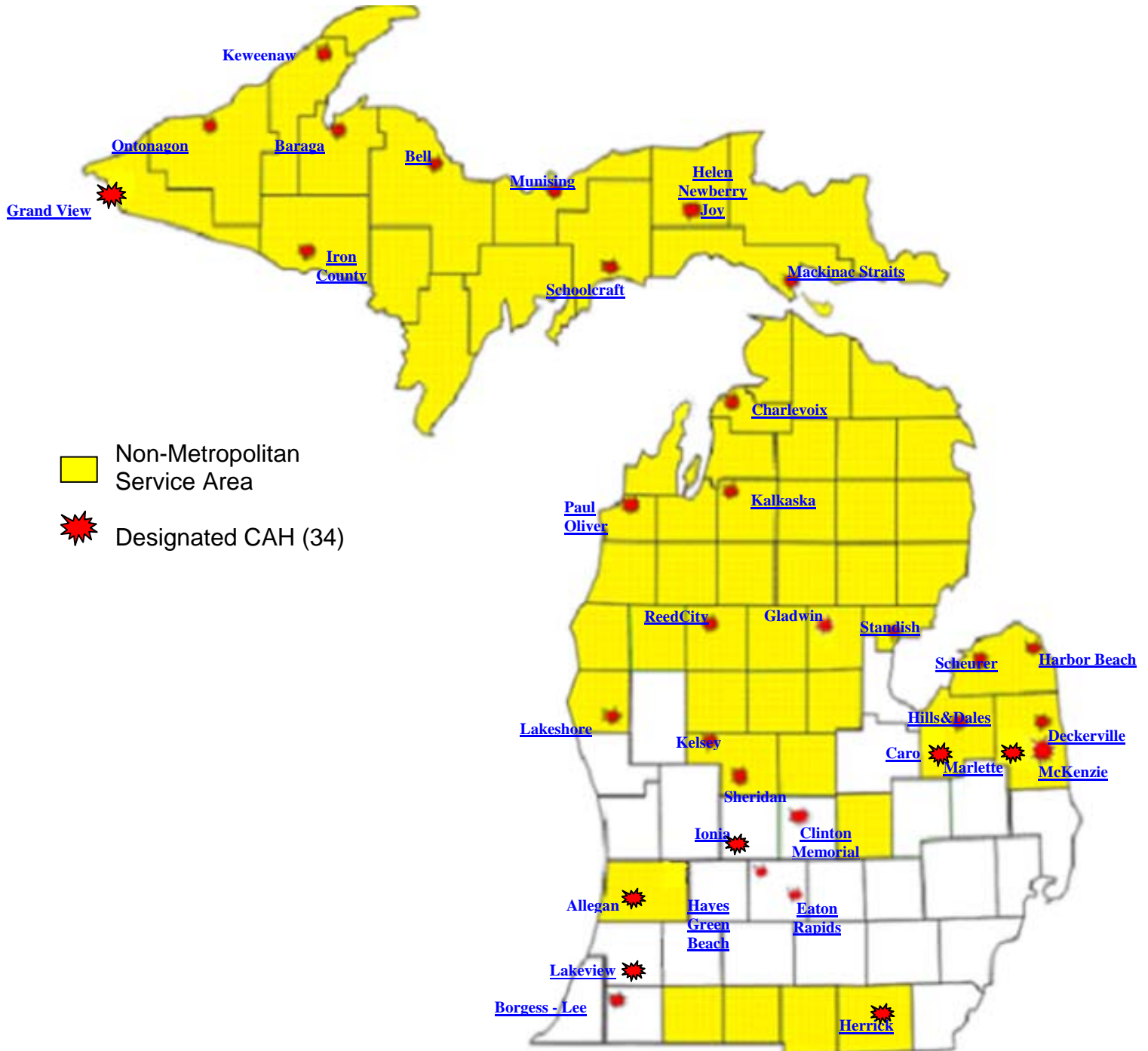




CAH Chronicle

Michigan Department of Community Health ♦ Michigan Center for Rural Health ♦ Michigan Health & Hospital Association

