RURAL & FRONTIER HEALTH DIVISION

(Accomplishments – 2010)

Office of Rural Health

Office of Rural Health

- Implemented six new State-funded programs
 - o Community Assessment Grants totaling \$250,000 were awarded to nine communities in the 2008-2010 Biennium.
 - Wyoming Health Professional Loan Repayment Program has provided nearly \$9M to over 200 physicians, dentists, and allied healthcare professionals to assist in paying off student loans.
 - Physician Recruitment Grant Program provided up to \$80,000 for five communities to recruit physicians from out of state. Two of the five awardees in 2008 were successful in recruiting under the grant criteria – Sundance and Newcastle.
 - Medical Malpractice Insurance Program provided loans totaling \$870,488 to 12 physicians to purchase insurance coverage.
 - Co-sponsored annual Rural Health Conferences with Wyoming Hospital Association, Wyoming Primary Care Association, Wyoming Medical Society, Wyoming Health Council, and University of Wyoming.
 - Small Hospital Improvement grants provided a total of \$50,000 each to four hospitals to implement best practices in nursing for improvements in nursing care and recruiting nurses (Powell, Lovell, Sheridan, and Gillette).
 - Magnet Designation grants provided \$250,000 each to Cheyenne Regional Medical Center and Wyoming Medical Center to become designated as Magnet Hospitals. This designation indicates excellence in nursing, patient care, and nurse leadership.
- Continue to manage four federal grants
 - Medicare Rural Hospital Flexibility Program supports quality and performance improvement in Critical Access Hospitals (CAHs – 25 beds or less) and integration of Emergency Medical Services. Wyoming has 15 CAHs with one in the process of converting.

- State Office of Rural Health grant provides funding for State Office of Rural Health infrastructure; it requires a 3:1 state match, which is provided by the Health Professional Loan Repayment Program.
- Primary Care Office grant supports healthcare workforce through federal programs such as National Health Service Corps; Conrad 30, J1 Visa Program; and Health Professional Shortage Area designation.
- Small Rural Hospital Improvement Program grant provides funds to hospitals staffed at 49 beds or less; in Wyoming, 17 hospitals receive approximately \$9,000 each per year.
- New in 2009, Primary Care Office ARRA grant supports census tract count of primary care physicians, nurse practitioners, and physician assistants.

Publications

- o Annual Report (2008 and 2009)
- o Medicare Rural Hospital Flexibility Program Evaluation (2008)
- o Health Provider Loan Repayment Survey Report, fact sheet, and brochure (2010)
- o Underserved Area Report (2009)

Highlights

- o Automated Health Professional Loan Repayment application
- Conducted analysis, built report, and won HRSA approval of Governor's HPSA designation, which opens door for more RHC applicants, improved access to primary care, and increased reimbursement for patients covered by Medicare and Medicaid.
- Developed and merged comprehensive on-line database of loan repayment data from all previous grant cycles, which will facilitate ready access to loan information and reports.
- Provided information to Wyoming's congressional representatives on the Health Professional State Loan Repayment Tax Relief Act of 2009, which led Senator Barrasso to co-sponsor a bill which successfully led to the elimination of IRS tax burden to state-funded loan repayment awardees.
- Hosted Rural Health Works training for partner agencies (WHRN, WHA, WMS, WYPCA, UW) and other health care organizations; topics included analysis of economic impact health policies have on rural America; community health engagement process; and health service profitability studies.
- Participated with HRSA and others states in defining "frontier, rural, and remote" areas.
- Hosted National Organization for State Offices of Rural Health (NOSORH)
 Region E conference and Workforce Summit in Laramie, WY.
- Hosted Rural Health Works training for partner agencies and other health care organizations; topics included analysis of economic impact health policies have

on rural America; community health engagement process; and health service profitability studies.

Wyoming Office of Rural Health programs support small, rural/frontier hospitals and clinics, as well as the patients and providers in those areas in order to improve access to care, quality of care, and internal performance of the hospitals and clinics. Because only two counties are considered "urban"¹, and the medical facilities and healthcare professionals in those counties serve patients referred by local hospitals, the Office of Rural Health does indeed serve all of Wyoming.

