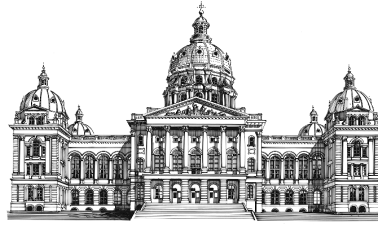


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# Iowa Legislative Fiscal Bureau

Dennis Prouty  
(515) 281-5279  
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State Capitol  
Des Moines, IA 50319  
August 15, 1994

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## Rural Health Initiatives In Iowa

### ISSUE

A review of State and federally-funded endeavors to improve the health of rural Iowans.

### AFFECTED AGENCIES

Board of Regents  
Department of Public Health (DPH)

### CODE AUTHORITY

Section 135.13, Code of Iowa

Section 262.9, Code of Iowa

### BACKGROUND

Rural health concerns of cost, access, and quality are the same as those currently under discussion in health care reform which affect urban communities. However, the delivery of rural health care is different from urban health care and challenging for several reasons:

- Rural Iowa has a larger aged population which strains financial and other resources, is less likely to have insurance, and has a higher accident rate.
- Because of geographic isolation and low population density, rural people generally do not have easy access to organized health and fitness programs which have helped decrease both chronic and acute health problems in urban populations.
- The health care provider workforce is undersized, isolated, and difficult to both recruit and retain in the rural setting. This creates barriers to access.
- The solvency of many rural hospitals is threatened by inadequate reimbursements to rural providers through traditional Medicare/Medicaid fee for service, especially given the number of high-risk patients.
- The public health infrastructure is lacking, particularly for services such as emergency services, mental health services, and substance abuse counseling.

- Rural areas now have higher rates of poverty than urban centers; 12 of 15 Iowa counties with poverty rates exceeding 15% are predominantly rural. Adverse economic changes have had a negative impact on the emotional and physical well-being of rural citizens and have also produced a diminished resource base for dealing with the resulting health problems.

This **Issue Review** is intended to serve as a catalog of information, rather than to capture every possible rural health-related program or project. The **Review** only includes federally or State funded endeavors administered through State agencies. The **Review** does not include programs such as Public Health Nursing which also serve urban Iowans or community and rural economic development activities which are not solely geared toward rural health.

### CURRENT SITUATION

Current rural health care endeavors can loosely be categorized into 1 of the following 3 groups: Rural Health Infrastructure, Rural occupational health and safety, or rural Health Research. Programs and projects which receive General Fund monies are underlined.

**Rural Health Infrastructure** activities include efforts aimed at improving the delivery of rural health care. These efforts involve strengthening the viability of rural facilities, recruiting and retaining providers, and assisting communities.

**Facilities:** The University of Iowa (SUI) submitted a proposal to establish a "National Laboratory for the Study of Rural Telemedicine" and was awarded a \$7.25 million federal contract award of 3-year duration.

**Provider Recruitment and Retention:**

- The Primary Care Recruitment and Retention Endeavor (PRIMECARRE), established by HF 2422 during the 1994 Legislative Session, focuses on provider recruitment and retention by establishing a primary care loan repayment program, a primary care provider community scholarship program, and area health education centers.
- The University of Osteopathic Medicine and Health Sciences administers an Osteopathic Primary Care Program which provides as much as \$30,000 toward paying off the student loan of any doctor who agrees to practice medicine in an Iowa community seeking family practice physicians.
- The DPH received an FY 1995 appropriation for Primary Care Services which will be used to administer the PRIMECARRE.
- The Primary Care Initiative and the Iowa Rural Physician Support Program (locum tenes) administered by the SUI College of Medicine are efforts aimed at provider recruitment and retention (Attachment A).

Community Assistance:

- Hometown Health, a partnership between the DPH and the Iowa State University (ISU) Rural Research Center and ISU Extension Offices, is a comprehensive community-based health planning process in several Iowa communities (Attachment B).
- The Center for Rural Health and Primary Care functions as a focal point for coordination of various rural health initiatives (Attachment C). Among its activities, the Center provides technical assistance to communities seeking rural health grants (Attachment D).

**Rural occupational health and safety** endeavors include agricultural safety programs and environmental risk prevention activities.

Agricultural Safety:

- The most encompassing agricultural safety program is the Iowa Center for Agricultural Health and Safety (I-CASH). The I-CASH is an umbrella entity for a wide range of programs, most of which receive State or federal grant funds. Attachment E lists programs included in the 1993 I-CASH Annual Report.
- Occupational Health Nurses in Agricultural Communities, administered by the DPH Bureau of Disability Prevention, investigate agricultural-related injuries and fatalities and coordinate community prevention activities based on the injury data.

Environmental Risk Prevention: The Center for the Health Effects of Environmental Contamination supports and conducts research and education on assessments of human exposures to environmental contaminants (Attachment F).

**Rural Health Research** is conducted at both the SUI and ISU. The SUI conducts a wide range of research on rural health topics, focusing on risk prevention and physical and physiological aspects of rural health. Attachment G lists some of the current research activities at the SUI.

Iowa State University, through the Center for Rural Health Research, also conducts rural health research, but focuses on social and behavioral aspects of rural health. Attachment H is a summary of projects included in the Center's 1993 Annual Report.

## **ALTERNATIVES**

The following alternatives were selected and compiled from discussions with health professionals in Iowa.\* A more comprehensive list of recommendations, made by the Rural Access Subcommittee of the Iowa Health Reform Council, is found in Attachment I.

1. Simplify the appropriations process and oversight of all current and future primary care provider recruitment and retention efforts by directing the funds through a singular appropriation. Passing all funding through a single endeavor would further encourage coordination of service and program delivery and maximize the State's ability to leverage federal funds.
2. Continue the development of the Center for Rural Health and Primary care as a neutral entity to serve as an independent advocate for rural health from the consumer and community point-of-view. The Center may function as a focal point for coordination of the rural health initiatives of outside institutions and organizations and provide a forum for achieving consensus on rural health initiatives.

3. Provide State assistance to rural hospitals to assist financial viability and strengthen ability to provide primary inpatient care. Also, support the advance of telemedicine in rural areas.
4. Increase appropriations for economic development of rural areas so that businesses will choose to locate and remain in rural areas, providing an improved economic base for consumers, health care providers, and facilities.

\*The SUI, ISU, the DPH, the Iowa Hospital Association, the Iowa Medical Society, the Iowa Academy of Family Physicians, and the Iowa Osteopathic Medical Association.

### **BUDGET IMPACT**

The following table summarizes FY 1995 General Fund Appropriations for Rural Health.

<u>Initiative</u>	<u>Department</u>	<u>FY 1995 Appropriation</u>
Primary Care Recruitment and Retention Endeavor (PRIMECARRE)	DPH	\$ 235,000
University of Osteopathic Medicine Primary Care Program	CSAC	\$ 395,000
Primary Care Services	DPH	\$ 104,000
SUI Primary Health Care Program	SUI	\$ 630,000
Iowa Agricultural Safety and Health (I-CASH)	DPH	\$ 243,811
Center for Rural Health and Primary Care	DPH	\$ 149,151

STAFF CONTACT: Valerie Marsh Thacker (Ext. 15270)

## PRIMARY HEALTH CARE INITIATIVE

House File 2411 (FY 1995 Education Appropriations Bill) appropriated \$630,000 for the primary health care initiative. The \$330,000 of recurring monies will continue to support the College of Medicine Primary Care Initiative developed during FY 1994. These funds have been allocated to strengthen the primary care emphasis in the medical student curriculum, increase the numbers of family practice faculty available to mentor students, and provide additional community learning experience with faculty physicians. In FY 1994, 4 new faculty members were appointed in the Department of Family Practice. Some of the funds have been used to establish the Lone Tree Family Practice Center, a rural satellite clinic and a new teaching resource for the Department. The Department is recruiting a new professional person and support staff to coordinate the community-based education of medical students. The FY 1995 funding appropriation will be used to continue the enhanced funding of the Department of Family Practice begun last fiscal year.