MICHIGAN CRITICAL ACCESS HOSPITALS



An Affordable Source of Capital for Construction

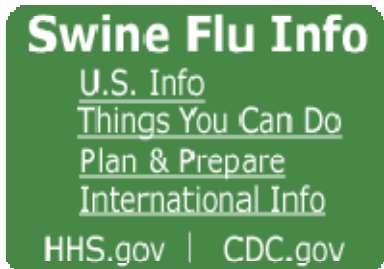
The Federal Housing Administration (FHA) can help you access AFFORDABLE financing for your health care facility's capital project. The Mortgage Insurance for Hospitals Program is administered by the Office of Insured Health Care Facilities (OIHCF). The 242 Program enables the affordable financing of health care facility projects by reducing the cost of capital. With recent and planned program enhancements, the 242 Program is becoming the credit enhancement of choice for many hospitals.

Section 242 of the National Housing Act, enacted in 1968, permits FHA to insure mortgage loans for the construction, rehabilitation, replacement, and equipping of hospital facilities, as well as refinancing of related existing debt. The program provides federal mortgage insurance for nonprofit, proprietary and government-sponsored hospitals. FHA's commitment enhances your hospital's credit-worthiness, allowing you to issue higher rated (AA to AAA) bonds with lower interest rates that reduce the long-term cost of borrowing. Recent loan commitments have realized interest rate savings of approximately two percent over conventional financing arrangements.

HUD is significantly enhancing its ability to review and process Section 242 applications in a timely manner. The OIHCF has recruited a staff of highly qualified and experienced individuals who are dedicated to making the 242 Program a successful and viable financing option for hospitals from large institutions to small rural facilities. A "lean" process has been piloted, adopted, and is being implemented to reduce the time from submission of a complete application to a decision in 90 days.

John Stindt, a former Michigan CAH CEO, is working in the Office of Insured Health Care Facilities at the Department of Housing and Urban Development in Washington, D.C. Give John a call (202-402-5631) for more information. Also, visit FHA's website at <http://www.fha.gov/healthcare> to find a list of lenders active in the Program, Application submission instructions, and a "Critical Access Hospital Design and Construction Guide" to assist in the planning of your project.

Swine Flu Investigation



[Get widget now!](#)

The CDC is actively investigating isolated human cases of swine influenza A (H1N1) in several states (CA, TX, OH, KS, NY) and is working closely with Canada and Mexico and with the WHO. The CDC is continuously updating [investigation information](#)

As with any infectious disease, CDC recommends that people should take [everyday preventive actions](#).

Read the latest from [WHO](#).

Acting HHS Secretary declares a [Public Health Emergency](#) nationwide involving Swine Influenza A. [Press Release](#)

[Questions and Answers on Swine Flu](#)

Looking for a Healthy Lifestyle Activity?

Check out walking programs.

<http://walking.about.com/od/measure/tp/pedometerprog.htm>

MA MIDWEST ALLIANCE FOR TELEHEALTH & TECHNOLOGY RESOURCES

Medication Adherence and Technology: A Summary Report

It has been estimated that over fifty percent of chronic disease patients don't take their medications as prescribed. The World Health Organization has been able to make a strong correlation between poor medication adherence and poor medical outcomes. Experts estimate that poor medication adherence costs over \$224 billion dollars annually. That forty percent of Nursing Home admissions could have been avoided, had it not been for poor medication adherence. Proper medication follow through has shown an increase in patient outcomes and a decrease in medical expense. Technology continues to have a major role in our everyday life and proving that it can have a very significant role in medication management.

Over 65 million Americans suffer from Hypertension, yet even with proper medical care almost 70% of those individuals still do not have adequate blood pressure control. Patients using a "smart" pillbox along with scheduled electronic text messaging have shown a much higher adherence to their medication than those who did not use such tools. A system of timers and text messaging helped patients remember to take their medication, and taking them on time. Sixty five percent of "smart" pillbox users made a significant increase in their adherence, resulting in better blood pressure maintenance and improved health status.

