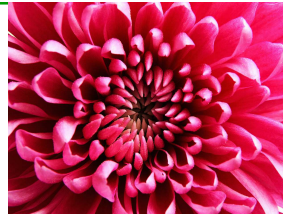




RHC Newsletter



Issue 30

August
2009

H1N1 Vaccine Expected in October

Even though the first shipment of the H1N1 Vaccine is expected to arrive mid October, public health experts stress engineering controls and personal preventive measures.

- **Cover your cough. Post visual alerts. Cough in your sleeve or tissue. Discard tissue and wash hands.**
- **Strategically place handwashing gels (soaps).**
- **Avoid touching eyes, nose, and mouth.**
- **Stay home when sick. (This is difficult for those who will lose pay for missed work or feel that their coworkers are relying on them, e.g. healthcare teams)**
- **Social distancing. Six feet if possible. Separation within waiting rooms.**
- **Discover healthy ways to deal with stress and anxiety.**

Dr. Nicole Lurie, Assistant Secretary of Response and Preparedness reported that the CDC anticipates that there will be more sick, more hospitalized and more utilizing intensive care due to the H1N1 virus. Therefore, primary care is challenged to think about:

- Vaccinating patients and staff, possibly 2-3 times....once for seasonal flu and twice for H1N1. Call your local health department to request vaccine for your staff. If you wish to immunize your patient population, at this time the LHD is the agency determining the distribution sites. Most rural LHDs are very small and would appreciate your participation.
- Strategies for educating their patients, e.g. communicating to the patient about signs or symptoms that are critical enough to warrant a visit to the clinic or hospital.
- Work with patients to keep them at home
- Being selective in the use of the local hospital

The federal government is covering the cost of the vaccines, syringes, needles, ETOH preps, sharp containers, etc. Only an administration fee can be billed. For RHCs that would be through the use of the cost reporting influenza log.

Do you need some posters for your office?

Free Posters available for printing:

- Sesame Street - http://www.cdc.gov/sesame.html?s_cid=healthyHabits_001
- Posters and stickers for printing on address labels. A wide range of messages for children, adults, seniors, health care professionals, etc. <http://www.cdc.gov/flu/professionals/flugallery/index.htm>

H1N1 Pediatrics and School COCA Call

www.cdc.gov/H1N1

The CDC anticipates a blended model to meet the challenge of vaccinating children against the highly infectious H1N1 influenza, i.e. public and private health care facilities. In Indiana the local health departments will determine where vaccines will be distributed. Therefore, it is important to check the State's website and watch for IHAN communications for updates.

Each county is making plans with their schools to determine best ways to offer H1N1 flu vaccines to the children. (continued on page 3)

Transitions:

Cahaba new Medicare MAC (Independent RHCs with the exception of new designations assigned to NGS):

This month's RHC constituency call indicated that some of the Indiana RHCs have recently begun receiving reimbursements through Cahaba.

Recent activity on the National Association of Rural Health Clinics, NARHC, list serve revealed that some are not. Consequently, the NARHC has connected with the CMS staff responsible for MAC oversight to see what can be done to resolve some of these issues.

The NARHC adds that it is still important that you make contact with CAHABA through their call center to get the problem resolved at that level. The call centers are required to maintain a log of problems so that contractors can determine whether there are systemic or recurring problems in a particular area that may require provider education. By contacting the call center, you are creating a record that will (should) be fed into a database to inform their provider education staff of any deficiencies that need to be addressed.

The toll-free telephone number for the CAHABA call center is: 1-877-567-7271

Reference for the Cahaba website: <http://www.cahabagba.com/j10/index.htm>

Cahaba also offers a list serve which can be accessed from the web address above.

Another reason to encourage smoking cessation:

Persons that smoke are more likely to suffer from the flu than nonsmokers! There IS a connection...