The remaining \$300,000 is targeted for a model regional health professions education program and an Iowa Rural Physician Support Program (*locum tenes*). The *locum tenes* program will provide University students to substitute, for a specific period of time, for rural physicians who require practice coverage.

Iowa's community-based primary care residencies would be the principal source of substitute physicians for this program. Senior residents in family practice, internal medicine, and pediatric residencies would be invited through their program directors to form a roster practice setting. In addition to serving the purpose of this program, the community-based experience would afford residents an opportunity to evaluate Iowa communities as prospective practice sites.

For the purpose of this program, rural is defined as a town with a population under 30,000. That population threshold makes the program relevant to general internal medicine and general pediatrics in addition to family practice. It is anticipated that up to 36 weeks of substitute physician time would be available for assignment during the first year of the program.

The resident's time in the community setting would be part of her/his graduate training program, or would be taken as vacation leave from the residency. Qualifying community sites would be required to designate a supervising physician and to participate in the evaluation of the assigned resident's clinical performance. A substantial portion of the cost of this program would be borne by participating communities. This includes reimbursement to the residency program for the resident's training stipend and associated fringe benefit costs. Further, community participants would reimburse residents for their travel expenses to and from the

community, and for lodging and meal expenses incurred during the substitute physician assignment.

During the first year, the state appropriation would pay for the cost of a professional staff person who would develop guidelines and procedures for program participants, and administer the program. State funds would pay for a promotional brochure and travel costs associated with visits to each residency to promote resident participation in the program. Program incentive grants of \$1,000 would be made to residency programs for each week of substitute physician coverage. The grants would help encourage program participation by offsetting some of the residency's decreased revenue due to the absence of a senior resident.

Source: University of Iowa

# Rural Iowa needs community-based health care planning

Health care providers and consumers in rural Iowa are concerned about finding and paying for quality health care. Local decision makers often have difficulty addressing community health care needs because they lack the resources to do so. But what if local decision makers could:

- follow a step-by-step, health care planning model?
- get professional facilitators to help them adapt the model to their own community's health care needs?
- implement a health care plan tailor-made for their community?

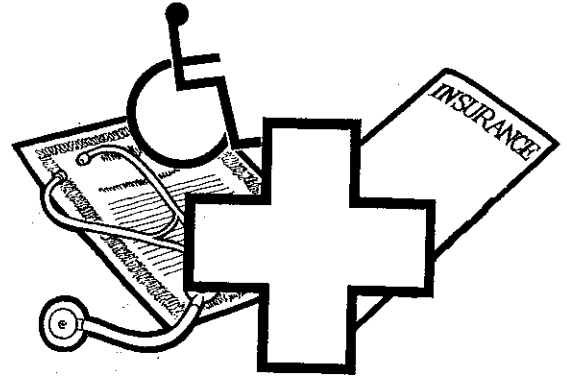
*Hometown Health* is a step-by-step, health care planning model, and it's available *now* to help local decision makers address their community's health care needs. It's a joint effort of the Office of Rural Health, Iowa Department of Public Health; Iowa State University Extension, and the ISU Social and Behavioral Research Center for Rural Health.

*Hometown Health* is designed to help Iowa's rural communities grapple with their concerns about the cost of, and access to quality health care.

During November-December 1992, three communities will be selected to pilot test this health care planning model beginning in January 1993.

*Hometown Health* is open to rural Iowa communities with populations of 15,000 or less that:

- show broad support for the project.
- have decision makers and organizations that already interact and cooperate.
- provide information about previous health care planning efforts, current community health care issues, and community demographics.
- can name a local individual or organization who is willing to serve as the local project coordinator.




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**For additional information about *Hometown Health*, complete the form below, or call the Office of Rural Health, telephone (515) 242-6333.**

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Complete the form below and return it to the address listed on the opposite side of this brochure. A professional facilitator will contact you with more information about the *Hometown Health* project.

Your name

Community name

Your address

Your phone number

Briefly describe current health care issues facing your community:

**Hometown Health**  
Community-based health care planning

For more information about *Hometown Health*, return this form to:

Dale Anthony  
Office of Rural Health  
Iowa Department of Public Health  
4th Floor, Lucas Building  
Des Moines, Iowa 50319

Or call Dale Anthony at (515) 242-6333.

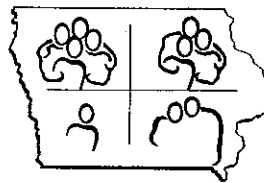
## Hometown Health

Community-based health care planning



TERRY E. BRANSTAD, GOVERNOR

Iowa Department of Public Health  
Christopher G. Atchison, Director



*Iowa State University  
Social and Behavioral  
Research Center for  
Rural Health*

**IOWA STATE UNIVERSITY**  
University Extension

Ames, Iowa

**... and justice for all**

The Iowa Cooperative Extension Service's programs and policies are consistent with pertinent federal and state laws and regulations on nondiscrimination regarding race, color, national origin, religion, sex, age, and handicap.

Cooperative Extension Service, Iowa State University of Science and Technology and the United States Department of Agriculture cooperating. Robert M. Anderson, Jr., director, Ames, Iowa. Distributed in furtherance of the Acts of Congress of May 8 and June 30, 1914.

# Hometown Health

Community-based health care planning



Here's your opportunity to make a difference!



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Dale Anthony  
Office of Rural Health  
Iowa Department of Public Health  
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## Hometown Health

Community-based health care planning

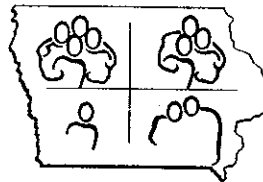


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Iowa Department of Public Health  
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# Hometown Health

Community-based health care planning



Here's your opportunity to make a difference!

## CENTER FOR RURAL HEALTH AND PRIMARY CARE

The Center for Rural Health and Primary Care develops and maintains a database of providers, census, and health vital statistics to provide assistance to communities (hospitals, physicians, non-profit agencies, and others) with information about shortage designation and how the designations may be used to establish eligibility for federal programs, including rural health clinics, community health centers, and National Health Service Corps scholarship and loan repayment programs. The Center works with individuals and community groups to review the potential options for meeting the community's needs and to provide necessary assistance.

Technical assistance is also provided to public health agencies and local boards of health throughout the State. In 1993, the Center provided technical assistance to 208 communities in Iowa. The Center provides technical assistance to hospitals in writing HCFA Transition Grants and to a variety of health and human service organizations writing for federal Outreach Grants. The Center is required to conduct a formal review of all Transition Grants submitted in Iowa and has served on the federal review teams for Outreach Grants.