¹ Seventeen counties are "frontier (less than 6 persons per square mile), four are "rural" (no standard definition), and two are "urban" (more than 50,000 persons).

Vital Statistics Services

2003

- Filed certificates for occurrences in Wyoming: 6,700 Births, 4116 Deaths, 4,698 Marriages, and 2,724 Divorces.
- To increase accuracy of information and acceptability of certificates for filing, Vital Statistics Services installed Electronic Birth Certificate software (EBC by Genesis) in hospitals for use in birth certificate completion rather than having certificates completed manually. Additionally, data as contracted by the Social Security Administration and National Center for Health Statistics was transmitted rather than forwarded monthly on data tapes.
- Made on-site visit to Montana Vital Records Office to examine electronic system installed by Gold Systems to be used by funeral homes to file death certificates with the Montana office and to transmit death records to National Center of Health Statistics.
- Contracted with Gold Systems to install electronic death system in Vital Statistics Services Office for the State of Wyoming.
- Advanced use of new electronic death system via group presentations, development of education/training materials, and onsite visits to all funeral homes.

2004

- Filed certificates for occurrences in Wyoming: Births had increased to 6,326; Deaths had decreased to 3,941.
- In response to the United States Congress passing the Intelligence Reform and Terrorism Prevention Act (IRTPA) and the Real ID Act based upon recommendations of the 911 Commission, four main areas of responsibility were impacted:

Certificate paper and printing security features,

Physical plant and personnel security—background checks policy draft, Certificate issuance procedures to include a copy of photo identification of every individual making a request for a certificate, and

Registration procedures.

- Initiated agreement with Gold Systems to include an electronic birth certificate system to be used by hospitals to file certificates electronically and to transmit birth data to the

- National Center of Health Statistics and to the Social Security Administration to establish social security numbers for babies born in Wyoming.
- Designed the new death certificate to reflect the data revisions required by National Center of Health Statistics for reporting purposes adding data items to the certificate.

2005

- Filed certificates for occurrences in Wyoming: 7,231Births, 4,070 Deaths, 4,812 Marriages, and 2,676 Divorces.
- There was a one-third increase in the number of issued copies in the 10 year span 1995 to 2005. 1995: 38,900 certified copies issued; 2005: 60,000 certified copies issued.
- Worked with Gold Systems to design the electronic birth certificate to be used by hospitals to file birth certificates which involved piloting and testing with hospitals outside the security walls to understand methods that would move data quickly without violating security protocol and measures.
- Designed the new birth certificate to reflect the data revisions required by the National Center of Health Statistics for reporting purposes adding 44 data items to the certificate.

2006

- Filed certificates for occurrences in Wyoming: 7,640 Births, 4,275 Deaths, 4,873 Marriages and 2,691 Divorces.
- Installed electronic birth certificates in all hospitals within the State of Wyoming.
- Trained hospital personnel onsite in use of the new birth system.
- In calendar 2006, 73,665 certified copies were generated which resulted in \$415,237 in general fund revenue.

2007

- Gold Data System began failing and was unstable because of Oracle platform. Much concern revolved around maintenance and performance problems of the system still being supported by Gold Systems.
- Vital Statistics Services received an award from the National Center of Health Statistics for being one of the few states that was using the latest revision of the birth and the death certificates required to be used in the collection and reporting of birth and death data.
- \$813,941 in fees was collected for services.

2008

- Filed certificates for occurrences in Wyoming: 8,008 Births, 4,172 Deaths.

- The Federal Intelligence Reform and Terrorism Prevention Act increased demand for certified copies of certificates. As personal identification requires certified copies of birth certificates as an anti-terrorism effort, requests for certified copies have significantly increased and will continue. Persons applying for a driving license have to submit a certified copy of a birth record and the DMV office will have to electronically verify that the birth record is valid.
- It was determined that electronic signatures of physicians, coroners and local registrars would be legally acceptable, and that the new system to be written by Wyoming Department of Health programmers could be totally paperless as all transactions could be completed electronically in the filing of certificates.
- Vital Records Services name was changed to Vital Statistics Services (VSS) shortly after the move from Preventative Health and Safety Division to the newly developed Rural and Frontier Health Division.