- Research shows an increase in influenza (flu) infections among smokers compared to nonsmokers.
- Influenza cases are often more severe in smokers, and there is a higher mortality rate for smokers than nonsmokers from influenza.
- Smoking is causally related to chronic coughing and wheezing, bronchitis and emphysema in adults.
- Smokers contract upper and lower respiratory tract infections more frequently than nonsmokers.
- Inhaling secondhand smoke also makes lungs more susceptible to respiratory infections and illness.
- Children and infants exposed to secondhand smoke in the home have dramatically higher levels of respiratory symptoms, respiratory tract infections, and slower lung development.

Smoking identified as a risk factor for epidemic A(h1n1) influenza over 25 years ago!

An outbreak of A(H1N1) influenza was studied in an Israeli military unit of 336 healthy young men in 1982 to determine the relation of cigarette smoking to the

incidence of influenza. Half of the men were smokers. 68.5% of smokers had influenza, as compared with 47% of nonsmokers. Influenza was also more severe in the smokers; 51% of the smokers lost work days or

required bed rest, or both, as compared with 30% of the nonsmokers.

A quarter of all severe illness from influenza in the overall study population was attributable to smoking. Researchers concluded that smoking is a major determinant of disease in epidemic influenza and may contribute substantially to incapacitation in outbreaks in populations that smoke heavily.

Select content adapted from ITPC's website & CDC's Smoking and Influenza fact sheet: <http://www.cdc.gov/flu/protect/smoking.htm>

Indiana Sees Increase in Cases of the West Nile Virus

Senior Medical Entomologist, Michael J. Sinsko, Ph.D., warns that Indiana has seen an increase in reporting of the WNV. Some counties use adulticiding to reduce vector mosquito populations. In the past, the months of August and September are the periods of highest risk for human cases in Indiana. As the state's unseasonable temperatures have dipped the mosquitoes find places to rest on vegetation or in other protected areas. The use of adulticides when this is occurring will for the most part, be ineffective.

State health officials are urging Hoosiers again this year to take steps to protect themselves from West Nile Virus, which is transmitted by mosquitoes. Health officials recommend that:

- Hoosiers avoid being outdoors during prime mosquito biting times, dusk to dawn, whenever possible.
- Apply insect repellent containing DEET, picaradin, or oil of lemon eucalyptus to clothes and exposed skin before going outside.
- Wear long-sleeved shirts and pants.
- Remove standing water in ponds, ditches, clogged rain gutters, flower pots, plant saucers, puddles, buckets, garden equipment and cans.
- Check for items that might hold water including barbecues, toys, pool covers, tarps, plastic sheeting, boats, canoes and trash.

For more information for health care professionals <http://www.in.gov/isdh/23594.htm>

Public Health TV

What resource can rural providers use to communicate to their patients about child abuse prevention, diabetes management, men's preventive health, nutrition, obesity prevention, smoking cessation, veteran support, Hispanic preventive health, etc.? Answer: PHTv

PHTv installed in the waiting/reception areas of RHCs and CAH emergency departments reach the underserved populations to provide health education on wellness, lifestyle and social awareness with the goal of improving health outcomes and ultimately reduce healthcare spending.

The same network can be used to provide ongoing training and education for health care practitioners.



Programming is delivered via the internet which allows content to be uniquely targeted to every screen, e.g. viewer demographic, preferred language, time of day, etc. Each clinic will be able to view and confirm the program schedule in advance. The TV screen has several viewing zones. The clinic can use a couple of them to post special messages about the clinic or community events.

Accurate and reliable programs are developed in collaboration with the CDC and National Institutes of Health.

Deployment strategy: Indiana will be among the first seven states for installation. A pilot program aims to include installation of a unit in 10-15 clinics by end of 2009. After a successful pilot, PHTv will be available for the rest of the state's RHCs.

To request more information or to be added to the list for participation in the pilot, contact Dana.

To view a slide show to learn more about content, agreements, and scope of this project, view slides at: <http://www.indianaruralhealth.org/RHC/>.

H1N1 Pediatrics and Schools. Continued from page 1.