Some of the Center's initiatives with community development have included:

Annual grantwriting seminar:	80 attendees in 1994
Rural health regional meetings:	91 attendees total at 4 meetings
APEX-PH (CDC model/Assessment Protocol for Excellence in Public Health) regional training:	171 attendees total at 9 regional training sessions

In addition, the Center has developed a partnership with the Iowa State University Rural Research Center and ISU Extension Offices to conduct pilot projects of "Hometown Health" in several communities in Iowa. "Hometown Health" is a comprehensive community-based health planning process which will continue to be an important part of the Center's activities.

The Center is also involved in a number of recruitment and retention activities and will be implementing the PRIMECARRE initiative enacted by the Iowa Legislature.

## Iowa Center for Rural Health and Primary Care

### RURAL HEALTH TRANSITION GRANTS

Federally funded (HCFA) Rural Health Transition Grants have been available to Iowa rural hospitals with less than 100 beds since 1989. These grants have assisted Iowa's rural hospitals to continue to provide high quality care for Medicare beneficiaries through expansion of ambulatory and emergency services, rehabilitation services, health promotion and preventive services, and other community health programs. A total of \$3.3 million has been received by 59 hospitals in Iowa in the five years (1989-93) the grants have been awarded (Iowa currently has 92 rural hospitals total).

### RURAL HEALTH OUTREACH GRANTS

Federally funded (DHHS Office of Rural Health Policy) Rural Health Outreach grants have been available since 1991. A total of \$ 1 million has been received by Iowa grant recipients in the first three years of funding. This program, directed toward consortiums of community organizations, has funded special programs in Iowa including an Alzheimers Disease support program in Carroll, a comprehensive preventive health program in Monticello, a health screening and safety education program for farm families designed to prevent agriculture-related illness and injuries in Mahaska County, and a hospice program in Grundy County.

A total of 18 Outreach grants have been submitted by Iowa communities for 1994 grant funding.

Source: Iowa Center for Rural Health and Primary Care

Iowa Center for Agricultural  
Safety and Health (I-CASH)

Farming continues to be the most hazardous occupation in Iowa. In 1990, the State Legislature passed a bill (HF 2548) to form a Center to coordinate and focus the state's resources to improve the occupational health and safety of Iowa's farm families, farm workers, and the agricultural community. The Iowa Center for Agricultural Safety and Health is located at The University of Iowa's Institute of Agricultural Medicine and Occupational Health, and is a joint venture of The University of Iowa, Iowa State University, the Iowa Department of Public Health, and the Iowa Department of Agriculture and Land Stewardship. The Center coordinates and develops programs to reduce the incidence of deaths, injuries, and disabilities suffered by farm family members and others engaged in agriculture. The Center strengthens Iowa's national leadership in promotion of a healthier and safer farm environment.

There are two major objectives of the Center: 1) to coordinate and focus existing private and public resources in the state to prevent illnesses and injuries in farm families, and 2) to attract and coordinate outside grants and contracts that enhance existing state resources and programs to develop new prevention programs. Affiliate members of the Center have attracted approximately 12.3 million dollars of grant monies into the state. The Center is working to coordinate these activities.

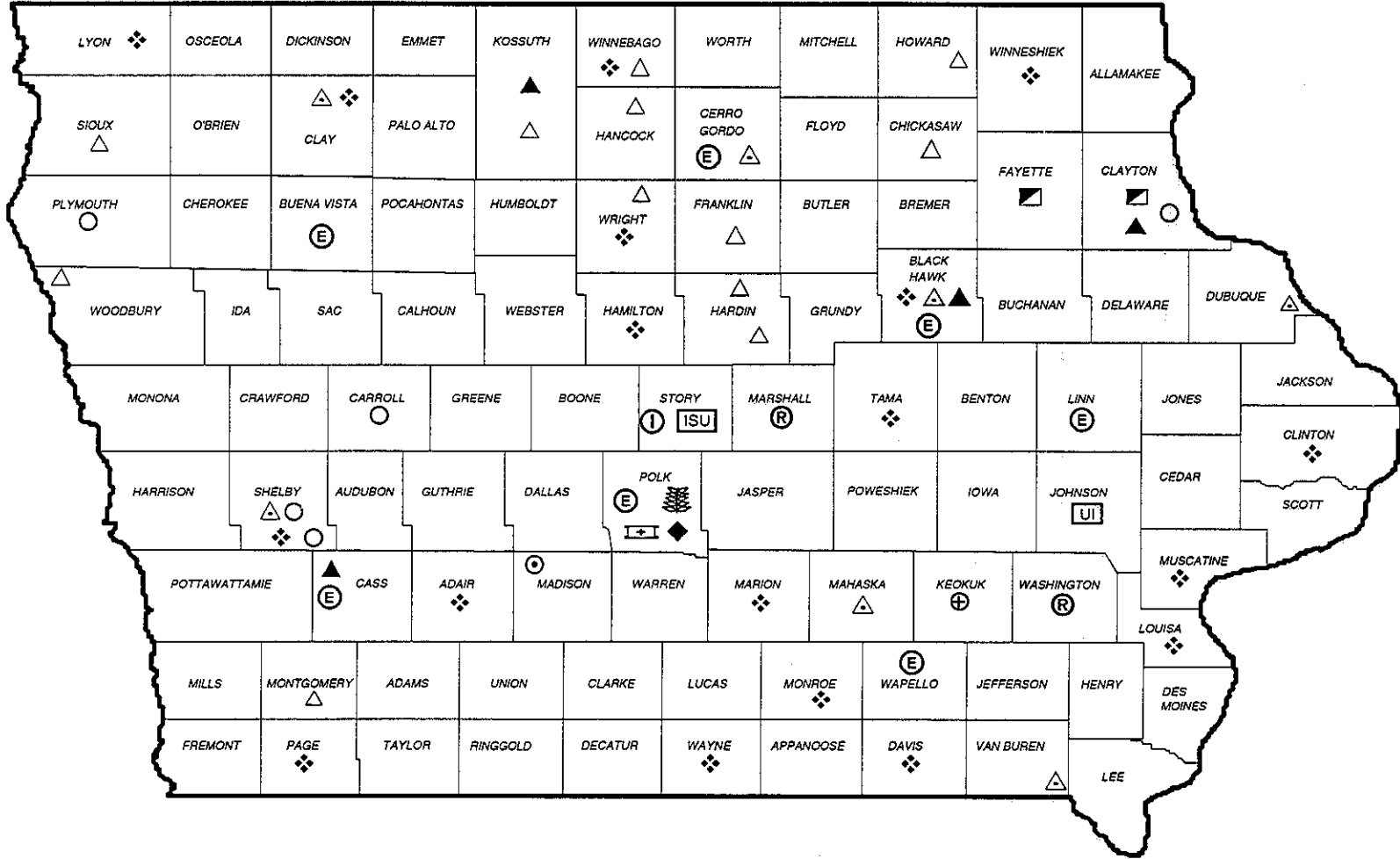
Funds for Fiscal Year 1995 will support the Center's ongoing goals of: 1) supporting the Iowa Agricultural Health and Safety Service Program (IA-HASSP), the only statewide hospital network in the country providing comprehensive occupational agricultural health and safety services to family farmers and agricultural workers; 2) prevention of tractor-related injuries and fatalities; 3) prevention of fatalities, injuries, and illnesses among farm youth; 4) prevention of illnesses among producers working in the growing number of intensive livestock operations; and 5) collaboration on the surveillance of agricultural illnesses and injuries.