Schizophrenic patients continue to be a very challenging population when it comes to adhering to a regimented medication schedule. At times, patients are improperly medicated resulting in inappropriate management and utilization of healthcare resources. In a recent eight week trial, patients used home telemonitoring systems to alert them of when to take medication. This study followed three separate groups; self report, pill counting and Telemonitoring at home. The telemonitoring group was the only group to show an increase in function and demonstrated a significant decrease in Emergency Room visits and Medical appointments.

Pill containers continue to be a common mode of delivery and storage of medication. A GlowCap just might be the next best invention in medication adherence and at a reasonable cost. The inventor identifies the biggest problem with adherence is that people forget to take their medications. This is a relatively inexpensive piece of technology, estimated cost of \$3 per cap, and has a programmable chip embedded in the pill cap that alerts the patient with a series of flashing lights as to when a medication is due. If the cap is not removed within one hour an audible alarm will then sound.

There are several ways to improve medication follow through. Technology continues to assist in solving many of our medical problems and there is scientific that medication follow through can increase medical outcomes as well as decrease medical expense. Check out connected-health.org if you would like to learn more about medication adherence and technology.

This article is brought to you by the Midwest Alliance for Telehealth and Technology Resource; through funding provided by the grant G22TH07758; Office for the Advancement of Telehealth/Health Resources and Service Administration/Department of Health and Human Services. Additional resources regarding telehealth and technology can be located at <http://midwesttrc.org>

CIGNA Foundation Grants

Web site: http://www.cigna.com/about_us/community/grant_application_details.html

Deadlines Applications accepted on an ongoing basis

Purpose Targeted Grants to organizations working in their five core concern areas: The Health of Women, Children & Families, Obesity Awareness & Prevention, Patient/Doctor Communications & Health Literacy, Elimination of Gender & Ethnic Disparities in Health Care, and Connection Between a Healthy Mind and a Healthy Body.

To receive funding, projects should pursue a thought leadership approach, exhibiting the following four criteria.

- Creative: Demonstrating a unique approach
- Responsive: Addressing a clearly identified need
- Achievable: Maintaining a reasonable budget and a realistic time frame
- Beneficial: Producing positive results

Particular consideration will be given to those programs that reflect CIGNA's commitment to diversity. Evidence of significant support from or involvement by CIGNA personnel is also a positive factor.

Eligibility Grant Disqualifiers

Those contemplating a request for funding by the CIGNA Foundation should confirm that their project or program:

- Involves a health-related area of key concern
- Exhibits thought leadership
- Positively impacts a diverse community

All organizations requesting funding must be current 501c3 public charities.

The Following Will Not Be Considered:

- Grants to individuals
 - Capital campaigns (unless approved by the CIGNA Foundation Board of Directors)
 - Fraternal organizations
 - Organizations or programs whose mission includes a substantial element of social, religious or political advocacy
 - Faith-based organizations, unless the activities being funded are accessible to the general public and are not aimed at promoting one religion or faith over any other
 - Groups or projects that discriminate or restrict services based on factors of ethnicity, gender or socioeconomic status, except where those activities support CIGNA's commitment to diversity and elimination of health care disparities
- The Foundation reserves the right to reject requests from organizations that discriminate or for projects that do not reflect the general principles of CIGNA's Code of Ethics and Workplace Policies.

Geographic coverage Nationwide

Amount of funding Amounts not specified.

Application process The application process involves two steps:

1. Organizations should file an online Introductory Application, accessible through the Application Checklist page, providing basic information about their project or proposal.
 2. Upon invitation, organizations may be required to submit Project Documentation, a detailed explanation of how Foundation funding will be used, specifically addressing the four thought leadership criteria named above.
- Representatives of organizations or programs fully complying with the requirements listed above should email FoundationGrants@cigna.com to request a Targeted grant Introductory Application form.

For more information E-mail: FoundationGrants@cigna.com

Wal-Mart Store and Sam's Club Giving Programs

Web site <http://walmartstores.com/CommunityGiving/238.aspx?p=8979>

Deadlines Applications accepted on an ongoing basis

Purpose The Wal-Mart Foundation supports programs and initiatives in four main areas of focus:

Education – Addresses the educational needs of underserved young people ages 12-25. Examples include programs focused on high school success, access and retention of first-generation college students and adolescent literacy.