CDC cites challenges with containing this flu strain. The virus can be shed:

- Before the patient is febrile
- Even though the patient is taking antivirals
- After the 24 hour period of no fever
- Before fever

CDC continues to develop recommendations for school dismissal and return to work protocols for health care professionals.

Refer to your county's health officer and local health department for recommendations for giving seasonal and H1N1 vaccines.

Immunization records are to be entered into the CHIRP registry. chirp.in.gov

For new guidance for pregnant women and new moms: <http://www.cdc.gov/h1n1flu/guidance/pregnant.htm>

IRHA Fall Workshop for the Rural Health Clinics

Mark your calendar for October 21, Holiday Inn in Columbus, IN

This location is just off of Interstate 65 and US 46. It is one exit south of the Edinburg Outlets. As you mark your calendar, you might consider a trip to Nashville, 20 minutes west or to the Edinburg Outlets for early Christmas shopping, after the day's meeting or come the day before.

The agenda for this year's offering is still in the working.

We are talking to presenters and exhibitors about:

- Family Practice Updates
- EHR presentation and panel discussion
- Intermediate billing
- Quality Assessment—Program Evaluation
- Cahaba
- Pan flu and Family Preparedness Plans
- Immunizations/CHIRP
- And more

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Upcoming Events

NARHC Fall Meeting

September 3-5. Room reservations for special rates end August 3rd. Gaylord Opryland Resort & Convention Center in Nashville, Tennessee
www.narhc.org

InShapeIN Summit

September 29, 2009
Hulman Center ISU Campus
<http://www.in.gov/inshape/>

October 7 - 11, 2009

American College of Nurse Practitioners 2009 National Clinical Conference

<http://www.acnpweb.org/>

American College of Nurse Practitioners (ACNP)
Albuquerque, NM

October 14 - 17, 2009

2009 AAFP Scientific Assembly

<http://www.aafp.org/online/en/home/cme/aafpcourses/conferences/assembly.html>

American Academy of Family Physicians (AAFP)
Boston, MA

October 21st

<http://www.indianaruralhealth.org>

**IRHA's RHC Fall Workshop
Holiday Inn, Columbus, Indiana**

November 4 - 7, 2009

Association of Family Practice Physician Assistants Fall CME Conference & Exhibition

<http://www.afppa.org/>

Butler University College of Pharmacy & Health Sciences: REACH IN

Jessica Callahan
Program Coordinator - Outreach
Butler University

Last month you read the overview of the Butler College of Pharmacy and Health Sciences REACH IN (Resources to Enhance the Achievement of Community Health in Indiana) project and how the project seeks to identify ways in which pharmacies and pharmacists can serve as a resource in public health. As mentioned, REACH IN consists of three parts – one of which involved a survey of Butler University and Purdue University students to identify their perceptions on pharmacists' roles in community health and their individual interest in underserved patients and public health.

Pharmacists are often considered the most accessible health care provider; however, federal designations of medically underserved areas do not consider the role of pharmacists. Research of medical students suggests that recruitment and retention of students to medically underserved communities is reflective on tuition reimbursement, geographic and community characteristics as well as experiential learning.



To gauge student perceptions and interest, a survey was distributed to nearly 2,000 Butler University and Purdue University students in early 2009. Interest and perceived ability to serve as a resource for community health as a future pharmacist was examined. Factors that might impact willingness to work in an underserved area were also assessed.

Over 500 students responded to the survey. Thirty five percent indicated their home town was in a rural area. Over 80% of students indicated they were interested in serving as a resource for community health as a future pharmacist. Colleges and schools have a role in promoting opportunities and providing a positive experiential education in underserved areas.

Currently Butler University faculty members, Professors Carriann Richey and Bruce Hancock are exploring ways in which students can actively participate in public health projects in rural Indiana. The REACH IN project is scheduled to be presented at the NHRA Medication use in Rural America conference in September. Please contact us for additional information by emailing Jessica Callahan, jacallah@butler.edu.