Efforts during Fiscal Year 1995 will continue to increase joint interinstitutional programs to address the five goals of the Center. Program priorities will be determined by the joint advisory and coordinating committees representing the four primary member institutions of I-CASH.

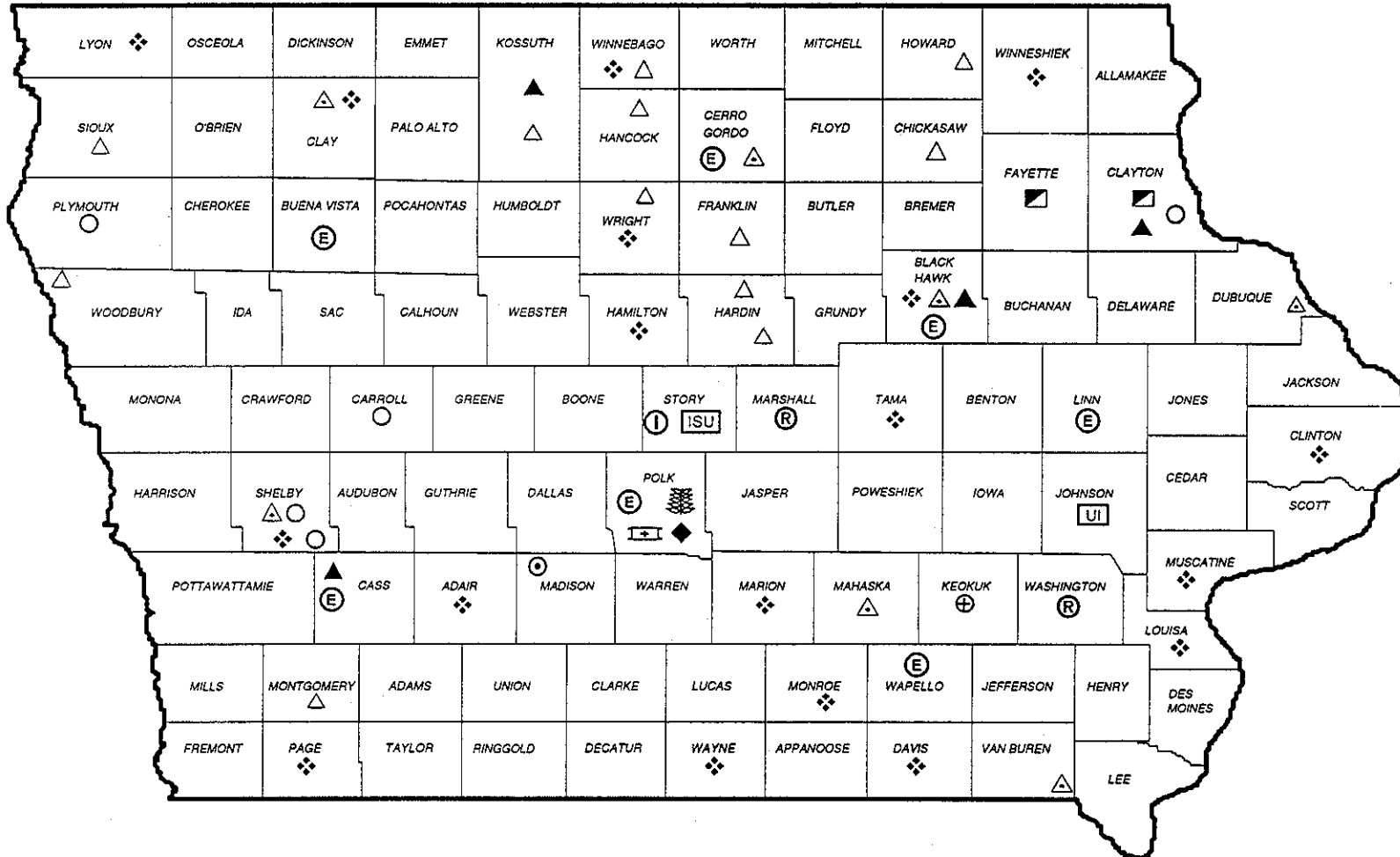
FISCAL YEAR 1995

Faculty Salaries and Fringe	\$ 29,073
Professional and Scientific Salaries and Fringe	103,810
Merit Salaries	34,011
General Expenses	<u>76,987</u>
Total	\$243,881

Source: 1993 Annual Report  
Iowa Center for Agricultural  
Safety and Health



-  Iowa Agricultural Health and Safety Service Program Regional Centers
-  Iowa Agricultural Health and Safety Service Program Satellites
-  Tractor Risk Abatement and Control (CADIREP)
-  Occupational Health Nurses Serving the Agricultural Community
-  Keokuk County Rural Health Study (CADIREP)
-  Rural Youth Disability Prevention Program
-  Iowa Farm Family Health and Hazard Surveillance Project
-  Easter Seals of Iowa FaRM Program (IPRC)
-  Iowa Agricultural Youth Institute
-  Farm Safety 4 Just Kids Headquarters (CADIREP)
-  Farm Safety 4 Just Kids Chapters
-  Department of Agriculture and Land Stewardship
-  Iowa Department of Public Health
-  ISU Extension, Regional Offices



Iowa's agricultural health and safety programs



- △ Iowa Agricultural Health and Safety Service Program Regional Centers
- △ Iowa Agricultural Health and Safety Service Program Satellites
- Tractor Risk Abatement and Control (CADIREP)
- ▲ Occupational Health Nurses Serving the Agricultural Community
- ⊕ Keokuk County Rural Health Study (CADIREP)
- Ⓡ Rural Youth Disability Prevention Program
- ❖ Iowa Farm Family Health and Hazard Surveillance Project

- ◆ Easter Seals of Iowa FaRM Program (IPRC)
- ① Iowa Agricultural Youth Institute
- ⊙ Farm Safety 4 Just Kids Headquarters (CADIREP)
- Farm Safety 4 Just Kids Chapters
- ⌘ Department of Agriculture and Land Stewardship
- ⊞ Iowa Department of Public Health
- ⓔ ISU Extension, Regional Offices

<u>Symbol</u>	<u>Name of Project/Organization</u>	<u>Acronym</u>	<u>Basic Function</u>	<u>Principal Public/Private Organization(s)</u>	<u>Primary Funding Source</u>
⊕	Keokuk County Rural Health Study	KCRHS	Long-term study of determinants of illness and injury in rural Iowa	UI	IPRC funded by CDC in U.S. Public Health Service
®	Rural Youth Disability Prevention Program	RYDPP	Program to prevent injuries and illness in farm youth.	IDPH, UI	U.S. Public Health Service
❖	Iowa Farm Family Health and Hazard Surveillance Project	IFFHHSP	Study in 18 Iowa counties to determine occupational health hazards of farm families	UI	U.S. Public Health Service
⊙	Farm Safety 4 Just Kids	FS4JK	Center to develop educational programs to prevent injuries in farm youth	private	Private sources, plus UI through the U.S. Public Health Service
○	Farm Safety 4 Just Kids Chapters		Dissemination of projects to prevent injuries in farm youth	private	Private sources, plus UI through the U.S. Public Health Service
◆	Farmer Rehabilitation and Management	FaRM	Rehabilitation of injured farmers	Easter Seals	private sources, plus USDA, and IPRC
Ⓔ	Regional Extension Offices		Provide agricultural health and safety information and demonstrations.	ISU	ISU, USDA, U.S. Public Health Service
▲	Occupational Health Nurses Serving in Agricultural Communities	OHNAC	Community-based nurses provide educational programming and surveillance of farm injuries and illnesses.	IDPH	U.S. Public Health Service
①	Iowa Agricultural Youth Institute	IAYI	Incorporate agricultural health and safety training in a summer leadership program.	IDALS	State of Iowa

