



### ***Message from the Executive Director***

June 1, 2009

**Dear RoundTable Members:**

#### ***Key Dates Coming Up***

*Registration is now open for the 4<sup>th</sup> Rural Oral Health Conference on Friday, September 11, at the Sheraton Harborside Hotel in Portsmouth, NH. Dr. Peggy Smith and her committee are putting together a program you won't want to miss. Visit the RoundTable web site and register today!*

*Friday, October 30 - The RoundTable's 12th Annual Symposium will convene at the Portland Marriott at Sable Oaks, Portland, ME. This year's theme is Workforce.*

*Thursday, October 29 - One day prior to the Annual Symposium, the Boston HRSA field office is partnering with the RoundTable to hold a NE Rural Strategic Partnership session at the Portland Marriott at Sable Oaks, to which all HRSA grantees (and other interested groups) will be invited.*

#### ***Denis Barton To Join Bi-State PCA***

In mid-June, Denis Barton will join Bi-State Primary Care Association as Director of Vermont Public Policy, after serving for the past five years as Director of the Vermont Office of Rural Health and Primary Care. During that period, Denis actively promoted improvement of access to health care in VT, especially in rural areas. His initiatives have included healthcare workforce analysis planning and development, EMS, and quality improvement and expansion of services for primary, oral and behavioral health. Denis, who has also served as a Board member of the RoundTable since 2006, says his efforts have been greatly enhanced by the cooperative activities of many partners in the New England states.

#### ***Secretary Sebelius Marks 100 Day Anniversary of Recovery Act; Releases \$81.7 Million to Expand Health Center Services***

HHS Secretary Kathleen Sebelius has announced the release of \$81.7 million to expand services offered at the nation's health centers. In the New England area, four health centers in Connecticut, two in Massachusetts, two in Maine (Penobscot Community Health Center and Katahdin Valley Health Center), and one in Rhode Island were recipients. The grants are funded through the Health Center Program, which is overseen by HRSA and is a major component of America's health care safety net. HRSA reports that in a typical year, about 40 percent of health center patients have no insurance coverage. Read more.

<http://www.hhs.gov/news/press/2009pres/05/20090528a.html>

### ***\$200 Million in Funding for Veterans in Rural Areas***

On May 22, the Department of Veterans Affairs announced it will provide \$215 million in competitive funding to improve services specifically designed for veterans in rural and highly rural areas. To address the issues facing rural Veterans, the Department created an Office of Rural Health in February 2007, headed by Director Kara Hawthorne. In the past two years, the VA has opened three Veterans Rural Health Resource Centers (the eastern center is located at the White River Junction Vermont VA Medical Center) to study rural veteran issues, rolled out four new mobile health clinics to serve 24 predominately rural counties, and announced 10 new rural outreach clinics to be opened in 2009. Read more: <http://www.southwest.va.gov/pressreleases/RuralVeteransPR.asp>

### **Census Bureau Data Reveals Aging of NE States**

Maine is now the “oldest” state with median age (both sexes) of 42.0, as of July 1, 2008, according to recently released Census Bureau data. Median age for the other NE States:

- VT - 41.2 years
- NH - 40.1 years
- MA - 38.6 years
- RI - 39.8 years
- CT - 39.4 years

Vermont and Maine had the lowest percentage of their total population under age 5 of any state. Other than an interesting set of statistics, what are the consequences of this aging of the population? Increased demands on health care come to mind, along with growing need for other social services. Read more: <http://www.census.gov/popest/states/asrh/SC-EST2008-02.html> (Issued May 14, 2009)

For comments on the outlook for New Hampshire by Peter Francese, demographic forecaster for the New England Economic Partnership, read the article by Dave Choate: <http://www.seacoastonline.com/articles/20090514-NEWS-905140419>

### ***S. 1157 Would Improve Quality and Access to Care in Rural Areas***

On May 21, a bipartisan group of four senators introduced legislation that would improve Medicare reimbursement formulas for rural health care providers. Co-sponsored by Senators Kent Conrad (D-ND), Pat Roberts (R-KA), Tom Harkin (D-IA), and John Barasso (R-WY), the bill is called the Craig Thomas Rural Hospital and Providers Equity Act of 2009, or R-HoPE. The bill aims to change Medicare payment policies that discriminate against rural hospitals and rural providers. R-HoPE would take several steps to improve the financial status of rural providers, including boosting Medicare reimbursement payments to rural hospitals, clinics, and ambulance squads, as well as creating a new loan program to assist rural hospitals repair aging buildings. Read more: <http://www.allamericanpatriots.com/48752267-bipartisan-backing-for-rural-health-bill>

Full text has not yet been received from the GPO but a summary can be found at: [thomas.loc.gov](http://thomas.loc.gov)

### ***Achieving Health Care Reform – How Physicians Can Help***

Two eminent physicians—Dr. Don Berwick, Institute for Healthcare Improvement and Dr. Elliot Fisher, Dartmouth Medical School – and colleague Karen Davis, Ph.D., President of the Commonwealth Fund—present compelling ideas for achieving health care reform. They say physicians have an opportunity to lead the charge for reform, if they choose to take the challenge

and ask, how might physicians help us all "get to yes"? The first step is to acknowledge that delivery-system reform offers a potential win-win situation for providers. Physicians should support and help to develop **integrated systems of care**. Integration pioneers that have arranged new, population-based payment models—such as the Geisinger Health System in Pennsylvania—have achieved substantial savings while preserving generous net incomes for physicians and hospitals. Integrated systems also have strong incentives to invest in primary care. **Read the article**, which appeared online at NEJM.org on May 20 and will be published in the print issue of the *New England Journal of Medicine* on June 11. The authors also presented their ideas in a Webinar on May 22. <http://content.nejm.org/cgi/content/full/NEJMp0903923>

