meet many of these volunteer providers - and typically find them to be average Iowans, quietly making significant sacrifices to serve their fellow citizens. You see, volunteering as an EMS provider is not exactly the same as serving lunch once a month at the senior center or helping a charity build a home once a year. It's not the same as shaking hands at church or selling buttons and popcorn for the local PTA. It's a big commitment.

Your local responders likely paid for their own education (EMS certification) and spent time away from their family to earn it. They likely pay for their own continuing education and spend time away from their family to earn that. Once certified, they are asked to drop whatever they are doing at a moment's notice; leaving work, family time, or sleep to respond. Missing dinners, birthdays, holidays, basketball games, concerts, etc. is all just part of the job - as are the regular dangers of responding. The "ask" we make of our volunteer responders is exceedingly weighty - yet these people carry on - silently serving their communities 24/7 and rarely ask for recognition or help. If that burden was not already enough, many responders are also asked to fund their very own services through pancake dinners, ambulance billing, and other local fundraisers.

This system worked for a long time because of extremely dedicated responders. However, those responders are now entering their retirement years and for many reasons we are not seeing enough new volunteers picking up the torch. The face of volunteerism is changing, just like our family and work commitments. People are extremely active, always on the go and working OT every week. It's getting harder to find volunteers who are ALWAYS available.

It's a good thing we have these volunteers for obvious reasons - but also because there is no law that requires your township, county, or state (or anyone else) to provide you with an ambulance when you need it. Now, don't sound the alarm just yet... there are administrative rules that require an EMS agency to provide a response in their established service area. This means that if no one is locally available to respond to your emergency, arrangements have likely been made with neighboring services to respond as "Mutual Aid". You will likely get an ambulance, it just may take 30 or 40 minutes.

For more information about challenges faced by Rural EMS, click the links below.

[Emergency Medical Services Study Committee Report – January 2014](#)

[League of Women Voters in Iowa Study Committee Report – Winter 2015](#)



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