<u>Symbol</u>	<u>Name of Project/Organization</u>	<u>Acronym</u>	<u>Basic Function</u>	<u>Principal Public/Private Organization(s)</u>	<u>Primary Funding Source</u>
UI	The University of Iowa	UI	College of Medicine and Institute of Agricultural Medicine and Occupational Health conduct research, education, training, and outreach in agricultural illness and injury control.		State of Iowa, U.S. Public Health Service, private foundations
ISU	Iowa State University	ISU	Department of Agricultural Engineering, Rural Health Center and Extension conduct research, education, training, and outreach in agricultural safety.		State of Iowa, U.S. Public Health Service,
IDPH	Iowa Department of Public Health	IDPH	Operate the farm injury surveillance system (SPRAINS), the RYDPP in cooperation with UI, and the OHNAC nurse program.		State of Iowa, U.S. Public Health Service, USDA
	Iowa Department of Agriculture and Land Stewardship	IDALS	Operate the Agricultural Youth Institute, pesticide applicators training program, and promote agricultural health and safety.		State of Iowa
△	Iowa Agricultural Health and Safety Service Program	IA-HASSP	Hospitals supply preventive occupational health services to the farm community.	I-CASH	Private hospitals, I-CASH, members
△	Iowa Agricultural Health and Safety Service Program Satellites		Provision of occupational health services to the farm community.	I-CASH	Private hospitals, I-CASH, members
■	Tractor Risk Abatement and Control	TRAC	Community-based project to prevent tractor-related injuries.	UI	IPRC funded by CDC in U.S. Public Health Service
	Center for Agricultural Disease and Injury Research, Education, and Prevention	CADIREP	Midwest education and research center for agricultural health	UI	NIOSH
	Injury Prevention Research Center	IPRC	Midwest education and research center for rural injuries	UI	CDC



<u>Symbol</u>	<u>Name of Project/Organization</u>	<u>Acronym</u>	<u>Basic Function</u>	<u>Principal Public/Private Organization(s)</u>	<u>Primary Funding Source</u>
	The University of Iowa	UI	College of Medicine and Institute of Agricultural Medicine and Occupational Health conduct research, education, training, and outreach in agricultural illness and injury control.		State of Iowa, U.S. Public Health Service, private foundations
	Iowa State University	ISU	Department of Agricultural Engineering, Rural Health Center and Extension conduct research, education, training, and outreach in agricultural safety.		State of Iowa, U.S. Public Health Service,
	Iowa Department of Public Health	IDPH	Operate the farm injury surveillance system (SPRAINS), the RYDPP in cooperation with UI, and the OHNAC nurse program.		State of Iowa, U.S. Public Health Service, USDA
	Iowa Department of Agriculture and Land Stewardship	IDALS	Operate the Agricultural Youth Institute, pesticide applicators training program, and promote agricultural health and safety.		State of Iowa
	Iowa Agricultural Health and Safety Service Program	IA-HASSP	Hospitals supply preventive occupational health services to the farm community.	I-CASH	Private hospitals, I-CASH, members
	Iowa Agricultural Health and Safety Service Program Satellites		Provision of occupational health services to the farm community.	I-CASH	Private hospitals, I-CASH, members
	Tractor Risk Abatement and Control	TRAC	Community-based project to prevent tractor-related injuries.	UI	IPRC funded by CDC in U.S. Public Health Service
	Center for Agricultural Disease and Injury Research, Education, and Prevention	CADIREP	Midwest education and research center for agricultural health	UI	NIOSH
	Injury Prevention Research Center	IPRC	Midwest education and research center for rural injuries	UI	CDC



## Center for Health Effects of Environmental Contamination

The Center for Health Effects of Environmental Contamination (CHEEC) at The University of Iowa was established by the Board of Regents as mandated by the Iowa Groundwater Protection Act of 1987. CHEEC receives an annual state appropriation based on yearly receipts in the Groundwater Protection Fund from registration fees on pesticides and a usage tax on nitrogen fertilizers sold in Iowa.

CHEEC's mission is to determine the levels of environmental contamination which can be specifically associated with human health effects. To this end, CHEEC supports and conducts research and education on exposure and risk assessments of human exposures to environmental contaminants. CHEEC is comprised of faculty from the Departments of Civil & Environmental Engineering, Pediatrics and Preventive Medicine & Environmental Health. Participating areas include the University Hygienic Laboratory, the Environmental Engineering Laboratory, the Institute of Agricultural Medicine & Occupational Health, and the State Health Registry of Iowa.

CHEEC is participating in a National Cancer Institute/EPA funded project studying the health of rural populations. Full computer support including database design and administration, system services and applications programming are being provided by CHEEC for the *Agricultural Health Study* being conducted in Iowa by the UI Department of Preventive Medicine. This study will follow almost 75,000 farmers, their spouses and commercial applicators for 10 years in order to obtain detailed information on agricultural exposures, diet, and other lifestyle factors which may be related to the development of cancer and other diseases. CHEEC's Seed Grant Program is funding several rural health studies:

*A historical cohort study of cancer among urban vs. rural residents and farmers vs. non-farmers in Iowa* This study is determining differences in cancer rates among urban and rural populations and to evaluating how lifestyle factors may contribute to the lower cancer incidence rates among farmers and rural residents.

*A preliminary study of temporal variability of Radon in rural community water supplies* EPA considers radon to be one of the most significant public health hazards. This study is measuring seasonal variations in levels of radon in rural water supplies, looking at water usage, temperature and precipitation.

*Assessment of exposures to bioaerosols among Midwest farmers - effects of flooding* This study will determine if the flooding and wet conditions of 1993 will result in a greater risk for farmer's lung, organic dust toxics syndrome, asthma, etc., from exposures to bacterial and fungal bioaerosols from moldy hay, corn and soybeans.

*Air quality studies and health assessments of individuals living in the vicinity of swine confinement operations* Iowa is struggling with the problem of enhancing swine production while maintaining environmental quality and sustaining the health of rural residents. This study is measuring human exposure to air contaminants in the vicinity of large swine confinement production units.

