

# NETWORK NEWS

*We will open the book. Its pages are blank. We are going to put words on them ourselves.  
The book is called Opportunity and its first chapter is New Year's Day. ~Edith Lovejoy Pierce*

## HOW SAFE IS OUR "RURAL HEALTH SAFETY NET" FUNDING?

SENATE APPROVES FY 2006 LABOR-HHS APPROPRIATIONS BILL

### DEEP CUTS FOR RURAL HEALTH

President Bush released his Fiscal Year 2006 budget proposal on February 7, 2005. For the second straight year, the Administration proposed eliminating funding for several successful rural health programs as well as drastic cutbacks in others. Congress reversed the cuts proposed by the President for the 2005 budget.

*Included within the President's suggested 2006 budget cuts and reductions were:*

Rural Health Flexibility Grants (FUNDING ELIMINATED); Small Hospital Improvement Program (FUNDING ELIMINATED); Community Access Program (FUNDING ELIMINATED); Rural Health Network & Outreach Grants (FUNDING CUT BY \$28 MILLION)

### REACHING OUT

The National Rural Health Association (NRHA) is a national nonprofit organization with more than 7,000 members that provides leadership on rural health issues. The Association's mission is to improve the health of rural Americans and to provide leadership on rural health issues through advocacy,

communications, education and research. NRHA reached out to its members and urged everyone to contact their Legislature and educate them on the importance of rural health programs in the United States.

### WORKING TO RESTORE FUNDING

The Congressional Conference Committee responsible for redrafting the FY06 Labor/HHS/Education appropriations conference agreement, agreed to restore funding to several rural "health care safety net" programs. In a previous conference agreement, which the NRHA opposed and was defeated by the House of Representatives on November 17, 2005, would have eliminated funding for the Rural Research/Policy line item and Area Health Education Centers (AHECs), and cut Rural Health Outreach Grants by approximately seventy-five percent. The new conference agreement restored approximately \$64 million to three critical rural health programs: Federal Office of Rural Health Policy, rural health research centers, grants that help rural communities address a wide range of health care issues, and training

that helps recruit and retain much needed medical professionals in rural America. According to the NRHA, these line items help form the federal infrastructure for rural health services and losing these programs would turn back the clock about 20 years for rural health. This new conference agreement still cuts approximately \$136 millions from rural health safety net programs, including the elimination of funds for five line items: Rural EMS, HCAP, Health Education Training Centers, Quentin Burdick Program for Rural Training, and Geriatric Education Centers. There is also a reduction in funding for the State Offices of Rural Health, Rural Community Access to Medical Devices, and the National Health Service Corps. There is major concern as to the impact of these deep cuts to health care funding. According to Hilda Heady, NRHA President, "...I Beg lawmakers to realize that the steady decline in funding for all rural health programs over the last several years, and this year's outright elimination of several safety net programs, is very unwise. Continued minimal investment in the health of our nation's rural communities



New Conference agreement restores approximately \$64 million to three important rural health programs.

will only result in harm to some of the poorest and sickest people in our country."

On December 21, 2005, the Senate, by voice vote, adopted the Labor-HHS bill (HR 3010), which means that some rural health funding was restored for the FY 2005 national budget. The table below highlights some of the programs' funding established through the 2006 Conference Agreement for Rural Health Safety Net Programs. To see the full chart please visit [www.nrharural.org](http://www.nrharural.org)

*\*Information for this article was extracted from NRHA website and Kaiser Family Foundation Network [www.kaisernetwork.org](http://www.kaisernetwork.org)*

AREAS OF INTEREST <i>*Dollars in thousands*</i>	FY 2005	Conference as of 11/17/05	Conference as of 12/12/05	Conference 12/12/05 vs. FY 05
Rural Health Research/Policy	\$8,825	\$0	\$8,825	Level Funded
Rural Outreach Grants	\$39,278	\$10,767	\$39,279	Level Funded
Rural EMS	\$496	\$0	\$0	-\$496
State Offices of Rural Health	\$8,321	\$8,223	\$8,223	-\$98
Community Health Centers	\$1,734,511	\$1,800,311	\$1,800,311	\$66,000
Area Health Education Centers	\$28,971	\$2,000	\$28,971	Level Funded