2009

- Completed development of death and divorce modules of VSS re-write; pilot testing of marriage and birth modules ongoing.
- Advanced use of new VSS modules via group presentations, development of education/training materials, and video tutorials.
- Collected total revenue from issuance of 57,437 certified copies;

\$692,854 in fees were collected,

\$293,927 went to the Wyoming Children's Trust Fund, and

\$398,926 to the Wyoming General Fund.

- Increased staff knowledge of fraud and identity theft prevention, workplace violence, and HIPAA privacy and security requirements.
- Made operational adjustments to offset loss of two AWEC employees,
 - o Increased turn-around times for certification and data requests,
 - o Eliminated one-day emergency fax service, and
 - o Arranged necessary access to VSS data for agencies needing certain information
- Collaborated, researched, and provided data and reports to other departments and agencies; for example:
 - Medicaid Surveillance and Utilization Review Unit, swine flue epi surveillance, cancer surveillance, Department of Family Services, prescription drug abuse, pandemic emergency supplemental funding, occupational fatality rates, etc.
- Completed policy instruction for background checks of new employees.
- Collaborated with Epidemiology Working Group on improving data of epi significance
- Participated with WDH Common Client Index (CCI) committee on release/use of VSS data.
- Provided occupational fatality data for joint study by Governor Freudenthal's Office and National Institute for Occupational Safety and Health.

- Built Vital Disaster Plan input for management of death recording under distressed conditions, limited field capabilities, or internet incapacitated.

2010

- December 2009: hits on applications that use the Gateway indicate VSS electronic dependency outweighs IT dependency of other programs within the Department.
- Revenue has increased 15% in first four months of 2010 compared to last four months in 2009

Total Revenue Sept – December 2009 \$212,822 Total Revenue January – April 2010 \$244,620

- Certified copies issued:
- 2009 total certified copies of certificates issued: 57,437
- 2010 total certified copies of certificate issued: 26,026 through May 2010
- There will still be additional fixes and updates necessary to complete the new totally electronic birth, death, marriage, divorce and fetal death system, but the entire project will be complete June 30, 2010.

Community Services Programs

2003-2010

In Federal Fiscal Year (FFY) 2003 (October 1, 2003-September 30, 2004), Community Services Programs (CSP) had two employees (a Manager and an Assistant Manager) who were responsible for the Community Services Block Grant (CSBG) and Emergency Shelter Grant (ESG) programs which distributed federal funds in the amount of \$3,563,234 to local communities to minimize the effects of poverty in the state and move low-income people toward self-sufficiency. For a similar period of 2010, CSP had become a section of the Rural and Frontier Health Division with three employees operating four separate programs with distribution of \$9,714,210 in a combination of federal, state, and citizen-donated funds to local clients and community organizations to improve life-styles of low income people in the state in order to minimize the effects of poverty and move low-income people toward self-sufficiency.

Community Services Programs, as a section within the Rural and Frontier Health Division (RFHD) of the Wyoming Department of Health, has been restructured to employ a Manager, a Program Specialist to oversee the CSBG and ESG programs, and a Benefits Specialist to conduct activities for the End Stage Renal Disease (ESRD) and Wyoming Cares/Wyoming Shares (WCWS) programs. This restructuring not only increases the amount of funding but also improves the provision of services to local communities and to individual kidney disease clients, through the following program activities:

- The Community Services Block Grant Program (CSBG) distributes \$3,730,000 in federal Department of Health and Social Services dollars to Wyoming communities through local decision-making tripartite boards that determine distribution of funds and oversight of community activities in 23 counties and the Wind River Reservation.
- The CSBG-ARRA Program distributes \$5,000,000 in federal American Recovery and Reinvestment Act (stimulus) funds to community tripartite boards to allocate to the local programs that can utilize those funds to stimulate the economy by minimizing the effects of poverty and moving low-income people toward self-sufficiency.
- The Emergency Shelter Grant (ESG) Program distributes \$184,210 in federal Housing and Urban Development funds to homeless shelters in Wyoming communities to provide services to homeless persons in order to help low-income people learn life skills that can make them employable.

