



***E-News, October 1, 2009***



**REGISTER NOW! Fri**

Registration and Sponsorships are still open for the Symposium, "Take Two Aspirin and Call Me...in 100 Sable Oaks in Portland, Maine. Contact the hotel f

**Thursday, C**

HRSA grantees in rural areas of New England and Strategic Partnership Session, taking place in conjun Sable Oaks Marriott, South Portland, M

***4<sup>th</sup> Annual Rural Oral Health Conference a Stunning Success***

Enthusiastic comments have been coming in from those who attended the RoundTable's Rural Oral Health Conference on September 11. Once again this conference brought together leaders of the dental profession, practitioners, and passionate advocates for better access to oral health care in rural areas, as well as a contingent of dental students from the Goldman School of Dental Medicine, Boston University. The meeting attracted the largest attendance ever, for what is now one of the RoundTable's most successful efforts.

Dr. Edwin Smith, the Kentucky dentist whose mobile dental van brings access to dental care to those in need, told a heartwarming story showing what one person can achieve. Tricia Brooks, Senior Fellow, Center for Children and Families, Georgetown Health Policy Institute (and former CEO of NH Healthy Kids Corporation) reviewed CHIPRA, the Children's Health Insurance Program Reauthorization Act, signed into law by Pres. Obama in February. The original CHIP had no provision for oral health coverage but the individual states put it in. CMS will release interpretations of the law, to flesh out the details. *Read the full conference story on our web site's home page:* [www.newenglandruralhealth.org](http://www.newenglandruralhealth.org)

***More Good News on the Dental Front!***

**Little Rivers Health Care (VT) Dedicates New Mobile Dental Van**

September 24 was a red letter day for Little Rivers Health Care (LRHC), Bradford, VT, with the dedication of their new mobile dental van. CEO Gail Auclair reports that the van and equipment were paid for in full by Ronald MacDonald House Charities of Burlington (RMHCB) which is also contributing 20 per cent of the operating costs. The rest of the expenses will be shared by the three VT FQHCs who are partnering in this venture: The Health Center (THC) in Plainfield (lead partner), Northern Tier Center for Health (NoTCH), and LRHC. The van will be in LRHC's service area one month out of every 3 months, located at various schools in the area on a rotating basis. RMHCB also funded a transport van, to bring children from other schools in the service area. A dentist and a hygienist will staff the van five days a week; services will include cleanings, screening, education, restoration and possibly some extractions. The

Health Center, Plainfield has hired and has hired and oriented the staff, which also includes a dental assistant, driver/manager, and program coordinator who will manage the scheduling and billing. *For more information, contact Gail Auclair at 802-222-4637, ext. 104.*

### **Fish River Rural Health, Maine, Wins HRSA Grant to Expand Dental Services**

Fish River Rural Health's Eagle Lake (Maine) site will soon be expanding dental services to residents in northern Aroostook county, thanks to a HRSA "Expanded Oral Health Award" of \$145,833. Eagle Lake director Norman Fournier told us the grant will allow the clinic to hire dentists, dental hygienists, and a dental assistant. ARRA "stimulus" funds will allow Eagle Lake to renovate some existing space to make room for three dental chairs. Currently, Eagle Lake has a dental hygienist for three days per month, to provide cleaning, sealants, and fluoride treatments. The new funds will vastly increase access to dental care by low income and unemployed residents. A sliding-scale fee structure will be in place. If you look on the map of northern Maine, you'll see that Eagle Lake is about 16 miles south of Fort Kent, which itself is on the Canadian border.