Major Iowa Rural Health Initiatives  
1994

<u>Initiative</u>	<u>Funding</u>	<u>Sponsor</u>
Implementing Health Care Reform in Rural America-- State and Community Roles	\$175,000 (1993-1994)	Univ. of Iowa, Pioneer H-Bred, Northwest Area Foundation
Health of the Public-- A Community-University Partnership in Rural Health Care and Prevention	\$250,000 (1993-1995)	Robert Wood Johnson Foundation, Pew Charitable Trusts
Farm Flood Response Initiative	\$50,000	NIOSH/CDC
Agricultural Health Study	\$2,259,213 (1992-1997)	NCI/NIH, NIEHS/NIH U.S. EPA
Birth Defect Risk Factor Surveillance in Iowa	\$1,231,274 (1992-1997)	CDC
Breast Cancer Surveillance Research in Iowa	\$2,268,491 (1994-1999)	NCI/NIH
Hazardous Substances Research Center	\$1,600,000 (1989-1997)	U.S. EPA
Keokuk County Rural Health Study	\$705,476 (1990-1995)	NIOSH/CDC
Iowa Farm Family Health Surveillance Project	\$1,269,228 (1990-1995)	NIOSH/CDC
Great Plains Agricultural Health Center	\$4,400,000 (1990-1995)	NIOSH/CDC
Rural Injury Prevention Research Center	\$1,800,000 (1993-1996)	NCIPC/CDC
Environmental Health Sciences Research Center	\$3,790,000 (1990-1995)	NIEHS/NIH
Rural Aging Center	\$870,000 (1991-1994)	NIA/NIH
Provision of Comprehensive Health Care to Rural Iowans in the 21st Century	\$20,000 1994	Univ. of Iowa

SURVEY of CURRENT RURAL HEALTH-RELATED INITIATIVES

(Federally funded only)

Following are some examples of initiatives that would have some relation to rural health especially as it relates to Iowa. These examples present a wide spectrum of research, but in many cases especially target health concerns of Iowa's specialized populations and occupations. In some cases, projects were chosen because I was aware that they utilized Iowa-based research cohorts or because they have received publicity about their services to Iowans. The search is an overview utilizing very broad report data. Undoubtedly a more thorough search, utilizing abstracts, could lead to a greatly expanded listing.

I have also attached a listing of health-related initiatives that are currently funded by the state through legislative special purpose appropriations. These units are interdisciplinary and generally work through the Office of the VP for Research (rather than the Colleges) for these special annual askings.

<u>Dept</u>	<u>Title</u>	<u>1-year funding</u>	<u>PI</u>
Dept of Ed	Ed Rehab Counselor Doctorate Training	\$ 110,521	Maki, Dennis
Dept of Ed	Doctoral Training Physical	\$ 145,891	Nielsen, David
	(continuation)	\$ 148,097	
Ed-Disab	Technology-Related Disability	\$ 700,314	James Hardy
Ed-Disab	Disability Counselor Education	\$ 69,420	Nietupski, John
Ed-Disab	Doctoral Training	\$ 75,000	Small, Arnold
EPA	Groundwater Quality Assessment	\$ 71,889	Rajagopal, R.
US HDS	Development Disabilities	\$ 200,000	Healy, Al
US HDS	Iowa Eldercare Training Program	\$ 74,624	McLeran, Hermine
US PHS	Graduate Training Family Medicine	\$ 179,000	Driscoll, Charles
US PHS	Predoctoral Training Family Medicine	\$ 202,584	Levey, Samuel
	(continuation)	\$ 202,584	Levey, Samuel
US PHS	Physician Assistant Training	\$ 118,568	Oliver, Denis
	(continuation)	\$ 109,062	Oliver, Denis
CDC	Grain Dust Exposure	\$ 54,000	Clapp, William
CDC	Birth Defects	\$ 260,000	Hanson, Jim
CDC	Iowa Injury Prevention Research	\$ 607,147	Merchant, Jim
CDC	CADIREP/Ag. Disease	\$ 880,000	Merchant, Jim
CDC	Farm Family Health & Hazard	\$ 300,000	Popendorf, William
CDC	Elevated Blood - Leads/Construction	\$ 54,000	Reynolds, Stephen
CDC	Flood Response Workshop	\$ 50,000	Reynolds, Stephen
CDC	Iowa Occ. Safety and Health	\$ 105,942	Sprince, Nancy
HRSA	Nurse Anesthesia Education	\$ 165,672	Felton, Geraldene
HRSA	Rural Health RN/BSN Educ	\$ 158,595	McClelland, Eleanor
MCH	Iowa's Maternal and Child Health	\$ 400,000	Healy, Alfred
MCH	Great Plains Genetic Service	\$ 128,887	Nelson, Richard
MCH	Pediatric Dentistry Handicapped	\$ 162,152	Pinkham, Jimmy
NIH	Minority High School Apprenticeship	\$ 18,000	Banker, Gilbert
NIH	PLST Model Rural ABRD Care	\$ 205,706	Buckwalter, Kathleen
NIH	Medical Scientist Training	\$ 395,406	Fellows, Robert
NIH	Improving/Rural Hospitals	\$ 291,253	Fieselmann, John F.
NIH	Coclear Implant Project	\$1,562,708	Gantz, Bruce
NIH	Short-term Training Health Prof.	\$ 88,992	Heistad, Don
	(continuation)	\$ 99,429	Heistad, Don
NIH	Interdisc. Research Training/Aging	\$ 311,004	Heistad, Don
NIH	Training Pediatric Cardiology	\$ 148,504	Lauer, Ron

SURVEY of CURRENT RURAL HEALTH-RELATED INITIATIVES

(Federally funded only)

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NIH	Radon & Lung Cancer Case Study	\$ 511,147	Lynch, Chuck
NIH	Cohort Study Cancer Agricultural	\$ 555,320	Lynch, Chuck
NIH	Surveillance Epidemiology	\$1,681,389	Lynch, Chuck
NIH	Breast Cancer Patient	\$1,872,147	Lynch, Chuck
NIH	Alzheimer's Disease Intervention	\$ 344,365	Maas, Meridean
NIH	Nursing Intervention/Expan	\$ 245,088	McCloskey, Joanne
NIH	Environmental Health Science	\$ 452,627	Merchant, James
	(continuation)	\$ 972,715	Merchant, James
NIH	Program for Children & Ag	\$ 93,306	Pampel, Fred
NIH	Gerontological Nursing	\$ 89,438	Reimer, Toni Tripp
NIH	Mental Illness/Nursing Home	\$ 69,797	Rohrer, James
NIH	Minority High School Students	\$ 20,000	Squier, Christopher
NIH	Children's Cancer Group	\$ 77,584	Tannous, Raymond
NIH	Center for Voice & Speech Comm.	\$1,513,854	Titze, Ingo
NIH	Nursing Intervention for Families	\$ 222,397	Wallace, Bob
NIH	Vanguard Clinical Center Women	\$2,967,061	Wallace, Bob
	(three years)		
NIH	Epidemiology Studies Elderly	\$ 328,945	Wallace, Bob
NIH	Research Older Rural Populations	\$ 250,000	Wallace, Bob
NIH	Training Epidemiology Aging	\$ 10,723	Wallace, Bob
NLM	Center for Rural Telemedicine	\$1,998,033	Kienzle, Mike

Compiled by: Norine Zamastil  
June 1, 1994

attachment

Memo for the Record 20 May - per conversation with Doug Young

Special Purpose	Original	With Added Increment
Ag Health and Safety	243,881	247,230
State Tumor	185,696	188,820
Substance Abuse	60,889	62,032
Biocats	1,280,078	1,284,981
NADS	269,342	273,653
Advanced Drug	491,389	496,481

Source: University of Iowa

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# CENTER PROJECTS

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## *Basic Research*

### **African-American Supplement: Center for Family Research**

The African-American Study Project will explore the role of family relationships in reducing or increasing the adverse mental health consequences of economic hardship for African-Americans. The project, part of a minority supplement training grant, seeks to apply the Iowa Youth and Family Project's Family Stress Model to the study of rural and urban African-American families. Gloria Jones-Johnson leads the study. Funds are included in the core budget of the Center for Family Research. Based on results of the pilot observations, Jones-Johnson plans to submit a grant proposal requesting funding to expand the research to include families in Waterloo, Iowa, and in rural and urban areas of Mississippi.