## NETWORK RECEIVES TWO GRANT AWARDS

### HELPING TO EXPAND HEALTH & SOCIAL SERVICES FOR RURAL HOMELESS

#### Homelessness In Rural America?

When one hears the word, "Homeless" this usually conjures up images of a dishelved man or woman pushing a rickety and rusted shopping cart down an urban alleyway or a panhandler sitting on a bustling populated street corner with tin cup in hand. Homelessness is often thought of as only an urban phenomenon because the homeless are more prevalent and geographically concentrated in cities and metropolitan areas. The 'big screen' and Hollywood movie execs also have a strong influence on how Americans perceive homelessness. Most movies involving a scene(s) with homeless individuals are shot in urban areas, thus amplifying the perception that homelessness must only be an urban issue. However, people experience homelessness and housing distress in rural communities across America, too. The picture of rural homelessness is much different than that of their urban counterparts. Understanding the components and causes of rural homelessness requires a more flexible definition of the word "homeless". People experiencing homelessness in rural America are less likely to live on the street or in a shelter, and more likely to live in a car or camper, with relatives in overcrowded, and often times, substandard housing, or in tents located in rural wooded areas. Unlike urban America where homeless shelters and soup kitchens are abound, there are fewer shelters (often times none) and services for the homeless in rural communities.

#### Health Care For The Rural Homeless

Poor mental health or physical health can often times be the primary cause of homelessness, more often it is homelessness that causes or con-

tributes to severe and life-threatening health conditions. Chronic and acute health problems often result from poor living conditions and contribute to the cyclical pattern of homelessness. Due to the lack of access to health care in rural communities, the homeless delay treatment for conditions, which often times leads to more severe and costly health outcomes. The amount of uncompensated health care for the rural homeless, most being uninsured, has spillover effects on the entire rural community. The public subsidy of care for the homeless and uninsured can cause higher taxes and budget cuts elsewhere within local communities. Rural America's health care 'safety-net' is slowly being stretched beyond capacity and the lack of health care services in rural areas creates even greater pressure on this system of care. The largest obstacle to health care that the rural homeless face is the non-existent continuum of care for health care and social services. Unlike urban homeless which usually have a variety of programs and services they can access for health care and social services—rural homeless are often left with severely limited services (often times due to lack of financial resources within the community) and sometimes there are no services available at all.

#### Foundation of Heartland Rural Health Services (HRHS)

Heartland Rural Health Network, Inc. (HRHN) is a member of the Highlands County Coalition for the Homeless & the Florida Heartland Rural Consortia for the Homeless. HRHN made a commitment to bring health care providers "to the table" in an effort to develop an integrated healthcare delivery system. The goal of the HRHS program is to offer a centralized location for the homeless and uninsured residents of Highlands, Hardee,

and DeSoto Counties to access free health screenings (physical/psychosocial/substance abuse) and referrals, which aims to reduce unnecessary visits to the 'safety net' providers such as the local hospital Emergency Departments. Bea Walsh, Registered Nurse/Case Manager, sets up a treatment plan with the client and schedules necessary appointments with health care and social service agencies. Along with the assessments and case management, HRHS providers Prescription Assistance Services. The HRHS program operates on grant funds so to ensure the sustainability of the HRHS program HRHN is continually seeking new avenues to fund this much needed program.

#### Grant Awards

HRHN was recently awarded a Florida Department of Children & Families Challenge Grant (FY 2006) in the amount of **\$10,000.00**. In 2001, Governor Jeb Bush signed into law a bill that created the Challenge Grant program, the Council on Homelessness and DCF's Office of Homelessness. Challenge Grants allow recipients to fund new activities or expand current services provided under their Continuum of Care (COC) plans that otherwise would not be carried out due to lack of funding resources. HRHN will utilize these monies to provide health care service vouchers for homeless clients in Highlands, Hardee, and DeSoto Counties that need assistance accessing health care services as well as partial salary for the Registered Nurse/Case Manager. Clients are screened by Bea Walsh, RN, for eligibility, and if determined eligible, the client will be issued a service voucher that is applied towards their visit fee



Homelessness is not just an urban issue. Many rural homeless find refuge in groves, unsafe buildings, FEMA trailers, and stay with family and friends.

with participating providers and agencies in Highlands, Hardee, and DeSoto Counties. Some providers/agencies also provide their health care services on a sliding scale, and the fee assessed to the client depends on their income.