Another feature of Fish River Rural Health, which has sites at Eagle Lake and Fort Kent, is its participation in the Bureau of Primary Health Care's Health Disparities Collaborative. Currently, there are both diabetic and cardiovascular patients in the HDC registry. *To learn more about Fish River, go to their web site: [www.frrh.org](http://www.frrh.org)*

### **Vermont Department of Health Welcomes Dr. Patrick Rowe**

Patrick Rowe, DDS, is the newly-appointed Oral Health Director, Vermont Department of Public Health. A native of Schenectady, Dr. Rowe attended Colgate College and received the DDS from SUNY Buffalo in 2003. Before coming to Vermont, he practiced at a community dental clinic in Santa Cruz, CA and also taught at the University of the Pacific. In 2008, he entered the UCLA School of Public Health and will receive the Master's degree in Public Health in 2009. He is the recipient of the 2008 Herschel S. Horowitz Scholarship award, presented by the American Association of Public Health Dentistry. Dr. Rowe made a "first appearance" at the RoundTable as one of the speakers at the Rural Oral Health Conference.

### ***News from Around New England***

#### **Congratulations to "One of our Own"**

Bryan Ayars, who led the RoundTable as president from 2003 to 2005 has just been named CEO of Community Health Programs (CHP), Great Barrington, MA, a federally qualified health center in the Berkshires. As Bryan takes on his new job, CHP is preparing to move to a 7.79 acre property on Stockbridge Road. Most recently, Bryan worked as a PA-based consultant to HRSA, advising hospitals and health centers throughout the country. We remember him as administrator for the NH Department of Health and Human Services.

#### **"Living in a Medical Home: How experiments in Vermont and other states are prompting calls for national improvement in care for the chronically ill."**

A recent Kaiser Health News story recounts the experiences of a diabetic patient, Rita Pinard, who is a Blueprint for Health participant in Lyndonville, VT. The program is part of a state effort to improve care and reduce costs for the chronically ill. Under the "medical home" coordinated approach, primary care doctors get extra money to put together teams, which might include nutritionists and behavior specialists, to treat people with chronic illnesses such as diabetes, asthma and heart disease. They receive bonuses if their patients show progress. The medical home concept is being tried in other states as well as in Vermont, and is a major issue in health care reform. *Read the story:*

<http://www.kaiserhealthnews.org/Stories/2009/September/11/vermont.aspx>

For more on Vermont's Blueprint for Health: <http://www.healthvermont.gov/blueprint.aspx>

## **\$8.5 Million Grant to Help Insure More Mainers**

Maine will receive \$8.5 million this year to provide affordable health insurance for uninsured part-time, seasonal and direct care workers in large businesses. Secretary of Health and Human Services Kathleen Sebelius announced the grant on a September 3 visit to Maine. The State is also eligible for up to \$8.5 million each year for the next four years, for a total of \$42.5 million over the five year project period. This funding will allow the Dirigo Health Agency to help part-time, seasonal and direct care workers in firms with more than 50 employees. Those firms are more likely to offer employer-based health insurance. Vouchers will help workers purchase coverage through private health insurance plans offered by their employers. Any health insurance plan meeting criteria for comprehensive coverage may be purchased with the vouchers. Trish Riley, Director of the Governor's Office of Health Policy and Finance, will serve as project director, managing subcontracts with the Dirigo Health Agency for provision of health coverage. *Read more:* <http://www.maine.gov/tools/whatsnew/index.php?topic=Gov+News&id=78859&v=Article-2006>

## **First Pharmacy Program for Vermont**

Albany College of Pharmacy and Health Sciences (NY) welcomed 70 students into its inaugural class on the Colchester, VT satellite campus in late August. This is the first pharmacy program in Vermont. It offers a four year program culminating in a Doctor of Pharmacy (Pharm. D.) Some 1200 applicants applied for admission to the program, from 20 states, including three students from Vermont. The College plans to add 70 students in each of the next three years, bringing the total enrollment to 280 students by the 2012-13 academic year. Additional faculty and staff will be hired as new classes are enrolled. *Read more:* <http://www.acp.edu>

## **New Hampshire *Healthcare Dashboard 2009: High Quality Care but High Priced***

The latest report from the New Hampshire Center for Public Policy Studies– the annual “Healthcare Dashboard” shows the pointer at 78.2, a high **overall** ranking that could have been even higher if it were not for the cost of healthcare and access to services. The Dashboard, now in its third edition, is designed to promote discussion about what characteristics of the NH healthcare system should be tracked and how to track them. The key characteristics measured are healthcare cost, infrastructure, access to services, quality of care and the public's health. The Dashboard also rates the state against the top five states in the country -- those with the best overall scores for high quality and low cost. The five best in this year's report are South Dakota, Hawaii, Utah, Colorado and Virginia.