- The End Stage Renal Disease (ESRD) Program provides up to \$750,000 annually in payments to renal disease patients, dialysis centers, transportation services, pharmacies, hospitals, clinics, and other providers to assist low-income people with related expenses as a payer of last resort after private insurance, Medicare, and Medicaid resources have been exhausted.
- The Wyoming Cares/Wyoming Shares (WCWS) Program utilizes citizen donated funds (including those collected by county treasurers through auto licensing) up to a cap of \$50,000 to provide information and education regarding life-saving organ and tissue donations.

Through these activities, Community Services Programs serve over 100,000 low-income people annually and touch service providers in all Wyoming communities. Annual monitoring visits of CSBG and ESG programs offer on-site contacts with local community leaders who are front-line providers of services to low-income people within their communities. On-site visits and other contacts with dialysis centers, county treasurers, Motor Vehicle Division personnel, and other partners through the ESRD and WCWS programs build rapport between state workers and community leaders throughout the state. CSP personnel visit daily by phone, fax, or e-mail with tripartite board representatives, service providers, medical facilities, and other providers to answer questions or furnish information and guidance to local partners statewide, bridging the gap between what is often perceived as the ivory tower of state government and the far-off provinces of rural communities.

Wyoming Office of Multicultural Health (WOMH)

The first Minority Health Needs Assessment (MHNA)

- Brought awareness to the public of health disparities among Wyoming's minority and underserved populations.
- Promoted state and community programs to evaluate and redirect funds to programs impacting minorities and the underserved populations.

The "Developing an Infrastructure for Cultural Competence" conference by Dr. Jose Reyes

- Established baseline knowledge of inclusion in the context of culturally and linguistically appropriate services.
- Discussed core competencies and compliance based elements in providing services to diverse communities.
- Provided the audience with practical applications for building and sustaining an inclusive environment.

The wallet-size Information and Referral Card is available at health fairs, meetings and conferences.

 Provides easy access for providers and consumers of statewide listings of Public Health Offices, Department of Family Services, County Hospitals, Migrant Health Clinic, Indian Health Services, Community Health Centers, Free Clinics, and Tribal Health Clinics.

Wyoming communities and providers benefited from four multicultural health conferences:

The "Cultural Outreach" and the "Embracing Diversity" conferences provided

- A hands-on experience of multicultural issues that impede minority populations from seeking and receiving the healthcare they may need.
- Minority health and cross-cultural information impacting multicultural and underserved populations to promote agencies collaboration.

The two data conferences focused on minority health data

- Who collects it
- Who houses it
- What is collected
- How to utilize data for program support and program evaluation

The "Crossing the Range Bridging Linguistic and Cultural Barriers to Care" workshop provided an overview on Latino healthcare in the U.S.:

- Provided an overview on effective communication through an interpreter for working in the field with limited-English speakers.
- Discussed cultural beliefs that can cause barriers to effective communication.

The "Grant Writing and Management" workshop on the Wind River Reservation provided guidelines for grant application and management. It also provided a neutral environment for both tribes to exchange program resource information and network with community agencies.

The WOMH provided mini-grants to

- El Puente, a translation service agency in Jackson, to enhance translation service in Jackson and Inter-Agency Community.
- Inter Community Coalition (ICC) in Lander for printing the Fremont County Resource Manual.

Supported a statewide "Sharing the Load" compressed video training to enable providers to form a network, learn about HIPAA guidelines, and mobilize service for emergency response.