HRHN also was awarded a Department of Children & Families Grant-In-Aid in the amount of **\$7,320.00**. A majority of this money is to be used for health care service vouchers for Hardee and Highlands County homeless individuals while the rest is allocated for vehicle upkeep on the Motor Coach purchased by HRHN last year. This motor coach, converted into an office, travels through Highlands, Hardee, and DeSoto Counties and accesses the homeless and uninsured within these communities by providing health screenings, medication assistance, and public assistance enrollment.

Both the Challenge Grant and Grant-In-Aid funding ends June 30, 2006. The Network is awaiting the outcome of a Health Resources Services Administration (HRSA) Rural Health Outreach Grant submitted last year. The award date is May 1, 2006. If funded, this 3 year grant would provide a total of **\$375,000.00** for the HRHS Outreach Program over a period of three years. If you would like more information on the HRHS program or would like to refer an individual you think would benefit from our program please call Bea Walsh at **863-452-6530**.

## 2005 FLORIDA RURAL HEALTH ASSOCIATION SUMMIT A SUCCESS!

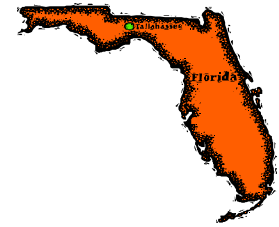
Network staff attended the Florida Rural Health Association's (FRHA) Annual Health Summit on December 5th and 6th, 2005 at the Marriott Tampa Waterside Hotel and Marina. The theme of this year's summit was "Moving Towards Improved Collaboration." Earl Davis of Create Winners, Inc., opened the conference with a motivational presentation on collaboration and the importance of working together to achieve goals. There were a variety of "Break-Out" Sessions available during the FRHA Summit. Network Executive Director, J. Rudy Reinhardt, was invited to make a presentation during one of these "break-out" sessions. The presentation, entitled 'Using a Clinical Integration Model to Develop an Integrated

Health Care Delivery System in Rural Communities,' focused on the importance of working with local rural health care providers and organizations to resolve health care delivery issues common to almost all rural areas throughout the United States. The model moves the Network (HRHN) (or any agency interested in implementing this model in their community) into a relationship whereby the leadership of the Network staff (or other interested agency) will be working side by side with the health care providers in addressing identified health care delivery issues. When implemented properly, the model intends to reduce outmigration, expand health care services within the rural community, increase local revenues to providers, greatly enhance access to

care and ascertain that it is efficiently delivered. Other "Break-Out" Sessions included topics such as Diabetes, Rural EMS, Telemedicine Applications, new Medicaid Reform and it's affects on rural Florida, Recruitment & Retention, Developing an electronic health record, Rural & Critical Access Hospital Strategies, and Adolescent Health.

Formed in 1993, FRHA was created to provide a mechanism through which interested individuals and organizations in Florida could unite in advocacy for ensuring that all residents of rural Florida (33 out of Florida's 67 counties are designated rural) have access to a continuum of affordable health care. It is this common interest that binds the FRHA membership and has fostered the development of a common voice

for rural health. FRHA members include health care providers from both public and private sectors, state and local government leaders, researchers, educators, consumer groups, consultants, insurance providers, employer representatives, and other individuals concerned with the health of Florida. For more information on FRHA or becoming a FRHA member please visit [www.flrha.org](http://www.flrha.org) or call (386) 462-1551.