### **Drug Abuse in Rural America**

The project, funded for 1993-95, is a cooperative agreement between the U.S. Department of Agriculture's Agricultural Research Service and the Center for Family Research. Center researchers will work with Family Economics Research Group scientists to select a working group on rural drug use. The group will convene to report and discuss epidemiological data on rural drug use. Janet Melby is the principal investigator.

### **Economic Strain, Social Support and Rural Single-Parent Families**

The Single Parent Project focuses on the stress and adjustment of 200 single mothers and their adolescent children. Findings will be compared with those from the Iowa Youth and Families Project, which studies two-parent families. Data have been analyzed to provide information in

several areas, including how noncustodial fathers influence child development; why women who were abused as children tend to marry abusive husbands; and how family interactions may help explain why adolescents with one parent have more conduct and emotional problems than adolescents with two parents. The investigators also are building models that explain the mechanisms whereby problem behaviors (depression, substance abuse, etc.) are transmitted across generations. Researchers will continue to study families in the project through the newly funded Family Transitions Project. The project is funded by the National Institute of Mental Health for 1990-94 and by the National Institute of Child Health and Human Development for 1991-95. Ronald Simons leads the project, with co-investigators Rand Conger, Les Whitbeck and Frederick Lorenz.

### **Extensions of the Family Stress Model to Special Populations**

The purpose of the project is to develop a set of valid, reliable survey methods for use in general surveys of diverse rural populations. Data from the new surveys would be evaluated and compared with data from videotaped interactions with families. The researchers developed short, cost-effective survey forms that have been used in a statewide health poll and a pilot study with Native Americans. The investigators are Danny Hoyt and Frederick Lorenz. The project, funded for 1990-93, is part of the National Institute of Mental Health grant for the Center for Family Research. With supplemental funding, the project was recently extended for a year to survey rural African-American and white families in the lower Mississippi Delta.

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## **Family Influences on Adolescent Health Risk Behaviors**

The purpose of the Adolescent Health Behavior Research Project is to examine the factors that influence rural adolescents' decisions to engage in potentially dangerous behaviors, including alcohol use, reckless driving, smoking and risky sexual behavior. The study involves 500 adolescents who were eighth or tenth graders in the fall of 1991 and 680 college students who were freshmen in the fall of 1991. Since 1991, data has been collected every fall from the adolescents and every semester from the college students. Meg Gerrard and Frederick Gibbons lead the study, which is funded by the National Institute of Mental Health for 1990-95.

## **Family Transitions Project.**

The study involves families from two previous center projects—the Iowa Youth and Families Project and the Single Parent Project—and will follow the adolescents as they enter early adulthood. Researchers also will study the adjustments that the parents make as their children leave home and they move closer to retirement. The researchers are especially interested in mutual influences between the lives of parents and their children during the critical years of early adulthood. The project is funded for 1993-98 by the National Institute of Mental Health. Rand Conger is the principal investigator, with co-principal investigators Glen Elder, Frederick Lorenz, Ronald Simons and Les Whitbeck.

## **Iowa Adoption Study**

The project's goal is to determine whether research methods from other center studies can be used to identify the environmental factors that interact with genetic factors in predicting mental

and behavioral problems for adolescents. Environmental influences for these problems have typically been poorly measured or neglected. Researchers are studying a small number of families with children who were adopted at birth. About half the children have a biological history of psychiatric disorders. Initial results suggest that a larger study would add useful information to understanding genetic/environmental influences. The study is one of several pilot projects funded for 1990-93 through the original National Institute of Mental Health grant for the Center for Family Research. Researchers are Remi Cadoret, Ronald Kessler and Rand Conger.

## **Iowa Youth and Families Project**

The study is evaluating the impact of rural economic hardship on families and family members. For five years, 1988-93, researchers studied 450 families who lived in areas hit hard by the farm crisis in the '80s. Findings will provide information crucial to the development of intervention or prevention programs for economically stressed families. The project was funded by the National Institute of Mental Health, the National Institute on Drug Abuse, the MacArthur Foundation and the Iowa Agriculture and Home Economics Experiment Station. Researchers will continue to study families in the project through continued funding (1994-97) from the NIMH. Researchers include Rand Conger, Glen Elder, Frederick Lorenz, Ronald Simons and Les Whitbeck.

## **Midwest Runaway Adolescent Project**

The project will investigate psychological and physical risks among homeless and runaway adolescents in four Midwestern states. The research will provide needed information on these young people about the prevalence of homelessness, risk

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factors associated with running away and experiences on the streets. Researchers also will interview parents of runaways. The project is funded by the National Institute for Mental Health for 1993-96. The researchers are Les Whitbeck and Danny Hoyt.

### **Psychological Factors Associated With Smoking Relapse**

The project, involving 170 smokers who have joined smoking cessation clinics, studies the social and psychological factors associated with their decision to stop smoking and, with some, their decision to start smoking again. Factors include smokers' perceptions of health risks and social interactions with other smokers, former smokers and nonsmokers.

Funding is from the National Institute of Drug Abuse for 1993-95. The principal investigator is Frederick Gibbons.

### **Service Use and Effectiveness in Response to Disaster**

This project will assess impacts of the disastrous flooding in Iowa during the summer of 1993 on the emotional and physical health of Iowans. The project will include interviews with 1,800 adult Iowans who had responded in 1992 to a statewide health poll. The 1992 data provides baseline information on their physical and mental health and offers the opportunity to study the impact of, and response to, the '93 floods. Researchers will examine people's use of formal and informal sources of help for disaster-related loss and mental and physical health problems. The one-year study is funded by the National Institute of Mental Health as an extension of the Center for Family Research research program. The researchers are Danny Hoyt and Karen Weihs (of George Washington University).

## ***Applied Research***

### **Center and Project Development Contract**

This six-year contract with Iowa Methodist Health Systems currently supports prevention program development and evaluation research, particularly for Project Family and the Patient and Family Behavioral Service Evaluation Project. Initially, the contract supported center development proposal development and research activities in a variety of rural health areas, including prevention (including farm safety and accessibility to services). Richard Spoth directs work funded by the contract.

### **Iowa Nursing Facility Pilot Project**

With this project, the state of Iowa hopes to demonstrate that operating nursing facilities strictly on the basis of outcomes will decrease the cost of care while maintaining or improving the quality of life for residents. The project proposes to test the impact of changing current nursing facility regulations to focus even more directly on outcome-based assessment. The state proposes to waive specific parts of federal rules that impose extensive procedural requirements on nursing facilities. Selected nursing facilities would operate under the waived regulations and be compared with facilities that continue to follow the current regulations. Both groups of facilities would be inspected and evaluated on the basis of observed outcomes for three years. The research involves preparing a Medicaid waiver to submit to the U.S. Health Care Financing Administration. The project is funded by the Iowa Department of Human Services. The researchers are Carolyn Clark-Daniels, Steven Daniels and Nancy Norman.

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## **Patient and Family Behavioral Service Evaluation Project**

This project is evaluating the effectiveness of adolescent and adult behavioral services at Iowa Methodist Medical Center. Data are being collected from several hundred patients (and their families) in the Spectrum Adolescent Mental Health and Powell Chemical Dependency units. The project is funded for 1991-94 or '95 by Iowa Methodist Health Systems and is directed by Richard Spoth.