### ***Transportation to Hospitals – Problem for Rural Areas***

For residents in outlying areas of Lebanon, NH, a major problem is lack of public transportation to their hospital, Alice Peck Day Memorial, and this is not an unusual situation for many in rural New England. As reported in a recent issue of the Valley News, many loyal patients of the hospital—one of New Hampshire's 13 Critical Access Hospitals—face real obstacles in getting to the facility, if they, or their partners, do not drive because buses can't use a nearby low underpass. Volunteers for United Valley Interfaith Project, which includes 13 faith-and community-based member groups, recently organized an event to show how patients are affected. Read the story: <http://www.vnews.com/05182009/5674352.htm>

### ***\$60 Million in "Stimulus" Funds for Rural Community Facilities Projects***

Agriculture Secretary Tom Vilsack announced on May 18 the selection of nearly \$56.6 million in essential community facilities and emergency responder projects that are being funded immediately with federal funds provided through the American Recovery and Reinvestment Act. The 280 projects will help communities in 39 states, including projects in CT, MA, ME, NH, and VT. All the funding is being provided through USDA Rural Development's Community Facilities program, which helps finance and develop essential community facilities for public use in rural areas. These facilities include childcare centers, hospitals, medical clinics, assisted living facilities, fire and rescue stations, police stations, community centers, public buildings, and transportation. *Note to RoundTable readers: are your communities receiving any of this rural development money? If so, we would like to hear about it.* Read the press release: <http://www.usda.gov/wps/portal/!ut/p/.s.7.0.A/7.0.1OB?contentidonly=true&contentid=2009/05/0172.xml>

### ***New Publications from the Carsey Institute (University of New Hampshire)***

- *Navigating the Teen Years: Promise and Peril for Northern New Hampshire Youth.* Author Anne Shattuck says much attention is focused on the perils faced by youth growing up in poor urban neighborhoods; less is known about the situation faced by rural youth. Her report gives a snapshot of how youth are doing in three NH counties: Carroll, Coos, and Grafton, which have undergone economic and demographic changes in recent years that have impacted the climate for young residents. Read the report: <http://carseyinstitute.unh.edu/publications/IB-NE12-TeenYears-09.pdf>
- *Rural Workers to Benefit from States' Changes to Unemployment Insurance.* Rural workers stand to benefit from the modernization of unemployment insurance (UI) to cover part-time workers, which is an opportunity for states under the American Reinvestment and Recovery Plan (ARRA), Rural workers are more likely to work part-time, and many states that do not provide UI benefits to part-time workers have higher than average proportions of rural residents. Read the brief: <http://carseyinstitute.unh.edu/publications/IB-UI-09.pdf>

- *Forty-three Percent of Eligible Rural Families Can Claim a Larger Credit with EITC Expansion* - <http://carseyinstitute.unh.edu/publications/PB-EITC-09.pdf>
- *Fact Sheet on Tax Credit* - <http://carseyinstitute.unh.edu/publications/FS-MWP-09.pdf>

#### ***The President's 2010 Budget: What's in it for Rural?***

- *Improving Access to and Quality of Rural Health*: The President shares HHS' belief in increasing access to health care and improving the quality of health care in rural areas.
- The FY 2010 budget includes \$73 million for a new "Improve Rural Health Care" initiative. The initiative includes funding that addresses Rural Health Care Services Outreach, Network, and Quality Improvement grants (\$55 million); **services provided by State Offices of Rural Health** (\$9 million), and Telehealth grants for use in Telecommunications technologies (\$8 million).
- The FY 2010 budget includes over \$1billion to support a wide range of programs to strengthen the health care workforce. These investments will expand loan repayment and scholarship programs for physicians, nurses and dentists who are committed to practicing in medically underserved areas. This funding will enhance the capacity of nursing schools, increase access to oral health care through dental workforce development grants, target minority and low income students, and place an increased emphasis on ensuring that America's senior population gets the care and treatment it needs. Read the full story on the proposed budget: <http://www.dotmed.com/news/story/9038/>

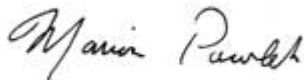
#### ***Remaking Primary Care: From Crisis to Opportunity – New from NEHI***

The New England Healthcare Institute has issued a new report highlighting the range of root causes of the current crisis in primary care. The report "identifies a set of innovations that could enhance the quality, efficiency, and effectiveness of primary care...." To read more, go the web site below and click on the full report:

[http://www.nehi.net/publications/40/remaking\\_primary\\_care\\_from\\_crisis\\_to\\_opportunity](http://www.nehi.net/publications/40/remaking_primary_care_from_crisis_to_opportunity)

Please send news of your organization to Dot Bergin at [dobergin@gmail.com](mailto:dobergin@gmail.com), or give her a call at 781-275-7071.

Thanks,



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If you no longer want to receive these e-mails email from the New England Rural Health RoundTable, please respond to [lwillis@tss-cpa.com](mailto:lwillis@tss-cpa.com) and request that your name be removed from the list.