Workforce Development / Economic Opportunity – Provides job skill training, counseling and support services for unemployed, underemployed and displaced workers. Examples include career counseling services, financial literacy initiatives and job readiness programs.

Health and Wellness – Improves access to health care, reduces health care disparities and promotes healthy lifestyles. Examples include food distribution programs, immunization clinics, health education organizations and personal health record technology.

Environmental Sustainability – Assists in the development or expansion of environmentally sustainable communities. Examples include energy auditing education programs, green job training and retrofitting/green building initiatives.

The Wal-Mart Foundation has a particular interest in supporting the following populations:

Veterans and military families, traditionally underserved groups, individuals with disabilities and people impacted by natural disasters.

Eligibility Local nonprofit organizations.

Geographic coverage Nationwide

Amount of funding **Grants of up to \$5,000.**

Application process To learn more about requesting a grant through these programs, please first review their Wal-Mart Store and Sam's Club Giving Guidelines and then contact the Community Involvement Coordinator at the Wal-Mart Store or Sam's Club facility nearest you.

For contact information go to: <http://walmartstores.com/7663.aspx>.

Center for Rural Affairs looks at Top 10 rural health care issues

The Center for Rural Affairs was established in 1973 as a 501(c)3 nonprofit by rural Nebraskans and has since grown to a nationally recognized policy analysis and advocacy organization focused on the upper Midwest and Great Plains. Their mission is to establish strong rural communities, social and economic justice, environmental stewardship, and genuine opportunity for all while engaging people in decisions that affect the quality of their lives and the future of their communities.

The Center notes that rural people face many of the same health care challenges confronting the rest of the nation in addition to unique rural challenges. This is a list of 10 points the Center for Rural Affairs thinks are important in the rural health care debate.

1. Universal, continuous and affordable: Because of the long-term consequences of being uninsured and underinsured, health care coverage must be available to everyone without gaps in coverage. Health care must also be cost-effective for individuals, businesses and society.
2. Self Employment and Small Businesses: Owner-operated farms, ranches and small businesses dominate the rural economy. Reform must provide options -- including a public option -- for small businesses and the self-employed. This will bolster entrepreneurial rural development.
3. An Aging Population: Many rural areas are experiencing an aging population, and with it an increase in chronic diseases, disability, and pressure on an already burdened health care system. Reform must provide the services and facilities to enable aging rural people to stay in their homes and communities.
4. Dependence on Public Plans: With a population that is older, poorer and with less employer-based health insurance, more rural people are dependent on public health care programs such as state children's health insurance programs, Medicare, and Medicaid. Reform must strengthen these public plans.

5. **Health Infrastructure:** Rural health infrastructure is a web of small hospitals and clinics that often experience financial stress. Reform must provide these facilities with resources to update their technology, provide care to the unserved and underserved, and must address their current funding model.
6. **Healthcare Providers:** Over 80 percent of rural counties are medically underserved, over a third of rural Americans live with a shortage of health professionals, and only 3 percent of current medical students plan to practice in rural areas. Reform must offer new approaches and incentives for rural health professionals.
7. **Health, Wellness and Prevention:** Rather than treating just sickness, our health care system must focus on wellness and prevention as well. This is particularly true for rural areas that suffer higher rates of obesity and other preventable problems. Reform must do more to enhance and promote health and wellness.
8. **Mental Health:** More than half the counties in the United States have no mental health professionals. Reform must create incentives to provide resources for a specialty rural mental health marketplace similar to what exists for rural medical clinics.
9. **Emergency Services:** Emergency medical services are first-line health care providers in rural areas. Rural EMS providers are under funded, face growing demand, and work force and volunteer shortages. Reform legislation must provide resources to make EMS services sustainable.
10. **Health Technology:** Technology is increasingly used to improve patient safety, quality of care, and efficiency. However, adoption of health information and telehealth technology remains low in rural areas. Reform must include resources for health technology, and efforts to close the rural broadband gap. **For more information see www.crfa.org.**