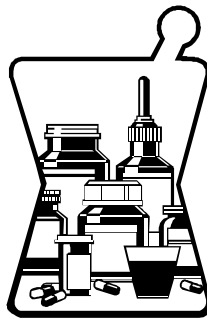
## PARISH NURSING RESOURCE CENTER:

*PRESCRIPTION FOR A HEALTHIER COMMUNITY*

It's an all too common issue throughout the United States. You visit your doctor, local clinic, or hospital and they issue you a prescription for medication(s) to improve your health status but you do not have any prescription drug coverage or inadequate prescription coverage which makes purchasing the medications virtually impossible. Your medicines are too expensive and now you have to make a decision on how you are will pay for your medications. Do you choose to go without filling your prescriptions, skip doses to prolong the prescription, which can lead to much more serious complications, or do you fill the prescription and now can't afford to put food on the table for your family? These are tough decisions that

individuals without prescription insurance have to make. With an estimated 45 million people in the United States lacking any form of health insurance the inability to fill necessary prescribed prescriptions can lead to adverse health outcomes for both the individual and entire community.

Heartland Rural Health Network, Inc. helped establish the DeSoto Health Resources, Inc. (DHRI) Prescription Assistance Program located in Arcadia, Florida. This program has been in operation since October, 2004 and has saved uninsured DeSoto County residents over \$150,000 in prescription medications



through prescription vouchers redeemed at local participating pharmacies (when funding is available) and applications submitted to Pharmaceutical Companies for

free/reduced medications. Heartland Rural Health Network, Inc. realized the strong need for a similar program in Highlands County. The closing of the Senior Sun Room Center, which offered prescription assistance services to the senior population in Highlands County, created an even greater need for such a program. Heartland Rural Health Network, Inc., partnering with the Parish Nursing Program at Florida Hospital, opened The Parish Nursing Re-

source Center (PNRC), based at the Walker Memorial Seventh Day Adventist Church in Avon Park, Florida. PNRC, in operation since November, 2005, provides prescription assistance services, similar to those provided by DHRI in Arcadia. There is a definite need for these services, especially with the newly implemented Medicare Part D. PNRC relies on the kindness of volunteers to operate the program. Joyce Pifer, R.N. serves as Program Coordinator. PNRC provides Highlands County residents with Prescription Assistance Services, including assistance with Medicare Part D enrollment, every Thursday from 9 a.m.-12 p.m. For more information, to volunteer or donate money, or to set up an appointment please call 863-453-0700.

## HOMELESS RURAL CONSORTIA RECEIVES HUD FUNDING

Florida's Heartland Rural Consortia for the Homeless, which includes Highlands, Hardee, Hendry, Glades, and Okeechobee Counties, received a \$242,000.00 grant from the Department of Housing and Urban Development (HUD). The Highlands County Coalition for the Homeless received \$42,000.00, which brings the total grant HUD grant award to

\$285,000.00. This is a three year grant. Beachfront Community Outreach and Friends of Highlands Village shared the total reward of \$242, 960.00 to provide housing for the homeless. Penny Phillippi, Highlands County Housing Coordinator and President of both the Highlands County Coalition for the Homeless and the Florida Heartland Rural Consortia for

the Homeless, stated that by the concerted effort as a rural consortia, they've become the conduit that funnels monies down to the service providers of the homeless. As quoted in the Highlands Today, a local newspaper, Penny Phillippi said, "Four years ago when we started (the Coalition) there were only two or three of us meeting at a time. We weren't

getting anywhere really fast. It took this long for us to get up this full head of steam, and be recognized by HUD." In other news- Jeff Ramsland, Executive Director of the Hardee Help Center in Hardee County, Florida, and a member of FHRCH, was recently awarded a \$45,000 HUD Shelter Grant which aims to prevent homelessness by providing rental assistance, security deposits, and other services.

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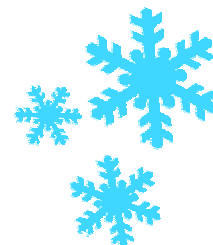
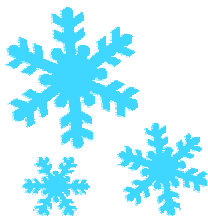
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## HANDWRITTEN SCRIPTS BECOMING THING OF THE PAST

The Centers for Medicare and Medicaid Services (CMS) and the HHS Office of Inspector General (OIG) proposed rules announced on October 5, 2005, by HHS Secretary Mike Leavitt., that represent a unified effort to advance the goal of improving the health care of all Americans through e-prescribing and electronic medical records.