## **Project Family**

Research grant to evaluate two family-based intervention programs are collectively known as Project Family. The skill-building programs were designed to help families prevent drug and conduct problems of adolescents. Currently enrolled in the programs are rural families with children in economically stressed school districts in southern Iowa. After they are assessed, results will be incorporated into a statewide or regional community intervention project delivered via the Cooperative Extension Service at Iowa State University. As part of this project, researchers are studying factors influencing family decisions to enroll in programs.

The family and Community Drug Abuse Prevention Project, which evaluates the Preparing for the Drug Free Years program, is funded for 1991-96 by the National Institute on Drug Abuse. Richard Spoth is principal investigator, with co-investigators Rand Conger and David Hawkins.

The rural Youth at Risk: Extension-based Prevention Efficacy, which evaluates the Strengthening Families program, is funded for 1992-97 by the National Institute of Mental Health. Richard Spoth is the principal investigator, with co-investigators Virginia Molgaard, Karol Kumpfer and Rand Conger.

A third project, funded as a supplement to the Family and Community Drug Abuse Prevention Project for 1992-96 by the National Institute on Drug Abuse, will adapt Project Family evaluation methods to Native American families in Iowa and Nebraska. Richard Spoth is the principal investigator and Jerry Stubben is the minority trainee/co-investigator.

## **Statewide Assessment of Children's Risk for Substance Abuse Problems**

The project will survey Iowans to develop a prevention program needs assessment based on family- and school-related factors relevant to adolescent substance abuse problems. Researchers will conduct three surveys. One is part of a statewide general household survey of adults. The second is a more detailed survey of 2,100 rural and urban parents with children between the ages of 5 and 13. The third will survey more than 600 teachers of children between the ages of 5 and 13. The Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment fund the project through a three-year contract with the Iowa Department of Public Health and a subcontract to the Iowa Consortium for Substance Abuse Research and Evaluation (ICSARE). Richard Spoth directs a subcontract from ICSARE.

## ***Outreach and Educational Activities***

### **Agricultural Health Promotion Systems**

The Agricultural Health Promotion Systems (AHPS) is a federal initiative that seeks to reduce injury and disease among agricultural workers. Iowa State University received one of 18 grants awarded by the National Institute for Occupa-

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tional Safety and Health to land-grant institutions. ISU's "Safe Farm" program has involved offering classes for students and in-service training for extension and other professionals; dissemination of media packets, fact sheets, safety calendars and radio announcements; and presenting exhibits to agricultural gatherings. Charles Schwab is the principal investigator.

### **Health Care Reform in Iowa**

A 60-member Health Care Reform Council was appointed by Iowa Governor Terry Branstad in April of 1993. The council was charged with "creating support for state health care reform and making recommendations to the Iowa Legislature in 1994." The council—a bipartisan group of legislators and business, labor, health and consumer representatives—held 100 town meetings around Iowa, gathering input from 4,000 citizens. Fourteen subcommittees with 500 members worked on a variety of topics. Nancy Norman, a member of the council, co-chaired a subcommittee on state and local government reorganization. Results of the council's work were presented in a satellite town meeting in January 1994. The council's recommendations went into a bill presented by the Governor to the Legislature. The council also will work to influence federal policy to accommodate Iowans' concerns. The project was supported by the Iowa Agriculture and Home Economics Experiment Station.

### **Hometown Health: Community-based Health Care Planning**

The project involves using a step-by-step health care planning model to help rural communities address their health care concerns and needs. In a pilot study, three communities are testing the model. The project is a joint effort of the Office of

Rural Health, Iowa Department of Public Health, Iowa State University Cooperative Extension Service and the Social and Behavioral Research Center for Rural Health. Nancy Norman is the center's contact on the project, which is supported by the Iowa Agriculture and Home Economics Experiment Station.

### **Multi-site Research Training Program in Family Research**

The program trains post-doctoral scholars in conducting research on family influences in mental health and disorder. In 1993, five trainees attended a summer-long workshop at ISU, and now are spending three years at a primary research site working with several faculty members. A consortium of researchers from 12 institutions makes up the training faculty. The institutions are: Vanderbilt University, Columbia University, Penn State University, University of Washington, University of Chicago, Iowa State University, University of North Carolina-Chapel Hill, Oregon Social Learning Center, Harvard University, University of Michigan, University of Denver and the National Institute of Child Health and Human Development. The program is funded for 1992-97 by the National Institute of Mental Health.

Source: 1993 Annual Report - Center for Rural Health Research

RURAL ACCESS SUBCOMMITTEE  
RECOMMENDATIONS OUTLINE

FUNDAMENTAL RECOMMENDATIONS

- #1** Insure a level of primary medical care, consistent with the Clinton Administration "Guaranteed National Benefit Package" or the Jackson Hole Group "Uniform Effective Health Benefits", accessible to every Iowan within 30 minutes and 25 miles. Emergency Medical Services must be more proximate.
- #2** Establish service area population to generalist providers (Family Practitioners, General Internists, General Pediatricians, Physician Assistants, and Family Nurse Practitioners) ratios of: 2,000:1 (reasonable), 2,500:1 (minimum), or 1,500:1 (optimum).

The health care delivery system recommended above will require a concerted and comprehensive effort to recruit and retain primary care providers. Strategies are outlined below.

PROVIDER RECRUITMENT RECOMMENDATIONS

- #3** Charge a specific organization to design, implement, and coordinate a comprehensive, outcome-evaluated, rural primary care provider recruitment plan.
- #4** Charge The University of Iowa College of Medicine, University Hospitals and Clinics, and University of Osteopathic medicine and Health Sciences to implement a comprehensive, outcome-evaluated, rural primary care medical education plan.
- #5** Direct Iowa health care planning agencies to work in concert with the Iowa Department of Economic Development and similar local groups to develop and support rural health care delivery systems.
- #6** Implement a jointly-funded (state and local community) rural health professional loan repayment program.

PROVIDER RETENTION RECOMMENDATIONS

- #7** Support local community-based health care planning and delivery systems.
- #8** Support local community and tertiary care facility health care delivery system networks (vertical integration).
- #9** Support primary care provider networks (horizontal integration).
- #10** Support family physician and physician assistant/family nurse practitioner health care teams.
- #11** Implement a state-supported *locum tenens* service for rural providers practicing in shortage areas.



- #12 Develop the Iowa fiber optic tele-medicine system.
- #13 Promote development of community-based Continuing Health Care Funds.
- #14 Legislate tort reform to eliminate the obstetric practice disincentive of professional liability tails.

#### PROVIDER FINANCIAL SUPPORT RECOMMENDATIONS

- #15 Eliminate the health care provider Geographic Reimbursement Differential.
- #16 Consider increased provider reimbursement in provider shortage areas.
- #17 Encourage all health care payers to utilize the Resource Based Relative Value Scale (as designed by Hsaio) to eliminate cost-shifting.
- #18 Encourage all health care payers to reimburse providers equally for outcome-equivalent service.
- #19 Implement a non-refundable \$1000/month tax credit for physicians practicing in a shortage area, and a \$500/month non-refundable tax credit for Physician Assistants and Family Nurse Practitioners practicing in shortage areas.
- #20 Eliminate unnecessary duplicate administration costs.

Source: Iowa Health Reform Council

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