The development of the Wyoming Health Disparity State Plan (HDSP)

- Advocated for parity in healthcare services in accordance with Healthy People 2010 Initiative.
- Increased awareness and understanding of the health needs of Wyoming underserved populations.
- Presented, collected, and offered health disparity data as a resource to public/private sectors to support future funding opportunities.
- Maintained resource inventory and provided effective coordination and referral network.
- Developed a resource pool (of agencies) to share information and maximize services.
- Supported policies and legislation with other agencies aimed to increase the availability of healthcare service in rural communities.
- Served as linkage to maximize healthcare resources to avoid duplication of services.

Expanded Multicultural Health Advisory Committee (MHAC) memberships and organized statewide quarterly meetings the MHAC formed by state and community agencies and minority representatives:

- Cultivated communication channels between state and private sectors through community planning and quarterly community meetings.
- Strengthened inter/intra agency collaboration in coordination of available resources to enable a holistic healthcare environment.
- Identified the needs and gaps in service each community in Wyoming through community planning.

WOMH Health Disparity PowerPoint Presentation was presented at Task Force and Coalition Meeting, which

- Brought awareness of the disparity through data presentation.
- Educated community participants and providers of existing resources.
- Promoted collaboration and shared services among state and community agencies.
- Served as point of contact for statewide resource exchange and linkage.
- Planned and executed four meetings of Multicultural Health Advisory Council to strengthen community and state relationships and promote linkages for shared resource and utilization.
- Completed guidelines for State Partnership Grant mini-grants and membership/responsibilities of the Multicultural Health Advisory Committee.
- Completed second year implementation of State Partnership Grant and year-end report to federal Office of Minority Health.
- Completed requirements and was awarded third year funding of State Partnership Grant
- Participated in State and Community Task Forces and Advisory Committees to raise awareness of health disparities in Wyoming and promote collaborations in services delivery.
- Provided culturally appropriate speaker for Comprehensive Cancer Control Conference to address cancer in Native American populations.
- Collaborated with Lander Community and state organizations for Holistic Approaches to Wellness Conference.
- Collaborated with Cheyenne PEAK Wellness for Trauma Informed System of Care Conference in Cheyenne.
- Participated in Koman Community Mapping Project to identify underserved and underutilized communities to develop project for outreach to these populations.
- Provided funding for Wyoming Indian Needs Determination Survey of 1998 (WINDS 3) to obtain an accurate picture of the Wind River Indian Reservation people and their needs (e.g. public transportation, health, job training, child care, social services, etc.).

- Provided funding for Wyoming Institute for Disabilities (WIND) and Connect Wyoming Pathways Plus Project which serves as resource guide for providers and consumers.
- Supported Screening, Brief Intervention, and Referral to Treatment (SBIRT) training for the Wind River Reservation and sponsored a program developed by the World Health Organization. This is a public health approach to deliver early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.
- Provided State Planning Grant mini-grant funding to Wyoming Migrant Health Program
 for health fairs in Powell and Worland to identify and educate at-risk migrants and
 families and provide initial screening and referrals for preventive healthcare and nutrition
 services.
- Revised WOMH web page to expand web-links to include state and national resources and grant information for members and general public.
- Organized MHAC Outreach and Education Committee task force to partner with Maternal and Child Health and Substance Abuse Division to strategize on how to prevent tobacco use during pregnancy.
- Collaborated with Casper College on A Summer Cultural Sensitivity Training Series. Four sessions in April, May, June and July.
- Partnered with Cheyenne Peak Wellness and the Laramie County Suicide Prevention Coalition to bring six free workshops on suicide prevention and a creation of a new informational website on behalf of the coalition.
- Working with the Nightingale School of Nursing on a survey regarding interpretation services through out the state.
- Several sponsored projects, conference and workshop on the Wyoming Indian Reservation.
 - o Inter Community Coalition (ICC) in Lander for printing the Fremont County Resource Manual.
 - Healthy Families Conference
 - o Eating Healthy the Native Way
 - Flies Away Consulting- S.T.O.P- Survival Thinking, Observation, and Planning, age 12 to 22; a four-hour course to empower the participants to understand their own capabilities in preventing sexual assault and rape
 - Cancer Awareness Day