These proposals will speed adoption of health information technologies by hospital

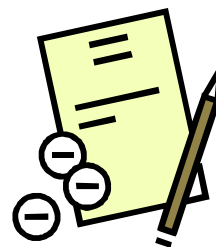
facilities, physicians, and other health care providers which will improve the quality and safety for all Americans. These represent major steps forward in meeting President Bush's goal of widespread adoption of electronic medical records.

So, what is electronic prescribing? Simply put, this enables physicians to transmit a prescription electronically to a patient's pharmacy of

choice. This method decreases prescription errors caused by hard-to-read

handwriting and also automates the process of checking for drug interactions and allergies. According to Secretary Leavitt,

"Computer-assisted prescriptions have been shown to cut errors by 70% over handwritten prescriptions."



## NEW MCKINNEY-VENTO BILL INTRODUCED

Senator Jack Reed (D-RI) and a bipartisan group of 13 cosponsors introduced a bill on September 29, 2005, to amend the McKinney-Vento Homeless Assistance Act to reauthorize the Act, and for other purposes.

The Community Partnership to End Homelessness Act of 2005 would consolidate the HUD's three continuum of care programs (Supportive Housing Program, Shelter Plus Care, and Moderate Rehabilitation/SRO) into a single program known as the "Homeless Assistance Program." Under this new format communities would apply for funding similarly to the existing Continuum of Care process. A uniform 25% cash match requirement, except for permanent housing operating costs,

would be required. This bill would continue the existing requirement that 30% of funds be used for permanent housing for people with disabilities and funding would be set aside to renew existing permanent housing. A bonus would be provided through this new bill for the creation of permanent housing for people with disabilities or for non-disabled families. Five percent of funding could be used for prevention activities. And, for the first time, funds could be used for permanent housing for homeless people without disabilities.

For the first three years the Housing Assistance Program would fund the same services as are currently funded under the SHP. However, after this time period, the services eligible to be funded

would be curtailed unless the Government Accountability Office determines that other Federal funding is not available to make up for the curtailed services and the HUD Secretary issues an order that the full list of services will apply. A shorter list of services eligible to be funded after the three years includes: job training, case management, outreach, life skills, housing counseling, and other services directly related to allowing homeless people to retain and access housing. The services not included are child care, outpatient health services, and food/nutritional services. The bill would maintain the Emergency Shelter Grants program, however, it would eliminate the 30% cap on services and 10% cap

on staff. Senator Reed stated, "...[The Bill] will reward communities for initiatives that prevent homelessness, promote the development of permanent supportive housing, and optimize self-sufficiency."

This bill is in the first step of the legislative process. Introduced bills go first to the Senate committees that consider whether the bill should be presented to the Senate as a whole. The last action on this introduced bill was on September 29, 2005 when it was read twice to the Committee on Banking, Housing, and Urban Affairs. No further action has been taken on this introduced bill. Heartland Rural Health Network, Inc. will keep you apprised of any further news on this bill.



## NETWORK MEMBERS IN THE NEWS



If your agency/organization would like to submit information or an article to be included in our quarterly newsletter please e-mail Kelly Johnson at [kelly.johnson@hrhn.org](mailto:kelly.johnson@hrhn.org)

### LOCAL HOSPITALS SAVE BIG \$\$ ON TELECOMMUNICATIONS COSTS

Telecommunication costs for rural health care providers can be expensive—very expensive, as compared to what their urban counterparts pay for the same types of services. The United States government answered the financial distress call of rural health care providers by implementing the Rural Health Care Program of the Universal Services Fund mandated by The Federal Communications Commission (FCC) Act in 1996.

#### WHAT IS UNIVERSAL SERVICE?

The Rural Health Care Program of the Universal Service Fund provides discounts to eligible rural health care providers for telecommunication services and monthly Internet service charges. This program is intended to ensure that rural health care providers pay no more for telecommunications costs in the provision of health care services than their urban counterparts pay.

The level of support is contingent on the location and the types of services. Health care providers can save on services they already have, upgrade current services, or install new services.