A recent article in the Claremont, NH Valley News by staff writer Martin F. Downs does an excellent job of analyzing the 40 page report to point out strengths and weaknesses of the system, compared to other states. Downs also includes comments and quotes from state legislators and others concerned with healthcare. You can find his story at: <http://www.vnews.com/09282009/6035316.htm>

The Dashboard is an evolving document: this year some of the quality indicators were revised from previous editions to better reflect a broader set of healthcare activities undertaken by the system. One addition is the percentage of residents who visited a dentist or dental clinic in 2008 (76.7%). Another new measure is the number of prescriptions transmitted electronically - 3% (best state is MA, with 20%). To read the full report go to: <http://www.nhpolicy.org/reports/dashboard09final.pdf>

## ***Upcoming Programs of Interest***

## [The New England Coalition for Health Promotion Disease Prevention Regional Conference 2009 \(NECON\)](#)

Royal Plaza Hotel, Marlborough, MA, Oct. 23, 2009, 7:30 a.m. -3:45 p.m. For the agenda and registration information, go to <http://www.neconinfo.org/2009-10-23-Agenda.pdf>

January 2010: Certificate Program in Primary Care Behavioral Health through UMASS Medical School will be offered at Maine Medical Center's Family Medicine Clinic, beginning in January 2010. There will be six meetings, once a month for six months. The program description notes, "As the integration of behavioral health clinicians into primary care continues to grow, the US is facing a staffing crisis. The number of training programs turning out new behavioral health professionals who have the skills to work in primary care is woefully inadequate. A transitional experience is needed to give trained mental health and substance abuse professionals the substantive orientation they need to become mental health professionals in primary care." For more information see Facebook page "Certificate Program in Primary Care Behavioral Health" (type this in the Search bar) or call Sandra Horne at Family Medicine, Portland, ME, 207 662-7323. Email is [hornes@mmc.org](mailto:hornes@mmc.org)

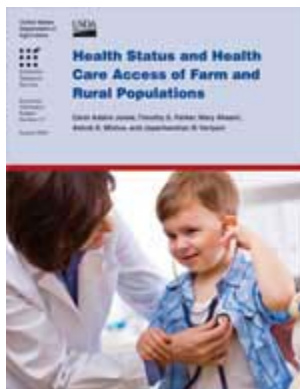
### ***New Publications from USDA***

#### **Rural America at a Glance (issued Sept 4, 2009)**

The 2009 edition of *Rural America At A Glance* deals with effects of the major recession on rural America. Initially, effects of the recession were mitigated in nonmetro areas by high commodity prices throughout much of 2008, but as the recession deepened, prices fell. Both nonmetro and metro areas experienced rising unemployment as manufacturing and other major employment sectors contracted, and they were similarly affected by the mortgage foreclosure crisis. Even before the current recession, **nonmetro** poverty rates had risen in the growth years after the 2001 recession, against the usual trend during a time of economic expansion; the nonmetro poverty rate has exceeded the national poverty rate since 2001.

**Child Poverty Rates continue high, especially in certain portions of northern Maine, where poverty rate is greater than 20% and a slice of MA in the western part of the state along the CT border. See map. <http://www.ers.usda.gov/Publications/EIB59/>**

#### **And another bulletin of interest from USDA: *Health Status and Health Care Access of Farm and Rural Populations***



Rural residents have higher rates of age-adjusted mortality, disability, and chronic disease. Disability rates vary more by region than by metro status. Negative factors for rural residents include smoking and obesity and lower levels of physical activity.

Negative factors for farmers are: high risks from workplace hazards – which can also affect family members who live on the farm and share in the work. Good factors for farmers are higher socioeconomic status, lower

Both farm and rural populations experience lower access to health care compared with metro areas. <http://www.ers.usda.gov/Publications/EIB57/>

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.