Region 3 Healthcare Preparedness Network hosting Cornerstones in Preparedness Conference – May 28th

Region 3 is hosting the Cornerstones in Disaster Preparedness conference on May 28, 2009. This conference will be held at the Dow Event Center in Saginaw. The agenda will include presentation by Dr. Kelly Klein, nationally acclaimed lecturer and author on disaster preparedness in healthcare. The afternoon sessions will consist of three separate tracks, one on dealing with the psychological aspects of disaster response that will alternate with one on the needs of at risk populations in an emergency. The third track is dedicated to the numerous healthcare agencies such as long term care, primary care clinics, dialysis centers, home health care and nursing homes and will be a general introduction to emergency preparedness and planning. For more information or to register, go to: www.region3hpn.org.

Region 3 Healthcare Preparedness Network hosting Third Annual Mass Fatality Conference “Help! My Morgue is FULL! – June 25th

Region 3 is hosting its third annual Region 3 Mass Fatality Conference on June 25th. This year the conference's title is “Help My Morgue Is Full!” and is targeted not only towards healthcare agencies, but also Medical Examiners, M.E. Investigators, and funeral directors. The presentations include a review of the 2009 Region 3 morgue survey, The Role and Capabilities of the Medical Examiners Office, 2008 Greenburg Kansas, EF5 Tornado mass fatality incident by Mr. Ray Stegman, Emergency Manager, who oversaw the response to that event and Your responsibilities in dealing with deaths by Kathy Wahl, M.E. Investigator.

Continental breakfast and lunch are provided and parking is free. Registration for this conference may be completed at the Region 3 website: www.region3hpn.org. There is no charge for this event, which are supported by the Region 3 ASPR HPP grant.

For more information, please contact Jim Brasseur, Regional Healthcare Preparedness Coordinator at 989-758-3712 or jbrasseur@saginawcounty.com.

EMS Shoreline Summit

[Lakeview Hills-Lexington, MI](#)

Space Limited-Register Early

Conference Room Rates starting at \$75

Make [Resort Reservations](#) - on site lodging limited 810-359-7333

Questions: Contact us at (989) 315-8442 or at info@ruralemsnetwork.org.

Quick Links

[Sessions, Keynotes, & Speakers](#)

[Agenda & Registration Form](#)

[On-line Registration](#)

[Location Information](#)

[Appreciation Dinner-Dueling Pianos](#)

Nursing credits have been awarded for the didactic portions of the conference!

GRAND ROUNDS:

PHARMACY

ARTHRITIS

GERIATRIC

NURSING

PSYCHIATRY

SOCIAL WORK

EMS TELECONFERENCES

A full description of all Grand Rounds presentations are at: www.mcrh.msu.edu/ and click on Grand Rounds.

For more information on any of the Grand Round education sessions, contact Phyllis Ball, Education Coordinator at: ballp@msu.edu or 517-355-8250.

INTERESTING WEB SITES

Recovery.Gov

<http://www.recovery.gov/>

The site will include information about Federal grant awards and contracts as well as formula grant allocations. Federal agencies will provide data on how they are using the money, and eventually, prime recipients of Federal funding will provide information on how they are using their Federal funds. On our end, we will use interactive graphics to illustrate where the money is going, as well as estimates of how many jobs are being created, and where they are located. And there will be search capability to make it easier for you to track the funds.

Rural Health Resource Center

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

[HIT Incentives and State Grant Opportunities: American Recovery and Reinvestment Act of 2009](#)

This summary, developed by the Rural Health Resource Center, describes the Health Information Technology (HIT) Incentives and State Grant Opportunities from the American Recovery and Reinvestment Act of 2009 HITECH Act. Please note that standards and policies relating to the HITECH Act are currently being developed. The Rural Health Resource Center will distribute additional information as it becomes available.

For additional information or questions about materials contained in this newsletter, please contact:

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INTERESTING QUOTE:

“Champions keep playing until they get it right”.

-Billie Jean King