#### WHAT IS THE PROCESS?

The application process for reduced telecommunications and Internet costs is a very detailed and time consuming process, which seems to discourage many facilities from accessing this discount program. Interested facilities are encouraged to visit the USAC website for a detailed layout of the steps eligible rural health care providers should take to receive discounts through this underutilized national program. The website address is: [www.rhc.universalservice.org](http://www.rhc.universalservice.org)

#### IT CAN BE DONE!

Heartland Rural Health Network, Inc. assisted two local non-profit rural hospitals through the Universal Services Fund application process for reduced telecommunications

costs. Florida Hospital (locations in Sebring, Lake Placid, and Wauchula) and DeSoto Memorial Hospital (Arcadia) have utilized the Universal Services Program and were able to enjoy a huge savings on their telecommunications costs for Funding Year 2004-2005. With one hospital location in Hardee County and two locations in Highlands County, Florida Hospital has numerous telecommunications lines that cost in excess of \$100,000 per year without the assistance of the Universal Services program. Through their utilization of the Universal Services Program, Florida Hospital was able to save **\$61,722.00** on their telecommunications costs in FY 2004-2005! DeSoto Memorial Hospital, with one location, enjoyed a savings of **\$922.00** for their one telecommunication line. Heartland Rural Health Network, Inc. is currently working on the FY 2005-2006 applications for both Florida Hospital (all three locations) and DeSoto Memorial Hospital.



#### HOW CAN MY FACILITY SAVE MONEY?

Anyone interested in learning more about Universal Services Fund or is interested in pursuing the application process for reduced telecommunications/Internet costs is encouraged to contact Kelly J. Johnson, Health Planning Director for Heartland Rural Health Network, Inc. Kelly is available to provide consultative services for the Universal Services application process for a reasonable consulting fee. Please contact Kelly at

**863-452-6530** or  
[kelly.johnson@hrhn.org](mailto:kelly.johnson@hrhn.org)

*\*Information within this article extracted from the Universal Service website*  
[www.universalservice.org](http://www.universalservice.org)

### STEP UP, FLORIDA! PROMOTES ACTIVE, HEALTHY LIFESTYLE

In February, a relay event will take place across all of Florida's 67 counties. Beginning February 1, 2006, four routes in different regions of the state will begin making their way to meet in Duval County as part of the third annual *Step Up, Florida!* Campaign. This year the Florida Department of Health adopted a new slogan for *Step Up, Florida! 60 A Day—the Florida Way* to help participants implement the United States Department of Agriculture dietary guidelines that suggest 60 minutes of physician activity a day will help manage body weight and prevent gradual weight gain.

*Step Up, Florida—On our way to*

*healthy living!* Is an annual statewide initiative promoting physical activity and healthy lifestyles to Floridians of all ages and abilities. Relay race participants will pass a fitness flag from county to county until all four flags reach Duval County on February 28 for the grand finale celebration.

The 2006 event will celebrate three years of promoting the importance of physical activity to Floridians. Each county health department, in conjunction with community partners, will determine specific local routes and physical activity opportunities that will be highlighted throughout their community.

On Tuesday, February 14, the

DeSoto County Health Department will be sponsoring morning, lunch time and after work walks at businesses around town, hosting a morning walk at Lake Catherine with a *Step Up, Florida!* ceremony to follow, and working with the schools to promote physical activity to all students in the district. Hardee County is hosting *Step Up, Florida!* events, including a 5K run/walk, hip hop aerobics demonstration, a dance troupe performance on Saturday, February 18, 2006. The Health Department is and also working with the school district to involve local students in physical activity opportunities. Participation in any of the above listed events is free and all who pre-register

will receive a t-shirt and be entered to win prizes. For more information on the campaign, or to find out what is going on in your area, you can visit the *Step Up, Florida!* Website at [www.doh.state.fl.us](http://www.doh.state.fl.us). For more information specific to Hardee and/or DeSoto County, or to register or volunteer, contact Erin Hess, local county health department coordinator, at 863-773-4161.



Article Contributed by Erin Hess, Health Promotion/ Education Coordinator

## HARDEE COUNTY OFFERS DIABETES PREVENTION PROGRAM

The Hardee County Board of Commissioners and the County Health Department envisioned offering free diabetes prevention and control education for the first time ever through their already-successful Hardee County Health Care Task Force. The work plan was comprehensive, with goals including providing diabetes prevention and control education to the Hardee community through group classes, nutrition counseling, ongoing medical evaluations, and regular physical fitness opportunities to those individuals who are at risk for or have diabetes.

The Diabetes Prevention and Control Program in Hardee County is working to develop awareness of the program within the minority community and increase the number of individuals within the community who receive formal diabetes education. To meet this goal, health education classes are offered at the Hardee County Health Department one day a week, on Wednesdays for four weeks, with participants choosing between morning or afternoon sessions. Program participants receive a folder with

educational materials from the National Diabetes Education Program Small Steps, Big Rewards campaign as well as a BASICS book, a 4-week membership to the local YMCA and a blood glucose monitor free of charge. The Diabetes Prevention and Control Program also has an "open door" policy, where current and previous program participants can meet with staff one on one if they have questions or need assistance regarding disease management.

To educate those at risk on ways to prevent diabetes, the Health Department has participated in local health fairs and other outreach activities to target the minority population. At all events, diabetes information is available and oral risk assessments (ORA) are performed. Marketing materials are distributed on a monthly basis to community partners and an annual Diabetes Awareness Day is held in partnership with Florida Hospital Wauchula and others. The day allows community members to be screened for diabetes, receive information, highlight all local resources available to diabetics

and pre-diabetics and a cooking demonstration is held.

A plan has been established to conduct oral risk assessments (ORA) in African American and Hispanic communities on an ongoing basis by setting up at Laundromats, in front of local businesses, and in doctors' offices and giving community presentations. Using a technique that continues to serve the project well, staff talk with patients who are waiting to see their provider and educate them about their diabetes risk through an ORA interview and give the "high scorers" a "prescription" to have a doctor assess them for diabetes. Then, the doctor reciprocates by referring those and other patients to the CTG project for diabetes prevention or control education. Local health care providers have been instrumental in referring clients to the program and have proven to be the most successful means of enrolling clients into the program. There is a participant reten-



Diabetes Program Participants can meet individually with Health Department Staff

tion rate of 85%, which can be attributed to Hardee's professional, comprehensive program components. This means almost all of the participants complete the four week course, utilize the fitness facilities, and stay on top of their health status through regular medical exams. Health Department staff have seen the steady decrease of BMI's, hemoglobin A1c percentages, and blood lipid levels in about half of their participants. When added to the immeasurable benefits of knowing more about your health, the Hardee County residents count this as a big success! For more information call 863-773-4161

*Article Contributed by Erin Hess, Health Promotion/ Education Coordinator*

## SERVICEPOINT: A COMMUNITY ANSWER TO LINKAGES OF CARE

ServicePoint, a unique tool originally developed to assist in the tracking and monitoring of the homeless populations throughout the United States, is currently being utilized by the Florida Heartland Rural Consortia for the Homeless (FHRCH). This Homeless Management Information System, otherwise referred to as HMIS, not only tracks homeless individuals, but can also be utilized for case management, referral tracking, agency indexing, and reporting through a

web interface. ServicePoint can record client profiles, assessments, historical information and outcome measures as well as providing detailed reports that can be tailored to the organization's needs. FHRCH received grant monies to purchase the ServicePoint software as well as several licenses for agencies in Hardee, Highlands, DeSoto, Okeechobee, Glades, and Hendry Counties. The ultimate goal is to eventually have all social service agencies and health care

providers in this 6 county consortium on board and utilizing ServicePoint. This will help reduce duplication of services, saving the individual, agency, and community money, as well as creating a more effective continuum of care and easier access for provider referrals. FHRCH's System Administrator is working with interested health care providers and social service agencies in the six county area who are interested in utilizing this service. If you or your agency is interested in learning more about

ServicePoint please contact the Service Administrator at 863-452-6530 Monday thru Friday from 9 a.m.-noon or visit [www.fhrch.org](http://www.fhrch.org) for more information.

